Florida's
Child and Family Services Review
Statewide Assessment

The mission of the Department of Children and Families is to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency. Our vision is that every child in Florida thrives in a safe, stable, and permanent home, sustained by nurturing relationships and strong community connects.

August 23, 2023

Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.

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Introduction:

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

The Department supervises the administration of programs that are federally funded, state directed, and locally operated. The Department is responsible for the supervision and coordination of programs in Florida funded under federal Titles IV-B, IV-E and XX of the Act (45 CFR 1357.15(e)(1) and (2)).

The Department's Office of Child and Family Well-Being (OCFW) plays a vital role in the development of policies and programs that implement and support the Department's mission. Policy development, program implementation, performance management, and continuous quality improvement activities are the responsibility of the Office of Child and Family Well-Being. The child welfare system is administered and coordinated through collaborative relationships with other state and local agencies, Tribal representatives, foster/kinship caregivers, foster youth, community-based lead agencies, the judiciary, researchers, child advocates, Guardians ad Litem, the Legislature, and private foundations. These collaborative relationships and stakeholder partners support our success and ensure the Department is achieving positive outcomes in the areas of child safety, permanency, and well-being.

Service delivery is coordinated through an administrative structure of 6 geographic regions, aligned with Florida's 20 judicial circuits, serving all 67 counties. Within regions, Community-Based Lead Agencies (Lead Agencies) deliver foster care and related services, via contract with the Department, pursuant to Florida Statutes. Child protective investigation requirements are also defined in statute (Chapter 39, Florida Statutes (F.S.)). In seven counties until August 2023, the duties of child protective investigation are performed under grant agreement with county sheriffs' offices. Children's Legal Services functions as an internal "firm" for child-focused advocacy in all but one area, where coordination with attorneys under contract from the State Attorney's Office occurs.

CBC Lead Agencies are responsible for providing foster care and related services, including family preservation, prevention and diversion, dependency casework, out-of-home care, emergency shelter, independent living services, and adoption support. Most Lead Agencies contract with local case management organizations to provide direct care services to children and families. This innovative system allows local agencies to engage community partners in designing their local system of care that maximizes resources to meet local needs. The Department remains responsible for program oversight, operating the Abuse Hotline, conducting child protective investigations, and providing legal representation in court proceedings.

Section I: General Information:

Name of State Welfare Agency:

Florida Department of Children and Families

State of Child Welfare Contact Person(s) for the Statewide Assessment

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List of Statewide Assessment Participants

See Appendix A: Statewide Stakeholder Participant Listing

Description of Stakeholder Involvement in Statewide Assessment Process

The Department collaborates through various avenues with our internal programs, sister human services agencies, child and family well-being organizations, and service providers statewide through various Data Sharing Agreements and Memorandums of Understanding. The Department also serves on statewide advisory councils and steering committees to promote partnership and a collaborative approach to the needs of the State. Through these various partnerships, critical stakeholders work together in a coordinated and integrated effort to serve individuals and families that cross multiple systems and achieve common goals.

Once Florida received confirmation of being a Year 1 state in the CFSR Round 4 Process, the team immediately began reviewing resources and held multiple kick off calls to share the information about the CFSR process and to designate leads for the Statewide Assessment. The team included the CFSR coordinator, Policy Manger and staff from the Office of Child and Family Well-Being, and staff from the Office of Quality and Innovation. These calls occurred between August 2022 and November 2022. During each call, the systemic factor items were reviewed, the SWA drafting tools and resources shared, and a lead was identified that was tasked with forming a team for drafting to include collaboration with key partners and stakeholders, including those with lived experience, to demonstrate how well the systems are functioning. Bi-monthly check in calls were held with all CSFR Team leads to address any identified barriers and/or questions raised during the drafting work.

The Department met with Representatives from the Tribes at the Summit held in August 2022 in Orlando. During this meeting the Department shared about Florida's CFSR Year 1 designation, the upcoming Statewide Assessment, and the case review process. A follow up meeting with the Tribes was held December 19, 2022, where again the Department shared the CFSR process and inquired as to the Tribes' willingness to participate as a stakeholder in the statewide assessment drafting.

The Department and key stakeholders presented information on Florida's Child Welfare System as it relates to specific Systemic Factor items during CFSR prep/technical assistance calls with the Children's Bureau. These calls provided an opportunity for the Children's Bureau to hear from stakeholders and Department staff directly and allowed for feedback on the areas presented to be specifically addressed in the statewide assessment.

To continue collaboration on the CFSR process, the Department's CFSR Team Lead reached out to the newly created Child and Family Well-Being Council for assistance with Florida's Child and Family Services review. The formal request for stakeholder participation was presented during the December 6, 2022, meeting. Introductory meetings to provide an overview of the CFSR process and the expectations of the participants were held on December 16, 2022, and January 16, 2023. Each lead set the cadence for the work of all stakeholders, including those from the council, for the drafting of their section(s) of the statewide assessment. A monthly cadence to check-in with the stakeholders was established with the first meeting occurring in February 2023. The CFSR coordinator facilitated these meetings.

Florida's focus on providing opportunities for individuals with lived experience to influence policy is made possible by the state's strong connection with youth advocacy groups and organizations. Florida continues to engage with four primary organizations that help to support this engagement and provide a voice to youth, service providers, and advocates. The Department is also focused on ensuring that those with lived experience influence the daily culture and operations of the Department through the Office of Continuing Care, which is staffed by Care Navigators with lived experience. This lived-experience focus includes birth parents, several of which have volunteered to participate in Florida's CFSR statewide assessment process (see stakeholder listing).

The Department established an internal position, Youth Advisor (YA), to employ a young adult with lived experience to support the policy and practice team and the Office of Continuing Care. This position allows for continued collaboration and communication between the Department and youth advocacy programs including One Voice IMPAACT and Florida Youth Shine to promote youth empowerment throughout the state.

The YA communicates with youth councils, boards, and groups around the state to gather their feedback on new policies and changes. The YA also meets with youth from group homes, foster homes, transitional housing facilities, and other placement types to ensure that youth voice from all aspects of foster care is represented. The YA conducts site visits statewide. These site visits are specifically geared to gather feedback from youth and young adults who are not currently involved in advocacy. This work is relatively new, but through intentional implementation, the YA will build trust, encouraging more young people to reach out directly.

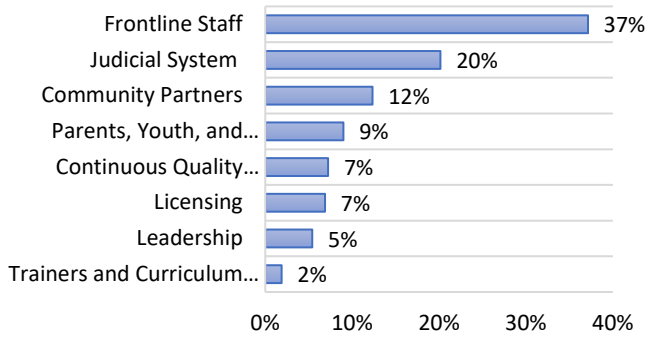
Understanding that lived experience extends to those in the child welfare system as well, the Department involved representatives from all Regions seeking their lived experience that includes Management, Child Protective Investigators, Lead Agency leadership, case managers, foster parents, birth parents, youth, children, Guardians Ad Litem, Parental Attorneys, relative and nonrelative caregivers, and other state and community stakeholders to participate on the Region's team for the completion of the SWA.

The Department also incorporated feedback from Florida's multidisciplinary Dependency Court Improvement Panel comprised of judicial and child welfare leaders from around the state whose purpose is to direct dependency court improvement activities. This panel assisted with providing insight and feedback on the CFSR process by helping with the development of survey questions, drafting of systemic factor item narratives, and providing suggestions regarding information to be included in the Statewide Assessment to assist in telling Florida's story. The Department, working with our judicial partners, included results from the Judicial, Court, and Attorney Measures of Performance (JCAMP) project. The report identified ways to help Florida improve Hearing Quality and Quality Legal Representation in dependency cases. The Office of the State Courts Administrator gathered data through court observations in five judicial circuits as well as statewide surveys of stakeholder groups. The court observation was of shelter hearings and permanency review hearings, some of which were live and some of which were recorded. Observers noted, among other things, who attended the hearings, whether various issues such as the child's development, physical health, and mental health were discussed, and whether the judge made certain findings. Observers used a data collection instrument provided by technical assistance experts from the Capacity Building Center, who also assisted in analyzing the data, which was used to inform our Hearing Quality and Quality Legal Representation projects. (Appendix H).

To broaden the outreach to stakeholders for input and involvement in the SWA, a web-based survey was distributed statewide. The Department, with the assistance of internal staff, the Capacity Building Center, Youth with Lived Experience, Office of State Courts Administrator, and the Dependency Court Improvement Panel drafted a survey with multiple questions to assess the overall operation of Florida's child welfare system statewide (Appendix F). The survey was sent to 22,743 recipients with an 80 percent delivery rate (20 percent bounced, 27 percent open rate, 11 percent click rate). The survey was closed for responses on June 15, 2023, with 1,702 completed responses.

As illustrated in Exhibit 1, the largest percentage of respondents (37 percent) were from frontline staff, followed by the judicial system (20 percent), and community partners (12 percent), which included tribal representatives, advocacy representatives, community alliances, Office of the State Courts Administrator, early childhood courts, and local child welfare council.

Exhibit 1: Percent of Participants, by Area of Involvement
N=1,702



61 out of the 67 counties in Florida were represented in the survey. The counties that did not have respondents were Franklin, Hamilton, Hardee, Lafayette, Liberty, and Union counties.

The information obtained from the survey responses has been incorporated throughout the SWA to add stakeholder perspective to Florida's Child Welfare System operations.

Florida
Child and Family Services Review (CFSR 4) Data Profile
AFCARS and NCANDS submissions as of 12-21-22

February 2023

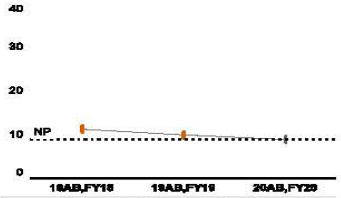
Risk-Standardized Performance Visualization

Risk-Standardized Performance (RSP) is the percent or rate of children experiencing the outcome of interest, with risk adjustment. The vertical bars in the line graph represent the lower RSP and upper RSP of the 95% RSP (confidence) interval, and national performance (NP) is the dotted black line.

Safety Outcomes

Maltreatment in Care (victimizations/100,000 days in care)

9.07 NP	9.06 RSP

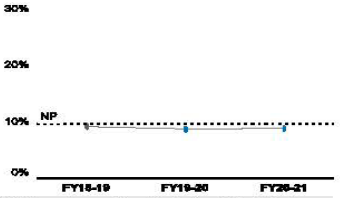


Lower value is desired

Measured as the rate of abuse or neglect per days in foster care in a 12-month period that children experienced while under the state's placement and care responsibility

Recurrence of Maltreatment

9.7% NP	9.0% RSP



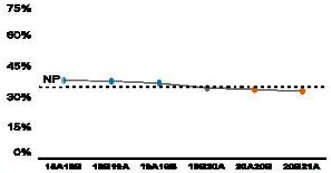
Lower value is desired

Measured as the percent of children who were the subject of a substantiated or indicated report of maltreatment in a 12-month period and who experienced subsequent maltreatment within 12 months of the initial victimization

Permanency Outcomes

Permanency in 12 Months (entries)

35.2% NP	33.2% RSP

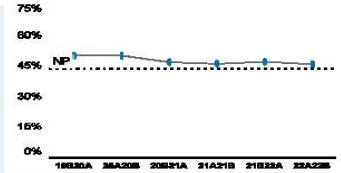


Higher value is desired

Among children who entered foster care in a 12-month period, the percent who exited foster care to reunification, adoption, guardianship, or living with a relative within 12 months of their entry

Permanency in 12 Months (12-23 mos)

43.8% NP	46.2% RSP

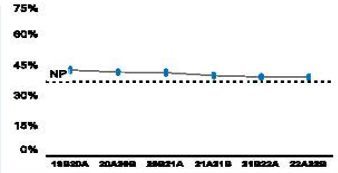


Higher value is desired

Among children in foster care at the start of the 12-month period who had been in care for 12 to 23 months, the percent who exited to permanency in the subsequent 12 months

Permanency in 12 Months (24+ mos)

37.3% NP	39.5% RSP

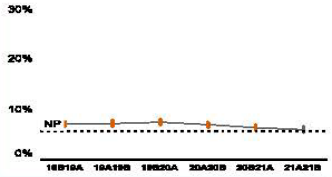


Higher value is desired

Among children in foster care at the start of the 12-month period who had been in care 24 months or more, the percent who exited to permanency in the subsequent 12 months

Reentry to Foster Care

5.6% NP	6.1% RSP

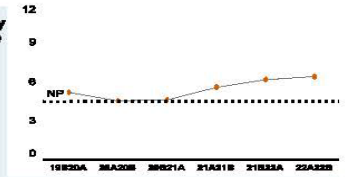


Lower value is desired

Among children who discharged to permanency (excluding adoption) in a 12-month period, the percent who reentered care within 12 months of exit

Placement Stability (moves/1,000 days in care)

4.48 NP	6.44 RSP



Lower value is desired

Among children who entered care in a 12-month period, the number of placement moves per day they experienced during that year

Performance Key

- State's performance (using RSP interval) is statistically better than national performance.
- State's performance (using RSP interval) is statistically no different than national performance.
- State's performance (using RSP interval) is statistically worse than national performance.
- DQ Performance was not calculated due to exceeding the data quality limit on one or more data quality (DQ) checks done for the indicator. See footnotes for more information.

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Observed Performance

Observed performance is the percent or rate of children experiencing the outcome of interest, without risk adjustment. See the Data Dictionary for a complete description of the numerator and denominator for each statewide data indicator.

		18A18B	18B19A	19A19B	19B20A	20A20B	20B21A	21A21B	21B22A	22A22B
Permanency in 12 months (entries)	Denominator	15,567	14,733	14,304	13,871	12,763	12,470			
	Numerator	6,081	5,664	5,323	4,823	4,299	4,075			
	Observed performance	39.1%	38.4%	37.2%	34.8%	33.7%	32.7%			
Permanency in 12 months (12-23 mos)	Denominator				6,396	6,518	6,176	6,315	6,252	5,846
	Numerator				3,339	3,403	3,014	3,028	3,057	2,783
	Observed performance				52.2%	52.2%	48.8%	47.9%	48.9%	47.6%
Permanency in 12 months (24+ mos)	Denominator				4,602	4,786	4,886	5,089	5,206	5,495
	Numerator				2,209	2,249	2,270	2,282	2,303	2,439
	Observed performance				48.0%	47.0%	46.5%	44.8%	44.2%	44.4%
Reentry to foster care	Denominator		9,844	9,348	9,172	8,587	8,020	8,064		
	Numerator		648	631	637	555	476	452		
	Observed performance		6.6%	6.8%	6.9%	6.5%	5.9%	5.6%		
Placement stability (moves/1,000 days in care)	Denominator				2,415,119	2,198,303	2,126,416	2,134,037	2,095,991	1,845,441
	Numerator				12,365	9,777	9,504	11,681	12,810	11,716
	Observed performance				5.12	4.45	4.47	5.47	6.11	6.35

		18AB,FY18	19AB,FY19	20AB,FY20	FY18-19	FY19-20	FY20-21
Maltreatment in care (victimizations/100,000 days in care)	Denominator	8,811,338	8,650,594	8,400,192			
	Numerator	738	641	559			
	Observed performance	8.38	7.41	6.65			
Recurrence of maltreatment	Denominator				36,208	31,754	28,096
	Numerator				2,564	2,139	1,912
	Observed performance				7.1%	6.7%	6.8%

DQ = Performance was not calculated due to the state exceeding the data quality limit on one or more data quality (DQ) checks done for the indicator, or missing AFCARS and/or NCANDS submission(s). Exceeding a limit on a DQ check for an AFCARS and/or NCANDS submission(s) will result in performance not being calculated on the associated indicator(s) that require the affected submission(s) to calculate performance. A DQ flag will likely affect multiple measurement periods. See the data quality table for details.

Denominator: For Placement stability and Maltreatment in care = number of days in care. For all other indicators = number of children.

Numerator: For Placement stability = number of moves. For Maltreatment in care = number of victimizations. For all other indicators = number of children.

Percentage or rate: For Placement stability = moves per 1,000 days in care. For Maltreatment in care = victimizations per 100,000 days in care. For all other indicators = percentage of children experiencing the outcome.

Section II: State Context Affecting Overall Performance

Part I: Vision and Tenets

The Department comprises four program offices providing a variety of services to individuals, families, and children. These program offices are the Office of Child and Family Well-Being (OCFW), the Office of Substance Abuse and Mental Health (SAMH), the Office of Economic Self-Sufficiency (ESS), and the Office of Quality and Innovation (OQI). Each of these program areas meets the critical needs of those we serve and attends to families with complex and overlapping needs. Due to the prevalence of mutually served customers, and the understanding that addressing their comprehensive needs results in improved and sustained outcomes, the Department focuses on the importance of systems integration as a core competency. To improve the communication and engagement between offices and to enhance partnerships with state and local stakeholders, the Department developed a three-year Integration Plan that encompasses the Department's priorities for increasing contacts with at-risk families, improving outcomes for mutually served families, and reducing re-entry into the system. This plan also outlines the desired outcomes for each of the statewide priorities and strategies to accomplish each goal.

Secretary Shevaun L. Harris and her leadership team have embarked on a realignment and transformation of the Department. The Department's leadership team identified the need for a structure that supports the shift to focus on culture, program effectiveness, and accountability. The development of the "Moments of Impact" action plan focuses the Department on three critical goals:

A culture of "we" through increased engagement and intentional collaboration.

To create a culture of "we" and foster engagement and collaboration, the Department works to build an environment that demonstrates value to one another. Department team members are passionate about the people we serve and works collectively to bring to bear a wide array of services for our customers.

Enhance program effectiveness to improve customer experience.

The Department works to deepen its impact not only by focusing on proactively providing services upstream, but also by integrating offerings to ensure seamless resource navigation.

The Department continues to expand its Care Navigation program through ESS by including the First Lady's Hope Florida initiative and the Office of Continuing Care within OFCW. The purpose of care navigation is to enhance the delivery of services and supports and to improve outcomes as early in the customer's journey as possible.

Build a system of accountability, transparency, and alignment.

To honor public trust, the Department and its partners must be aligned, transparent, and accountable to one another and the public. The Department must provide the best return on investment and service delivery for our customers, the citizens of Florida.

As part of the Moments of Impact plan, the former Office of Child Welfare has been renamed as the Office of Child and Family Well-Being (OCFW) and regional operations have been given new reporting structures to meet the goals of the Moments of Impact plan. These changes realign the structure and culture to ensure the Department focuses on maximizing "moments of impact" in every area that the Department serves, including going further upstream by engaging with sister programs, other state

agencies, and other providers within the system of care. This provides greater opportunities for team members to learn new skills and experience various service areas which will optimize the efficiency of the Department and improve the overall customer experience. This plan and vision are propelled by building upon existing strengths, being bold and intentional in implementation, and tapping the unmatched passion embodied by the Department's team members to maximize each moment of impact.

In addition to the realignment to the Office of Child and Family Well-Being, the Department created the Office of Quality and Innovation to continue to change the culture through increased engagement and collaboration. The Office of Quality and Innovation comprises the Quality team, the Innovation team, and the Licensing team, which includes the licensure of child and family well-being programs (foster homes, child-caring agencies, and child placing agencies), substance abuse and mental health facilities, and childcare providers. By streamlining the Department's licensing activities into one cohesive structure, the Department will ensure uniformity and consistency for applicants and licensees related to common standards. This allows the Department to reduce inefficiencies and ensure that customers receive the highest level of service.

The Office of Quality and Innovation developed a statewide accountability system that assesses the overall health of each circuit's child welfare system by evaluating performance for Child Protective Investigators, Community-Based Care Lead Agencies, and Children's Legal Services. The Department collaborated with key stakeholders throughout the state who provided critical input, resulting in strong metrics and methodology in which all Floridians can have confidence. To access the 2021-2022 Accountability Report and the supporting documents, please visit Annual Accountability Report - Florida's Child Welfare System (myflfamilies.com)

The scores in the report are a launching point for deeper and more robust family centered conversations that focus on innovation and advancement. To accelerate this progress, Florida is instituting the following key activities:

- Establish a statewide collaborative: The Department identified areas that will have the most significant systemic impact on improving permanency and well-being. The Department is responsible for holistically assessing whether the system of care is performing effectively, efficiently, and with high quality. The Office of Quality and Innovation will facilitate roundtable discussion(s) with representatives from the OCFW, community stakeholder and partner groups within the system of care, and families receiving services to further establish opportunities for improvement, identify potential systemic barriers and root causes, and cement a cadence for on-going collaborative improvement efforts.

- Establish circuit-led quality improvement strategies: During FY 21-22, the Department hosted 28 regional meetings, and began transitioning these meetings from regional to circuit-specific to enable leaders to engage in meaningful, thought-provoking dialogue at a more granular level, and to develop quality improvement strategies that are reflective of, and account for, local dynamics.

- Initiate root cause analyses: Through the circuit-level meetings, the Department continues to conduct root cause analyses with each circuit's leaders to identify specific opportunities for

enhanced integration of statewide initiatives.

• Identify and address statewide themes: The Department will compile information from circuit-level quality improvement meetings and associated root cause analyses to guide statewide policy adjustments and drive on-going performance outcome improvements.

Part 2: Cross-System Challenges

Collaboration among public and private agencies has increased significantly in recent years at the state and local levels. An Interagency Agreement to Coordinate Services for Children Served by More than One Agency provides support and infrastructure to resolve challenging cases across the state. Review Teams serve to ensure that difficult cases involving multiple agencies are quickly escalated to the region or state level if additional assistance is needed to assist in resolution.

Examples of collaboration efforts include monthly meetings of staff designated as "Crossover Champions", by the Department, Lead Agency, and Department of Juvenile Justice; quarterly convenings with all agencies identified in the Interagency Agreement (Department of Health, Department of Education, Juvenile Justice, Department of Children and Families, Agency for Health Care Administration, Agency for Persons with Disabilities, Guardian ad Litem); and quarterly joint cross-agency trainings for continual learning and capacity building.

Other challenges exist in the system of care, such as ensuring consistent service availability in rural areas of the state. Building capacity for developing a robust evidence-based services network is challenging due to implementation costs and fidelity monitoring requirements, particularly within rural areas. Other challenges include ensuring staffing levels are adequate to support services; and ensuring processes and protocols are sustained during periods of staffing or funding transitions. Coordination of services takes consistent focus, meaningful attention, and constant relationship building to be successful. These areas are opportunities to use the Department's Moments of Impact Plan to emphasize the culture of "we" and prioritize service integration and accountability for internal and external partners and stakeholders.

Florida offers ample opportunity for providers to deliver an array of services across the child welfare system, but there is a barrier in service providers opting to become Medicaid providers. Service providers have indicated there are challenges with becoming a Medicaid provider and have perceptions of protracted billing processes. The Department prioritizes service delivery for children and families in care and continues to allocate funding to each Lead Agency to allow for payment of services to non-Medicaid providers. In addition, the Department allows for the use of the Purchase of Therapeutic Funding to supplement services that Medicaid does not cover.

Part 3: Current Initiatives

- Highlights for Florida's children and families in the 2023-2024 budget for the Department include:
    - $19 million to provide housing supports for families and individuals experiencing homelessness or those at risk of homelessness. This funding will provide rapid rehousing services and support more than 4,000 families, as well as create further supports for

emergency shelters, street outreach, and transitional housing to support more than 500 households.
- Nearly $22 million to fund local prevention grant programs to improve outcomes for children and families served by the Department.
- $35 million in investments to update the systems that support public assistance benefit eligibility determinations (ACCESS) and child welfare management (Florida Safe Families Network (FSFSN)).
- $1.1 million to onboard additional Family Navigators; the Family Navigation initiative enhances the safety and well-being of Florida children following a report of potential child abuse or neglect.
- $4.5 million for Supplemental Nutrition Assistance Program (SNAP) education continuation funding which will provide tools and methods to educate participants to make healthy and cost-effective food choices within a limited budget to improve the quality of diets, reduce chronic disease and obesity, and change behavior; and
- $1.5 million in additional supports for survivors of human trafficking.

Supporting Mental Wellness and Providing Resources for Floridians Struggling with Substance Abuse

In June of 2023, Governor Ron DeSantis signed budgetary supports to strengthen Florida families through significant funding in the 2023-2024 budget to provide life-changing behavioral health services:

- $78 million in funding for our state mental health treatment facilities; the Department will maintain and expand bed capacity, enabling the Department to serve those with persistent and serious mental illness,
- $156 million to support a comprehensive array of behavioral services through the standard and supplemental block grants for uninsured/underinsured individuals with substance abuse disorders, serious mental illness, and serious emotional disorders.
- $298 million in funding to support prevention, treatment, and recovery services to combat the opioid epidemic through the State Opioid Response Grant and the State Opioid Settlement.

Enhance Care for The Children of Florida

- Through the initiative's work with the Department of Children and Families, we set out to further engage our faith and community partners in caring for the more than 20,000 children in Florida's foster care system.
- In the past three years, Florida has:
    - Launched Florida's Foster Information Center (FFIC) – A first impressions center for people interested in fostering that is staffed entirely by current and past foster parents ready to help interested people navigate through the fostering process. To date, FFIC has received nearly 12,472 inquiries, and 7,875 of those prospective foster parents were ready to take the next step with their local Lead Agency.
    - Began a proactive upstream prevention approach by launching Care Portal statewide, an app-based program that allows faith institutions and community organizations to see

the real-time needs of our state's vulnerable children and families. Since launch in 2017, 13,144 children were served through Care Portal.

- The initiative also worked closely with the First Lady on the creation and launch of Hope Florida – A Pathway to Prosperity for the deepening care of children and single parents. To date the Hope Florida care navigators have served 68,024 people.
- Added enhanced services through a network of Behavioral Health Consultants (BHC) to provide crucial clinical perspectives to investigations. BHCs help inform and support safety decisions through clinical substance abuse and mental health assessments which in turn work to prevent the unnecessary removal of children from their homes. Funds were allocated for positions to support and expand BHCs throughout the state. These BHCs provide consultation to CPIs regarding the presence of substance use or mental health concerns and bring their clinical experience to assist in safety decision-making and ensure families gain access to all necessary supports to strengthen the family unit, improve outcomes, and mitigate further escalation into the child welfare system.

Section III: Assessment of Child and Family Outcomes

For CFSR Round 4, this Statewide Assessment provides insight into Florida's child welfare system design, engagement, coordination, integration approach, continuous quality review practices, and sharing of evidence/data from Florida's view on performance on the CFSR outcomes and systemic factors. The following performance assessment is based on multiple sources.

The overarching child welfare work occurring in Florida at this time is the on-going initiative regarding implementing the Family First Prevention Services Act, which is rooted in provisions to enhance support services to keep families together and keep children in their home, reduce the unnecessary use of congregate care, and build community support for children and families. The Department's Prevention Plan was approved in March 2023 and with that approval work has been instituted as outlined in the plan.

The Department collaborated with key stakeholders throughout the state who provided critical input, resulting in strong metrics and methodology in which all Floridians can have confidence. From that collaborative effort, the Department implemented a statewide accountability system that assesses the overall health of each circuit's child welfare system by evaluating the performance of child protective investigators, community-based care lead agencies, and Children's Legal Services in areas of permanency, safety, and well-being. The scores in the report are a launching point for deeper and more robust family centered conversations that focus on innovation and advancement at local levels.

Florida's work from CFSR Round 3 Program Improvement Plan (PIP) was the groundwork for moving into Round 4. At the end of round 3, Florida immediately identified and began implementing key activities that were intended to improve performance for Outcomes: Safety 1 & 2, Permanency 1 & 2, Well-Being 1 & 3 and Systemic Factors: Service Array and Resource Development. The key activities, progress, and completion information is in Florida's Child and Family Services Review Round 3 Program Improvement Plan - Progress Report in Appendix I. As part of the CFSR Round 3 PIP work, Florida created a public dashboard that provides "at-a-glance" data on key statistics. The public facing dashboard provides insight to how Florida is performing in Safety, Permanency, and Well-Being Outcomes, along with

providing monthly and annual trend data. Additionally, the Child Welfare Key Indicators Report is published monthly and presents another level of performance data for the Florida Abuse Hotline, Child Protective Investigations, CBC lead agencies, as well as other key metrics describing the state of Florida's Child Welfare System. The data within these new sources is referenced throughout the assessment to demonstrate performance.

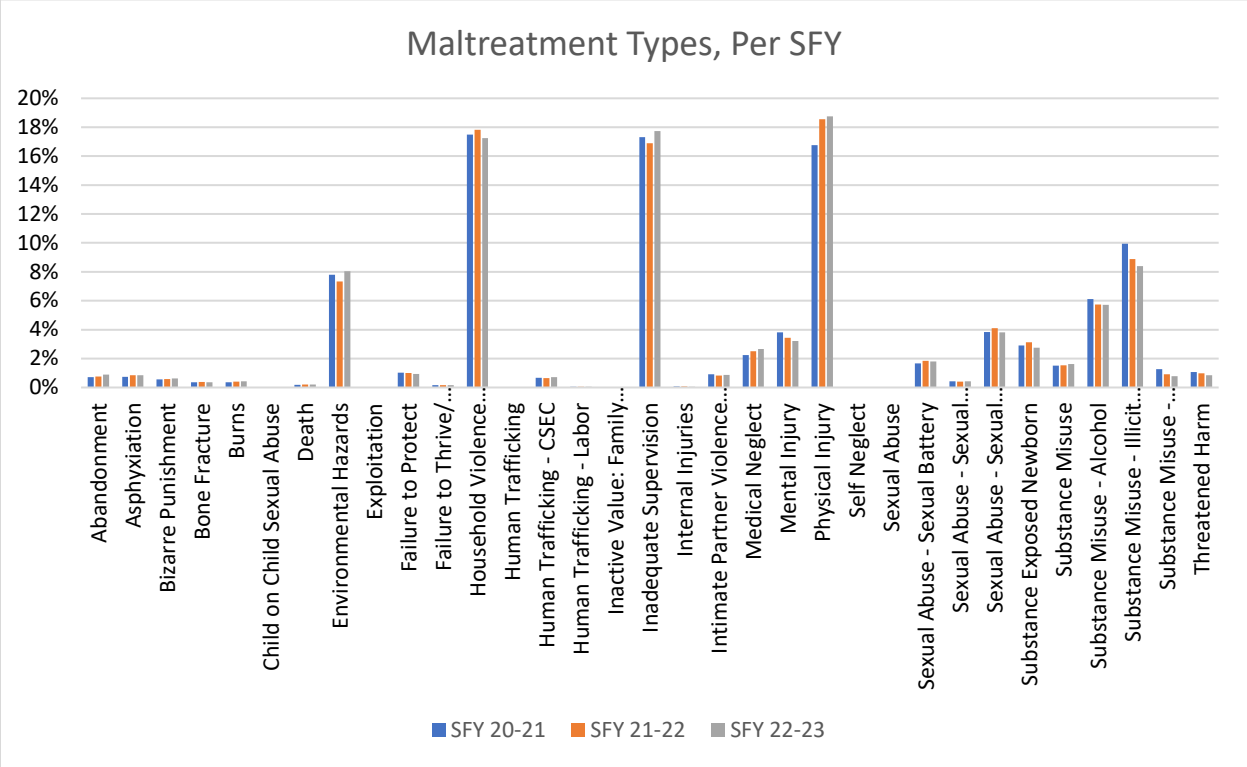
Safety Outcome 1: Children are first and foremost, protected from abuse and neglect.

In CFSR Round 3, Florida was not in substantial conformity with Safety Outcome 1. The outcome was substantially achieved in 91 percent of the 47 applicable cases reviewed.

At the end of the PIP performance period for Round 3 in December 2020, Florida's performance was as follows for Safety Outcomes 1 and 2:

- Item 1, performance was 94.37 percent which is below the PIP target range of 94.6 percent -95 percent.
- Item 2, performance was 88.89 percent which is above the PIP target of 85 percent.
- Item 3, performance was at 77 percent which aligned with the PIP target of 77 percent.

As demonstrated in Florida's Data profile from February 2023 above, the state's current performance in the safety outcome recurrence of maltreatment is statistically better than the national performance. However, the State's performance in maltreatment while in care is statistically no different than the national performance.



Source: Florida's Child Welfare Information System

Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment (to determine whether responses to all accepted child maltreatment reports received during the period under review were initiated, and face to face contact made, within the timeframes established by agency policies or state statutes).

In CFSR Round 3, Florida received an overall rating of not in substantial conformity for this item because 91 percent of the 47 applicable cases were rated as a Strength. Item 1, timeliness of investigations was rated as an Area Needing Improvement.

For CFSR Round 4, Florida is rating this item as a Strength based on performance that exceeds 95 percent and adherence to state policy that requires the response time for a CPS investigation be based upon an assessment of present or impending danger. Florida contributes the increase in performance for this item to the work identified in the CFSR Round 3 PIP that included, but was not limited to, strengthening accountability of commencement of investigations and proper case documentation.[1]

Data regarding timeliness of initiating investigations (since FY 2018) on the percent of investigations commenced within 24 hours is captured on the Office of Child and Family Well-Being Dashboard. Since Q1, FY 2018-2019 (even during the pandemic) Florida's performance for commencing investigations within 24 hours has been at 99 percent and higher. Also, a review of CFSR cases since October 2022 for item 1 indicates the rating is - 94.74 percent (n=36).

Supporting these general numbers, Life-Of-Case Reviews (Quality Assurance - see item 25 for more details) asked for each case in the sample if "CPI saw or made on-going diligent efforts to see all children in the household of focus within the assigned response priority of the intake or of learning they were in the home." For fiscal year 2022-23, 88.4 percent of responses were "Yes" (n=1,287).

The Child Welfare Key Indicators Report for May 2023 continues to align with what has been seen over a year over-year basis, in that accepted child abuse intakes, all types and special conditions, are down 765 (3.9 percent) from April 2022 (19,806). This data is show in the table below. Active investigations as April 30, 2023, are down 2,282 (2.3 percent) when compared with April 30, 2022 (20,718). Active Investigative caseload open more than 60 days as of April 30, 2023, decreased to 332 (1.8 percent of all active investigations). This data further represents that the number of victims seen within 24 hours was around the 90 percent state target. (Child Welfare Key Indicators Report- May 2023-Timeliness trends-page 21).

[1] See full details of Florida's CFSR Round 3 activities in Appendix I.

Child Intakes Received by State Fiscal Year										
	2012 - 2013	2013 - 2014	2014 - 2015	2015 - 2016	2016 - 2017	2017 - 2018	2018 - 2019	2019 - 2020	2020 - 2021	2021 - 2022
Total Child Intakes Received	269,850	273,314	274,332	280,121	291,355	304,581	304,704	276,532	292,306	289,739
Screen In Rate	75.78%	77.37%	79.04%	79.34%	78.71%	73.96%	71.86%	67.64%	66.78%	64.54%

Source: OCFW Dashboards, Child Intakes Received

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

Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care (the agency made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification).

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for this item because 76 percent of the 34 applicable cases were rated as a Strength and, of the 23 applicable foster care cases, 83 percent were rated as a Strength. Lastly, of the 11 applicable in-home services cases, 64 percent were rated as a Strength.

For CFSR Round 4, Florida is rating this item as a Strength based on performance above 90 percent. Florida contributes the increased performance for this item to the work identified in the CFSR Round 3 PIP that included, but was not limited to, developing child welfare professionals' skills, knowledge and abilities relating to case management and family assessments through a back-to-basics in-service training of the Child Welfare Practice Model. See full details of Florida' CFSR Round 3 activities in Appendix I.

As of May 2023, there were 8,334 children receiving in-home services. Of the 8,334, 84.80 percent (7,067) were living with parents, 10.46 percent (872) were living with relatives, 4.74 percent (395) were living with non-relatives or other arrangements.[2]

Florida's Child Safety During Case-Managed In-Home Services measure is generated by taking the total number of days the child received services divided by the number of verified maltreatment reports during the reporting period. This is a rolling 12 months ending 3 months prior to the end of the quarter. Statewide performance for the quarter ending March 2023 was 95.77 percent regarding the number of children receiving in home services who were not maltreated during services. (Child Welfare Key Indicators Reports May 2023- page 35). Of the 68 CFSR case reviews completed since October 31, 2022, that met criteria for item 2, the data reflects a Strength rating for 51.61 percent (n=16) of cases and an ANI rating for 48.39 percent (n=15) of cases.

[2] Microsoft Power BI (powerbigov.us)

For Child Safety in Out of Home Care the data measure was formulated by taking the total number of reports with at least one verified maltreatment and dividing it by the total number of days in foster care for all children, with the result multiplied by 100,000 to calculate the rate of victimization per 100,000 days in foster care. The data for the quarter shows Statewide performance has continued to improve over the past four quarters. This is a rolling 12 months ending 3 months prior to the end of the quarter. Statewide performance for the quarter ending March 2023 was a rate 6.53 verified maltreatments per 100,000 bed days. This figure is well below national averages. (Child Welfare Key Indicators Report- May 2023 - page 35).

The Life-Of-Case Investigations Review sample rates a question that represents efforts to provide services to protect children. During this period, reviewers were asked if the "Investigator made concerted efforts to provide services to prevent removal by safety planning in the least intrusive means achievable to ensure child safety." For fiscal year 2022-23, in non-emergency investigations that qualified, reviewers answered "Yes" in 94.8 percent of cases (n=115).

Another potential contributing factor for this performance, is that Florida is experiencing a 19 year low in the number of children entering Out of Home Care. Florida contributes this decline to the work related to Florida's implementation of the Child Welfare Practice Model, Florida's Prevention Plan, and efforts to improve the hotline intake processes. The decline is not just occurring in Florida, it is dropping nationwide. For more information on Florida's Child Welfare Model see Florida's 2024 APSR .

Further supporting Florida's rating, is the JCAMP report, specifically a section that asked 456 stakeholders to indicate how often court hearings include robust discussion on key topics. A child's current placement was discussed in 90 percent of the shelter hearings and at 94 percent of the permanency hearings observed. From observation of 51 shelter care hearings and 54 permanency planning hearings, other topics included, educational needs (57 percent shelter and 66 percent permanency hearing), physical health/development (67 percent shelter and 62 percent permanency hearing), mental health (45 percent shelter and 60 percent permanency hearing), parental protective capacity (33 percent shelter and 17 percent permanency hearing), and agency's efforts to prevent removal (33 percent shelter and 2 percent permanency hearings).[3]

Item 3: Risk and Safety Assessment (agency made concerted efforts to assess and address the risk and safety concerns relating to child(ren) while in their own homes or while in foster care).

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for this item because 71 percent of the 80 applicable cases were rated as a Strength, and as a strength in 76 percent of the 55 applicable foster care cases and 60 percent of the 25 applicable in-home services cases.[4]

For CFSR Round 4, Florida rates the performance on this item as a Strength based on performance above 90 percent and the work performed since the CFSR Round 3 PIP.[5]

[3] See Appendix H - page 10

[4] See full details of Florida's CFSR Round 3 activities in Appendix I

[5] See full details of Florida's CFSR Round 3 activities in Appendix I

The Child Welfare Key Indicators Reports for May 2023, illustrates that children continue to be safer after termination of services:

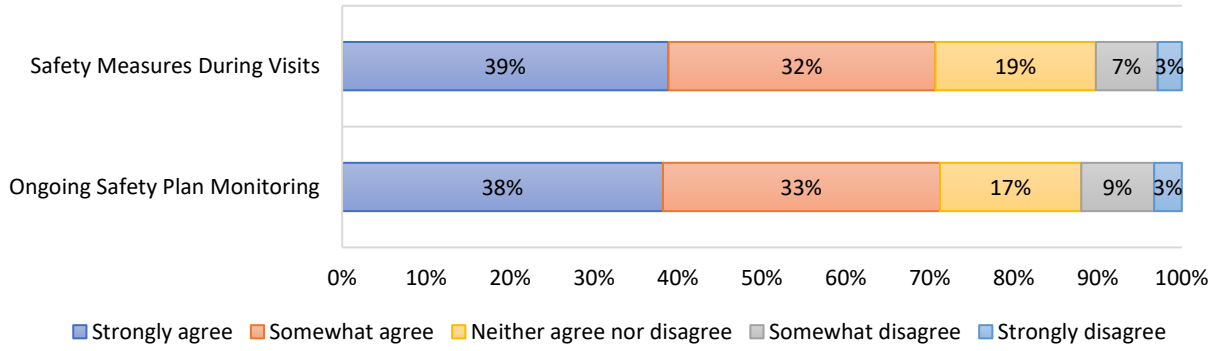
- The percent of children with no verified maltreatment within six months after termination of case-managed services is currently 96.71 percent. The state continues to exceed the 95 percent target for this measure.
- The percent of children with no verified maltreatment within six months of termination of Family Support Services is currently 95.6 percent. This measure does not have a set target.

Statewide performance for safety after termination of Family Support Services performance between April 2022 and June 2022 was at 96 percent.[6]

Stakeholder Survey Input: Florida's Child Welfare System of Care is responsible for: ensuring children are first and foremost, protected from abuse and neglect by responding to child maltreatment reports and making face-to-face contacts with children within specified timeframes; providing services to the family to prevent children from entering into foster care or re-entering foster care after reunification; and, assessing the needs of children, parents, and foster parents to identify the services necessary to achieve case goals, adequately address the issues relevant to the involvement with the family and provide the appropriate services.

As illustrated in Exhibit 14 from the Stakeholder Survey report, in which all respondents were able to answer, 71 percent of respondents strongly or somewhat agreed that the Child Welfare System of Care

Exhibit 14: Safety, Permanency, and Well-Being
N=1,702



in the respondent's circuit or county had practices in place for the on-going monitoring of the safety plan and associated outcomes and that the Child Welfare System in the respondent's circuit or county had practices in place for ensuring safety measures were in place during visits supervised by staff, relatives, and/or foster parents.

[6] Child Safety after Termination of Family Support Services – page 34

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

In CFSR Round 3, Florida was not in substantial conformity with Permanency Outcome 1. The outcome was substantially achieved in 49 percent of the 55 applicable cases reviewed.

At the end of the PIP performance period for Round 3 in December 2020, Florida's performance was as follows for Permanency Outcome 1:

- Item 4, performance was 85.51 percent which was below the PIP target of 88 percent.
- Item 5, performance was 85.74 percent which was above the PIP target of 82 percent.
- Item 6, performance was at 59.42 percent which was below the PIP target of 75 percent.

The Department and Lead Agencies continue to build local capacity for safety management, treatment services, and trauma-informed/evidence-based in-home treatment approaches to prevent the need for out-of-home placements.

Item 4: Stability of Foster Care Placement (to determine whether the child in foster care is in a stable placement at the time of the onsite review and that any changes in placement that occurred during the period under review were in the best interest of the child and consistent with achieving the child's permanency goal(s).

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for this item because 82 percent of the 55 applicable cases were rated as a Strength.[7]

For CFSR Round 4, Florida rates performance on this item as an Area in Need of Improvement based on statewide performance that is noted in the State's Data Profile as above the national average, but below 90 percent federal standard. Florida has seen performance trending upwards over the last few years.

According to Florida's State Data Profile, performance on this item recently increased to 6.44 moves, remaining above the national standard of 4.48 moves. Florida will continue to explore ways to ensure that a child in foster care is in a stable placement at the time of the onsite review and that any changes in placement that occurred during the period under review were in the best interest of the child and consistent with achieving the child's permanency goal(s).

Another data measure to support the assessment of this item is from 68 CFSR case reviews conducted since October 2022, wherein 48 cases were applicable for rating item 4. Strength rating is 68.75 percent (n=33), and ANI rating is 31.25 percent (n=15) for these cases. This seems to indicate a trend in the right direction, though the goal has not been achieved.

Item 5: Permanency Goal for Child (determine whether appropriate permanency goals were established for the child in a timely manner.

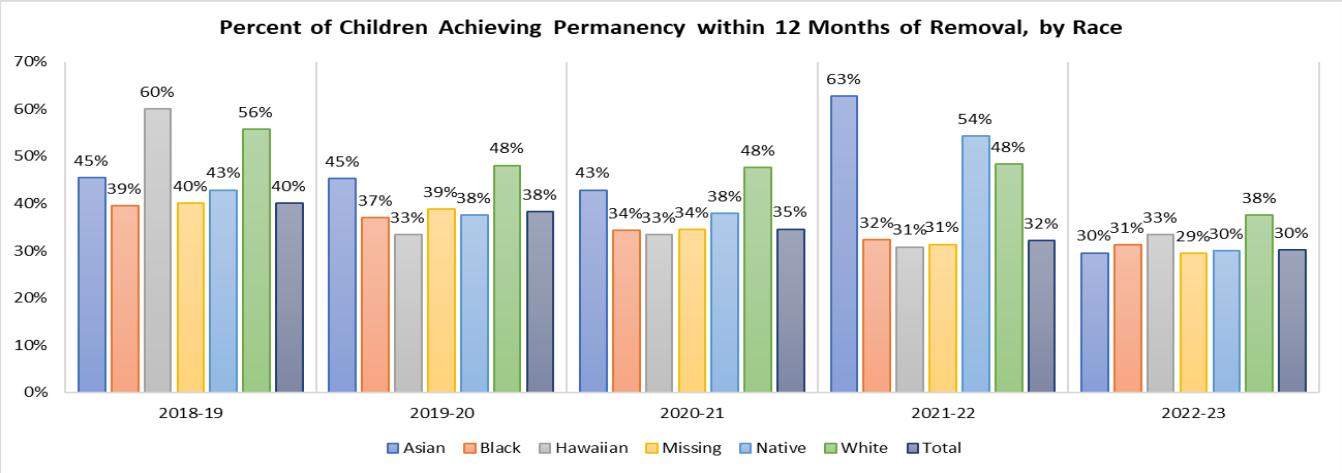
[7] See full details of Florida's CFSR Round 3 activities in Appendix I.

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for this item because 75 percent of the 55 applicable cases were rated as a Strength.[8]

For CFSR Round 4, Florida rates performance on this item as an Area in Need of Improvement, as performance is not at or above 90 percent. Since CFSR Round 3, Florida has been working to improve performance which is indicated on the State's Data Profile that notes performance is better than the national performance for Permanency in 12 months (12-23) and Permanency in 12 (24+ months).

The Child Welfare Key Indicators Reports for May 2023 indicates statewide performance increased from 26.82 percent to 30.33 percent for January to March 2022 regarding removals, which remains below the 40.5 percent national standard.[9]

In examining sub-categories, for the past five fiscal years, children recorded as being white or Asian achieved permanency within 12 months of removal at higher percentages than the statewide performance. Those recorded as black were within one percent of the statewide performance. See chart below.

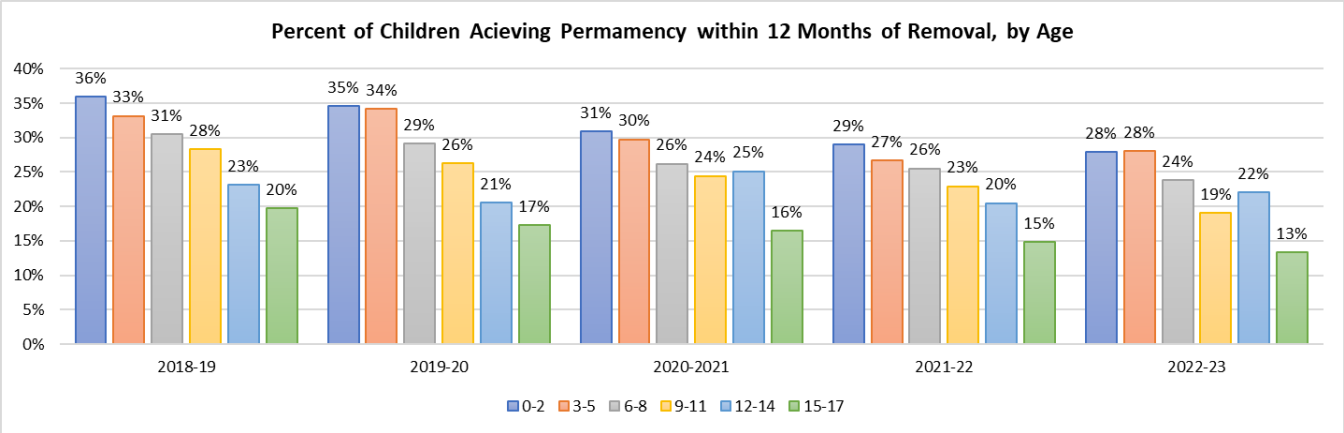


Source: Florida's Child Welfare Information System

Also, examined was the difference in achieving permanency within 12 months of removal by gender over the past five fiscal years, there was no significant difference between females and males, the percentages remaining within two percentage points for each year. However, there was marked difference when comparing the percentage achieving permanency within 12 months by age groups, with the percent success cascading downward as age progressed, with those aged 0-2 achieving permanency at a percentage twice that of those aged 15-17. See chart below.

[8] See full details of Florida's CFSR Round 3 activities in Appendix I.

[9] https://myflfamilies.com/sites/default/files/2023-06/KI_Monthly_Report_May2023.pdf



Source: Florida's Child Welfare Information System

The Child Welfare Key Indicators Reports for May 2023 indicates Children achieving permanency within 12 months for children in care 12-23 months is at 47.20 percent. Florida continues to exceed the national standard of 43.8 percent but does not meet the performance measure of 90%.[10]

Another data measure to support the assessment of this item is from 68 CFSR cases reviewed since October 2022, wherein 48 cases were applicable for rating in item 5. Data reflects 58.33 percent (n=28) were rated a Strength and 41.67 percent (n=20) were rated ANI.

Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangements (determine whether concerted efforts were made, or are being made, during the period under review to achieve reunification, guardianship, adoption, or other planned permanent living arrangements.)

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for this item because 67 percent of the 55 applicable cases were rated as a Strength.[11]

For CFSR Round 4, Florida is rating the performance for this item as an Area in Need of Improvement as 90 percent performance has not been achieved. Florida had been experiencing a decline in the percentage of children exiting out-of-home care to reunification since before stabilizing in SFY 2019-20. The proportion of children exiting to adoption had been increasing before stabilizing in SFY 2019-20. However, the length of stay for children that exited out-of-home care has been steadily increasing and is nearly eight months longer than it was in January 2014. On average, time in care for children exiting care to reunification, guardianship, and adoption have all increased since January 2014.

The Child Welfare Key Indicators Reports for May 2023 indicates that the proportion of exits from out-of-home care to reunification began to decline in SFY 2017- 18. The time to exit to reunification has been increasing where the average time to exit by adoption was consistently in the 26-month range for SFY 2017-2018 and has increased to over 30.00 months beginning in SFY 2020-21. There has been an on-

[10] KI_Monthly_Report_May2023.pdf (myflfamilies.com)

[11] See full details of Florida's CFSR Round 3 activities in Appendix I.

going decline in the number of children exiting to guardianship over the course of the last six quarters. At the same time, average duration for exits to guardianship has been increasing.[12]

Another data measure to support the assessment of this item is from 68 CFSR case reviews conducted since October 2022. Of 48 cases that were applicable for rating for this item, 33.33 percent (n=16) were rated a Strength and 66.67 percent (n=32) were rated an ANI.

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

In CFSR Round 3, Florida was not in substantial conformity with Permanency Outcome 2. The outcome was substantially achieved in 69 percent of the 55 applicable cases reviewed.

Note: Florida was not under a PIP for this outcome from Round 3.

For CFSR Round 4, Florida's State Data Profile from February 2023 notes performance at 91.12 percent which exceeds 90 percent and below the national average of 91.7 percent. [13]

Florida continues to explore possible outcomes to further strengthen performance statewide.

Item 7: Placement with Siblings (determine whether, during the period under review, concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings).

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for this item because 85 percent of the 41 applicable cases were rated as a Strength.

Note: Florida was not under a PIP for this outcome from Round 3.

For CFSR Round 4, Florida rates performance on this item as an Area in Need of Improvement as performance has been on a steady decline since 2016. Statewide performance has remained below the 90 percent target for two state fiscal years with current performance at 59.89 percent as of March 31, 2023. [14]

Another data measure to support the assessment of this item comes from the 68 CFSR cases reviewed since October 2022. Of the 25 cases applicable for rating in this item, 60 percent (n=15) were rated a Strength and 40 percent (n=10) were rated an ANI.

However, of 39 applicable Life-Of-Case investigation reviews conducted during FY 2022-23 that asked, "In the case of a removal, the CPI made concerted efforts to place siblings together," 94.9 percent of reviews across the state received a "Yes" answer.

Florida is currently working with sister agencies, such as the Agency for Persons with Disabilities, to expand capacity of the placement and services arrays. The belief is that once the placement array is

[12] See the Child Welfare Key Indicator Report - Pages 39-41.

[13] Child Welfare Key Indicators Reports for May 2023- page 45.

[14] Microsoft Power BI (powerbigov.us)

right-sized and aligned with service needs, there will be enhanced capacity in standard placements to more effectively address sibling placement. Florida will continue to look for possible solutions/barriers to include improvement in documentation methods/processes.

Item 8: Visiting with Parents and Siblings in Foster Care (determine whether, during the period under review, concerted efforts were made to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members).

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for Item 8 because 69 percent of the 45 applicable cases were rated as a Strength. In 74 percent of the 19 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of visitation with a sibling(s) in foster care who is/was in a different placement setting was sufficient to maintain and promote the continuity of the relationship. In 85 percent of the 39 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of visitation between the child in foster care and his or her mother was sufficient to maintain and promote the continuity of the relationship. In 71 percent of the 17 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of visitation between the child in foster care and his or her father was sufficient to maintain and promote the continuity of the relationship.

For CFSR Round 4, Florida rates performance for this item as an Area in Need of Improvement based on statewide performance below 90 percent. Florida recognizes the need to increase all concerted efforts to ensure visitation between a child in foster care and his or her mother, father, and siblings is frequent and of sufficient quality to promote continuity in the child's relationships.

In the On-Going Services Life of Case Tool, three specific questions are asked regarding whether concerted efforts were made to ensure that visitation, or other forms of contact if visitation was not possible, between the child in out-of-home care and his or her mother, father, and/or siblings was of sufficient quality to maintain or support the continuity of the relationship. In SFY 21-22, statewide performance for mothers was 59.0 percent, fathers were 43.2 percent, and siblings was 44.0 percent. In SFY 22-23, statewide performance for mothers was 52.8 percent, fathers were 41.2 percent, and siblings was 54.5 percent.

Another data measure to support the assessment of this item comes from 34 cases applicable for rating in CFSR reviews since October 2022. Of these, 64.71 percent (n=22) were rated a Strength and 35.29 percent (n=12) was rated an ANI.

Item 9: Preserving Connections (determine whether, during the period under review, concerted efforts were made to maintain the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends)

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for Item 9 because 82 percent of the 55 applicable cases were rated as a Strength.

For CFSR Round 4, Florida rates performance on this item as an Area in Need of Improvement based on statewide performance below 90 percent.

In the On-Going Services Life of Case Tool, there is a specific question that asks whether concerted efforts were made to maintain the children's connections to his or her neighborhood, community, faith, extended family, (including siblings not in out-of-home care), Tribe, school, and friends. In SFY 21-22, statewide performance was 50.6 percent and in SFY 22-23, performance was 68.9 percent. In both years, the 'No' rating was most often because of lack of concerted efforts to connect the child to his or her extended family members, including siblings not in out-of-home care.

Another data measure to support the assessment of this item comes from the 68 CFSR case reviews conducted since October 2022 for cases eligible for rating this item. Performance was indicated as a Strength for 54.17 percent (n=26) of the cases and an ANI for 45.83 percent (n=22) of the cases.

Item 10: Relative Placement (determine whether during the period under review, concerted efforts were made to place the child with relatives when appropriate).

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for Item 10 because 72 percent of the 54 applicable cases were rated as a Strength. See full details of Florida' CFSR Round 3 activities in Appendix I.

For CFSR Round 4, Florida rates the performance of this item as an Area Needing Improvement based on performance below 90 percent.

In both the Investigations and On-Going Services Life of Case Tools there is a question specific to relative placement. In the Investigations Tool, cases are reviewed to determine, in the case of a removal, that the CPI made concerted efforts to place children with relatives. Statewide performance in SFY 21-22 was 84.9 percent and in SFY 22-23 was 84.5 percent. In the On-Going Life of Case Services Tool, cases are reviewed to determine whether the child welfare professional made concerted efforts to identify, locate, inform, and evaluate relatives as potential placements for the child until ruled out as placement resources due to unwillingness or child's best interest. Statewide performance in SFY 21-22 was 80.3 percent and in SFY 22-23 was 81.3 percent.

From 67 applicable Life-Of-Case investigation reviews during FY 2022-23 which asked, "In the case of a removal, the CPI made concerted efforts to place children with a relative", 85.1 percent of reviews across the state received a "Yes" answer.

Another data measure to support the assessment of this item comes from 68 CFSR reviews completed since October 2022. Of the 48 cases that were applicable for rating in this item, 62.5 percent (n=30) were rated a Strength and 37.5 percent (n=18) were rated an ANI.

Item 11: Relationship of Child in Care with Parents (determine whether during the period under review, concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation).

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for this item because 60 percent of the 40 applicable cases were rated as a Strength. In 72 percent of the 39 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and

nurturing relationship between the child in foster care and his or her mother. In 29 percent of the 17 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father.

For CFSR Round 4, Florida rates performance for this item as an Area in Need of Improvement based on performance below 90 percent.

For 68 CFSR case reviews conducted since October 2022, 33 cases were applicable for rating item 11. Of these, 45.45 percent (n=15) were rated a Strength and 54.55 percent (n=18) were rated an ANI.

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

In CFSR Round 3, Florida was not in substantial conformity with Well-Being Outcome 1. The outcome was substantially achieved in 40 percent of the 80 cases reviewed. The outcome was substantially achieved in 38 percent of the 55 foster care cases and 44 percent of the 25 in-home services cases.

At the end of the PIP performance period for Round 3 in December 2020, Florida's performance was as follows for Well-Being Outcomes 1,2, and 3:

- Item 12, performance was 60 percent which was above the PIP target of 58 percent.
- Item 13, performance was 68 percent which was below the PIP target of 70 percent.
- Item 14, performance was 85 percent which was above the PIP target of 78 percent.
- Item 15, performance was 61.43 percent which was above the PIP target of 51 percent.

Florida has seen increased performance for this outcome due to the work accomplished following the CFSR Round 3 PIP. [15] See full details of Florida' CFSR Round 3 activities in Appendix I.

Item 12: Needs and Services of Child, Parent, and Foster Parents (determine whether during the period under review, the agency (1) made concerted efforts to assess the needs of the children, parents, and foster parents (both initially, if the child entered foster care or the case was opened during the period under review, and on an on-going basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and (2) provided the appropriate services).

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for Item 12 because 51 percent of the 80 cases were rated as a Strength. Item 12 was rated as a Strength in 49 percent of the 55 foster care cases and 56 percent of the 25 in-home services cases.

Sub item 12A Needs Assessment and Service to Children - Florida received an overall rating of Area Needing Improvement for Item 12A because 88 percent of the 80 cases were rated as a Strength. Item 12A was rated as a Strength in 91 percent of the 55 foster care cases and 80 percent of the 25 in-home services cases.

[15] Child Welfare Key Indicators Reports for May 2023- page 45.

Sub item 12B Needs Assessment and Service to Parents - Florida received an overall rating of Area Needing Improvement for Item 12B because 55 percent of the 69 applicable cases were rated as a Strength. Item 12B was rated as a Strength in 52 percent of the 44 applicable foster care cases and 60 percent of the 25 applicable in-home services cases. In 67 percent of the 67 applicable cases, the agency made concerted efforts both to assess and address the needs of mothers. In 56 percent of the 45 applicable cases, the agency made concerted efforts both to assess and address the needs of fathers.

Sub item 12C Needs Assessment and Services to Foster Parents - Florida received an overall rating of Area Needing Improvement for Item 12C because 80 percent of the 51 applicable foster care cases were rated as a Strength.

For CFSR Round 4, Florida rates the performance on this item and sub items as an Area in Need of Improvement based on performance below 90 percent.

Of 68 CFSR cases that were applicable for rating item 12 since October 2022, 29.41 percent (n=20) were rated a Strength and 70.59 percent (n=48) were rated ANI. Sub-items were rated as follows: Item 12A – of the 68 applicable cases 80.88 percent (n=55) rated as a Strength and 19.12 percent (n=13) were rated ANI; Item 12B – of the 60 applicable cases 26.67 percent (n=16) were rated a Strength and 73.33 percent (n=44) were rated ANI; Item 12C - of the 48 applicable cases, 68.75 percent (n=33) were rated as a Strength, while 31.25 percent (n=15) were rated ANI.

Item 13: Child and Family Involvement in Case Planning (determine whether, during the period under review, concerted efforts were made, or are being made, to involve parents and children, if developmentally appropriate, in the case planning process on an on-going basis.

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for this item because 64 percent of the 77 applicable cases were rated as a Strength. Item 13 was rated as a Strength in 58 percent of the 52 applicable foster care cases and 76 percent of the 25 applicable in-home services cases. In 65 percent of the 43 applicable cases, the agency made concerted efforts to involve child(ren) in case planning. In 79 percent of the 67 applicable cases, the agency made concerted efforts to involve mothers in case planning. In 67 percent of the 42 applicable cases, the agency made concerted efforts to involve fathers in case planning. See full details of Florida' CFSR Round 3 activities in Appendix I.

For CFSR Round 4, Florida rates the performance for this item as an Area in Need of Improvement based on performance below 90 percent.

Of 64 CFSR cases applicable for rating since October 2022, 35.94 percent (n=23) were rated a Strength and 64.06 percent (n=41) were rated ANI.

It is important to note Florida requires case plans for families who are receiving services through in-home and out-of-home cases. Case plans are designed in conjunction with the parents/legal guardian with the objective of creating case-specific goals that are objective and formulated to capture observable behavioral changes that specifically address maltreatment that led to the Department's involvement. See item 20 under systemic factors for more information.

Florida has implemented changes and received legislative support for improving statewide functioning to ensure a child has a written plan that is developed jointly with the child's parent(s) and includes the required provisions. The details on these changes/initiatives are outlined in the initiative section above.

Item 14: Caseworker Visits with Child (determine whether the frequency and quality of visits between caseworkers and child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals).

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for Item 14 because 73 percent of the 80 cases were rated as a Strength. Item 14 was rated as a Strength in 75 percent of the 55 foster care cases and 68 percent of the 25 in-home services cases. [16]

For CFSR Round 4, Florida is rating the performance for this item as a Strength based on the caseworker visit data to ensure the safety, permanency, and well-being as noted below:

- 12/8/2022 data that indicated the percentage of visits made on a monthly basis by caseworkers to children in foster care: 95.36 percent (237,038/248,578). The percentage of visits that occurred in the residence of the child: 97.75 percent (231,708/237,038).
- 12/3/2021 data that indicated the percentage of visits made on a monthly basis by caseworker to children in foster care: 96 percent (245,381/255,216). The percentage of visits that occurred in the residence of the child: 83 percent (204,847/245,381). A portion of this data was impacted by the pandemic.
- 12/7/2020 data that indicated the percentage of visits made on a monthly basis by caseworker to children in foster care: The percentage of visits made on a monthly basis by caseworkers to children in foster care: 96 percent (249,319/259,803). The percentage of visits that occurred in the residence of the child: 94 percent (243,434/259,803).

Florida continues to assess the overall quality of the visit and to identify methods of improvement for quality of visits.

Of the 68 CFSR cases reviewed since October 2022, 45.59 percent (n=31) were rated as a Strength and 54.41 percent (n=37) were rated an ANI. In a related element associated with Item 14: Of 1,109 applicable Life-Of-Case investigation reviews conducted during SFY 2022-23 which asked "CPI conducted quality interviews with the child(ren)", 62.8 percent of reviews across the state received a "Yes" answer.

To further explore regional effects, a chi-squared analysis was conducted at the regional level on the Life-Of-Case investigations reviews for FY 2022-23. Results were significant at the 0.01 alpha level ($\chi 2=30.6$). The effect is primarily driven by the unusually high "No" responses for the Northeast region but is also influenced by the higher number of "Yes" answers in both the Central and Northwest regions compared to the statewide average.

[16] See full details of Florida's CFSR Round 3 activities in Appendix I.

Investigations: "CPI Conducted Quality Interviews with the Child(ren)"

	FY 2022-23		
Region	Yes	No	Percent Yes
Central	156	67	70.0%
Northeast	113	120	48.5%
Northwest	120	50	70.6%
Southeast	107	65	62.2%
Southern	64	39	62.1%
Suncoast	137	71	65.9%
Statewide Total	697	412	62.8%

Source: Life of Case Reviews

Item 15: Caseworker Visits with Parents (determine whether during the period under review, the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals).

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for this item because 43 percent of the 69 applicable cases were rated as a Strength. Further, 41 percent of the 44 applicable foster care cases and 48 percent of the 25 applicable in-home services were rated as a Strength. In 58 percent of the 67 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with mothers were sufficient. In 48 percent of the 44 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with fathers were sufficient.

For CFSR Round 4, Florida rates performance for this item as an Area in Need of Improvement based on performance below 90 percent regarding the frequency and quality of the visits between the case manager and the child's mother and father being sufficient to ensure child safety and evaluate progress toward case plan outcomes.

In the Life of Case On-Going Services Tool, cases are reviewed to determine whether the frequency and quality of the visits between the case manager and the child's mother and father were sufficient to ensure child safety and evaluate progress toward case plan outcomes. For mothers, statewide performance in SFY 21-22 was 58.3 percent and in SFY 22-23 was 50.3 percent. For fathers, performance in SFY 21-22 was 54.8 percent and in SFY 22-23 performance was 44.9 percent. For both parents and both fiscal years, the main reason for a "No" rating was the insufficient frequency of the visit. Additionally, during the investigations portion of the case, investigation reviews ask reviewers if "The CPI Conducted Quality Interviews with the Parents/Caregivers/Household Members." For SFY 22-23, for interviews that occurred, 53.1 percent received a "Yes" answer (n=1,268). Results summarized by region are presented below, with a statistically significant difference ($p<.01$, $\chi 2=20.6$) driven by the lower "Yes" values in the Northeast region, and the higher ones in Central.

Investigations: "The CPI Conducted Quality Interviews with the Parents/Caregivers/Household Members"

	FY 2022-23		
Region	Yes	No	Percent Yes
Central	153	97	61.2%
Northeast	112	155	41.9%
Northwest	107	90	54.3%
Southeast	105	88	54.4%
Southern	64	58	52.5%
Suncoast	132	107	55.2%
Statewide Total	673	595	53.1%

Source: Life of Case Reviews

Of 59 CFSR case reviews conducted since October 2022, 27.12 percent (n=16) were rated as a Strength and 72.88 percent (n=43) were rated an ANI.

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

In CFSR Round 3, Florida was not in substantial conformity with Well-Being Outcome 2. The outcome was substantially achieved in 92 percent of the 53 applicable cases reviewed.

Note: Florida was not on a PIP for Items 16, 17, and 18 from Round 3.

Item 16: Educational Needs of the Child (to assess whether, during the period under review, the agency made concerted efforts to assess children's educational needs at the initial contact with the child (if the case was opened during the period under review) or on an on-going basis (if the case was opened before the period under review), and whether identified needs were appropriately addressed in case planning and case management activities).

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for this item because 92 percent of the 53 applicable cases were rated as a Strength. Item 16 was rated as a Strength in 93 percent of the 46 applicable foster care cases and 86 percent of the 7 applicable in-home services cases.

For CFSR round 4, Florida rates performance for this item as an Area in Need of Improvement based on performance below 90 percent.

Florida is working to improve performance with recent legislative mandates regarding conducting multidisciplinary staffings that include discussion and planning for the educational needs of the child.

The rating of 43 CFSR case reviews since October 2022 noted that 60.47 percent (n=26) were rated as a Strength and 39.53 percent (n=17) were rated an ANI.

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

In Round 3 CFSR, Florida was not in substantial conformity with Well-Being Outcome 3. The outcome was substantially achieved in 75 percent of the 67 applicable cases reviewed. The outcome was substantially achieved in 76 percent of the 55 applicable foster care cases and 67 percent of the applicable 12 in-home services.

Note: Florida was not on a PIP for Items 16, 17, and 18 in Round 3.

For CFSR Round 4, Florida is rating this item as not in substantial conformity based on performance.

Florida has several new initiatives that have been put into practice to help improve performance with this item. See Current Initiative section above and item 29 Service Array below for more detail on these initiatives such as Family Navigators, Behavior Health Specialists, and Domestic Violence Specialists.

Item 17: Physical Health of the Child (determine whether, during the period under review, the agency addressed the physical health needs of the children, including dental health needs).

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for this item because 85 percent of the 60 applicable cases were rated as a Strength. Item 17 was rated as a Strength in 87 percent of the 55 foster care cases and 60 percent of the 5 applicable in-home services cases.

For Round 4 CFSR, Florida is rating performance for this item as an Area in Need of Improvement based on performance below 90 percent.

The chart below provides data on the number of children assessed for services from Life of Case Reviews.

	Child
Assessments	87.4% (1,984/2,269)
Services	66.2% (137/207) *
Dental Services	63.1% (533/845)
Medical Services	75.8% (922/1,217)

*Source: Data represents reviews conducted between October 1, 2021- September 30, 2022. Qualtrics, Life of Case On-Going Services Tool and CFSR Tool. *This represents services not included under the domains of dental, medical, educational, or mental/behavioral health*

Of CFSR case reviews conducted since October 2022, Item 17 was applicable in 56 cases. 69.64 percent (n=39) were rated as a Strength and 30.36 percent (n=17) were rated an ANI.

Florida is exploring enhancement options related to data capturing and reporting capabilities within the Child Welfare Information System to better capture and report on work being completed to address the physical needs of the child.

Item 18: Mental/Behavioral Health of the Child (determine whether, during the period under review, the agency addressed the mental/behavioral health needs of the children).

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for this item because 72 percent of the 39 applicable cases were rated as a Strength. Item 18 was rated as a Strength in 72 percent of the 32 applicable foster care cases and in 71 percent of the 7 applicable in-home services cases.

For Round 4 CFSR, Florida is rating performance for this item as an Area in Need of Improvement based on performance below 90 percent.

The chart below provides data on the number of children assessed for services identified through Life of Case Reviews:

	Child
Assessments	87.4% (1,984/2,269)
Services	66.2% (137/207) *
Mental/Behavioral Health Services	59.9% (587/980)

*Source: Data represents reviews conducted between October 1, 2021- September 30, 2022. Qualtrics, Life of Case On-Going Services Tool and CFSR Tool. *This represents services not included under the domains of dental, medical, educational, or mental/behavioral health*

Of CFSR case reviews conducted since October 2022, Item 18 was applicable for 47 cases. 38.3 percent (n=18) were rated as a Strength and 61.7 percent (n=29) were rated as an ANI.

Florida is exploring enhancement options related to data capturing and reporting capabilities within the Child Welfare Information System to better capture and report on work being completed to address the physical needs of the child.

Section IV: Assessment of Systemic Factors

A. Information System

Item 19: Statewide Information System

Analyze:

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

State Response:

In Round 3 CFSR review, Florida received an overall rating of Area Needing Improvement for Item 19 based on information from the statewide assessment and stakeholder interviews. Information in the

statewide assessment and collected during interviews with stakeholders showed that although Florida has an information system that supports the collection of required information, the state did not demonstrate that the system is functioning to ensure that the goals, status, placements, and demographic characteristics of every child are entered accurately and in a timely manner. Additionally, practices for data collection were determined to vary across Lead Agencies. As part of Florida's Program Improvement Plan (PIP), key activities were identified locally to ensure that children's placements were entered timely, and a case review tool was created to measure the percent of cases in which placements were entered timely during reviews. Dashboard reports were created to capture data entry periods for information and reports entered within the 24-hour time frame.[17] It is important to note that Florida observed decreased performance during the months impacted by the pandemic; however, a significant increase in performance was observed prior to the most recent reporting period.[18]

For CFSR Round 4, Florida rates performance for this item as a Strength based on the Department's statewide Child Welfare Information System that supports statewide child welfare practices and is the data collection point on case files and records for each investigation and case (continually improving). The system is the official record for all homes and facilities licensed by the state or approved for adoptive placement. The system eliminates communication gaps that can jeopardize child safety, permanency, and well-being. The system enables users to readily identify the status, demographic characteristics, and goals for the placement of every child who is or has been in foster care.

The Department's data governance model defines the structure and processes for implementing data quality management as a shared responsibility between the Department's Office of Quality and Innovation (OQI), the Office of Child and Family Well-Being (OCFW), and the Office of Information Technology Services (OITS) Enterprise Data Management (EDM) team, as well as internal and external consumers and partners. This governance model concentrates on achieving the most stringent applicable federal and state standards for completeness, timeliness, and accuracy. It also promotes consistent, uniform, and non-duplicative data collection through collaboration with child welfare contributing agencies to identify the most useful metrics to support child welfare policies, goals, and practices.

On-going data quality assurance activities that build on prior enterprise initiatives are in early stages as the Department continues to transition to CCWIS compliance. Software tools continue to be explored that can automate data entry controls, enforce application rules, and provide other technology-assisted data quality assurance. A centralized, standardized data dictionary supports the Department's Enterprise Data Warehouse (EDW) that supports enterprise data quality, particularly across program areas with shared populations.

User groups and security profiles determine the ability of a user to access pages and reports. User groups and security profiles, in conjunction with the user's job class and assignment status relative to the specific piece of work, determine the ability of the user to view, create, update, and delete information in the system and to execute approvals of specified pieces of work. A security profile defines security for one or more resources in the system and can be for pages and/or reports. The

[17] Office of Child and Family Well-Being - Florida Department of Children and Families (myflfamilies.com)
[18] See full details of Florida's CFSR Round 3 activities in Appendix I.

security profile explicitly identifies the types of system resources (pages, reports, ad hoc report views) that are accessible.[19]

The Department anticipates on-going data cleanup efforts, restructuring, and data documentation to support new application modules as well as enterprise data quality. The Department routinely explores automated data profiling and other data quality tools that can interpret, standardize, correct, enrich, match, and consolidate data across multiple systems. The Child Welfare Information System currently leverages IBM's Rational Software Architect tool to support data modeling activities; however, data modeling and documentation efforts expand beyond the Child Welfare Information System to support the Department's data quality/governance efforts. The details of the Department's on-going and future data quality processes are outlined in the 2023 Data Quality Plan. [20]

1. **For all children in foster care during a specific period and all the children who have been in foster care within the preceding 12-month period, does the statewide information system record valid required information? Valid is defined as non-missing and accurate data.**

   System users can readily identify the status, demographic characteristics, and goals of the placement of every child who is, or has been, in foster care by accessing the Legal Record Page. The demographic, disability and medical information are first gathered on the front end through intake, when a child is removed from a home, if known at that time. The permanency goal for every child is documented on the Legal Record Page. The Child Welfare Information System pre-fills the fields with the General Information box with the following:

   - Participant's Name
   - Person ID
   - Participant's DOB
   - Case Name
   - Case ID

   The Legal Record Page captures the following information:

   - Date/Time of Legal Action
   - Legal Action
   - Result
   - Legal Case Status
   - Legal Custody Status
   - Court Approved Primary Permanency Goal

   The accuracy of quantitative reports is critical to the on-going assessment of Florida's child welfare system. There are Topic Papers, User Guides, and Desktop Guides to ensure the accuracy of data entered into the Child Welfare Information System (internal user accessible site Florida Safe Families

[19] Security Topic Paper, October 15, 2021, Department of Children and Families, Intranet web page, Microsoft Word - Security_Topic_Paper.doc (state.fl.us)

[20] Department of Children and Families, Data Quality Plan. Comprehensive Child Welfare Information System (CCWIS). 2023.

Network (state.fl.us). The Department strives to ensure data is accurate through on-going review of all items and discussions on conference calls and in quarterly meetings. Supervisory consultations, Florida Continuous Quality Improvement (CQI) review analysis data from the Online Monitoring System (OMS), Life of Case reviews, and the Federal Data Profile are all qualitative measures that review entries. An example of these data accuracy activities is when a case is selected for second level review, a data validation is completed by exporting the data from Qualtrics to ensure the selected demographics are correct. If an error is identified, notification is sent to the Supervisor and Manager to correct the error.

See information provided in answers to questions 2 and 3 below.

2. If data are found to be inaccurate or missing, what explains the inaccurate or missing data?

Florida has reporting capabilities via numerous reports available in Business Objects Explorer (BOE), such as the Children Actively Receiving Services (CARS) Report, which captures an abundance of information relating to children in care. Also, BOE Power Users can access Web Intelligence in BOE, and generate their own reports, pulling in data such as Legal Status, Demographic Characteristics, etc. This information is readily available when logging into the Child Welfare Information System. The user can go straight to the Legal module and view the most recent/current Primary and Concurrent Permanency Goals for a child in care, including their Legal Case and Custody Status. The user can easily access the Placement module to see everywhere the child has been placed and every Provider and their address, to include the child's current physical location. There are management reports that are generated from BOE to track data points such as the commencing of Investigations and assurance of timeliness of data entry. There are also automated messages (emails), which are generated out of the Child Welfare Information System and sent to the Primary Worker, as well as their supervisor, for pieces of work with upcoming due dates such as the FFA-On-going and Progress Update. All pertinent information about every investigative and case management function is to be entered within 48 hours(2 days) pursuant to CFOP 170-5, Chapter 1, 1-7A .

A variety of reports are completed for discussion with regional leadership. The data available in these reports include:

Children Actively Receiving In-Home or Out-of-Home Services (CARS Daily)

- Children not seen in 25 days or more.
- Children whose photograph is overdue or due in less than 10 days.
- Children who have had an attempted visit where the "reason not seen" is not documented.
- Children who have a "reason not seen" documented, but the attempted visit date is blank.

Child Investigation and Special Conditions Status Reports (CSA Daily)

- Intakes not linked.
- Investigations not commenced.
- Investigations Open Between 25 and 30 Days.
- Investigations Open Between 31 and 50 Days.
- Investigations Commenced but Not Submitted.

- Investigations Commenced After 24 Hours.
- Investigations With Victims Not Seen.
- Investigations With Victims Not Seen in 24 Hours.
- Investigations Awaiting Supervisory Review.
- Investigations Awaiting 2nd Party Review.
- Investigations Open 40+ Days Without a Disposition Having Been Submitted.
- Investigations Open Greater Than 50 Days.
- Investigations Awaiting Supervisory Approval for Closure.
- Investigations Closed with Case Status Open.

As part of Florida's Case Review process, data analytics routinely assesses data surrounding child and family outcomes, leading process measures (that drive outcomes), and qualitative measures of service delivery to ensure the accuracy and reliability of data, to develop organizational learning, and to guide performance improvement initiatives.

The OQI implemented quarterly quality events with each region to review circuit level performance on metrics, develop improvement activities and report on progress toward meeting prescribed targets. The data analysis team works closely with the performance management team to provide data on region, circuit, and Lead Agency performance for investigations, case management and legal services. See item 25 for the accountability system, data analytics, and performance improvement that occur in addition to the reporting available with the Child Welfare Information System. Also, a demonstration of the report is available upon request. Due to the nature of the information within these reports – no screenshots can be provided.

3. What is the state's process for ensuring data are accurate and entered into the information system in a timely manner? How does that process affect the accuracy and timeliness of the data?

Florida's data quality standards are contained in several policies and procedures for child welfare operations within Florida Statute, Administrative Code, Operating Procedures, and Child Welfare Information System position papers. These include timeliness of data entry (standard of 48 hours in state regulation, reflected in contracts with Lead Agencies), data classification and control, and information security and management.

Collecting quality data, both quantitative and qualitative, from a variety of sources, is the foundation of the Department's Continuous Quality Improvement (CQI) program and systems. The Department imports, collects, and extracts data from various sources, including the Child Welfare Information System, the Department's Quality Assurance (QA) web portal, built on a Qualtrics platform, the Online Monitoring System (OMS), and other sources. The Department uses this data to monitor the performance of the child welfare system and gauge strengths and areas needing improvement in practice. Florida uses this data for federal reporting for the Adoption and Foster Care Analysis and Reporting System (AFCARS), the National Child Abuse and Neglect Data System (NCANDS), the National Youth in Transition Database (NYTD), the Child and Family Services Plan (CFSP), the Annual Progress and Services Report (APSR), and the Child and Family Services Review (CFSR), as well as other state and federal reporting.

The Department's Office of Quality and Innovation and Lead Agencies conduct quality case file reviews

for investigations and on-going case management services. This includes the monitoring of data quality around the timeliness of data entry of children's placements made during the period under review. During on-going reviews, if incorrect data is identified, the reviewer completes a request for action to notify case managers of the data errors. Lead Agencies include additional reviews of data quality through quarterly supervisory reviews of each case.

There are other established processes at the state and local level to identify and resolve data quality issues and inform leadership and others. For example, there are processes to identify if data is being under-/over-reported and/or not entered into the Child Welfare Information System; evaluate if data entry is reliable or unreliable; and if unreliable, determine why (e.g., clarity of instructions, definitions, and/or data entry screens). These activities include:

- On-going monitoring of existing federal requirements using the CFSR On-Site Review items and tools (training, procedures, and instruments) to ensure that data is accurate. The state continues to use the CFSR instrument during quarterly reviews that are planned to continue for the remainder of the state's fiscal year.
- Requiring a manager to complete a first level QA review of each monitored case.
- Providing information on data integrity areas that need improvement through AFCARS Assessment Reviews and Florida's AFCARS Improvement Plan (AIP).
- Annual monitoring of Title IV-E foster care eligibility utilizing the CB's On-Site Review Tool, and Adoption IV-E and Adoption Temporary Assistance for Needy Families (TANF) reviews utilizing a state-established tool.

The CQI process tracks and regularly analyzes information and results from local and state level systems to ensure that:

- There are consistent mechanisms in place for gathering, organizing, and tracking information and results over time regarding safety, permanency, well-being outcomes and services (at the child, caseworker, office, regional and state level, as appropriate).
- There is a defined process in place for analyzing data (both quantitative and qualitative) and training staff to ensure qualified personnel conduct such analyses.
- Statewide and local data is aggregated and made available to stakeholders for analysis.
- Leadership, courts, tribes, and other stakeholders are involved in analyzing and understanding the data and in providing feedback on analysis and conclusions.
- Results (trends, comparisons, and findings) are clearly translated for use by courts, tribes, and a broad range of stakeholders through understandable or reader-friendly reports, websites, etc.

These processes, the information generated through them (aligned with the CFSR processes), and the results of the CFSR are incorporated into appropriate operating policies and procedures specific to data quality.

The Department's Eligibility Unit created an exception report designed to identify children who were potentially IV-E eligible (i.e., reimbursable, but their eligibility status did not reflect such determination). Issues identified on the report include:

- No Initial Title IV-E eligibility determination completed for the removal episode.
- The child's placement Service Category is Other or Unknown.
- The child's eligibility status for the month is Not Reimbursable despite being in a potentially reimbursable placement setting.
- A child is placed with a provider who does not have an active license in the Child Welfare Information System to prompt licensing, placement, and eligibility staff to address the licensure issue appropriately.

Corrections to these issues includes field-user and statewide database corrections.

Region	Circuit	Agency	County	Case ID	Child ID	Out-of-Home Care Placement Category	Eligibility Category	In 2022-12-31?	In 2022-11-30?	In 2022-10-31?
Southern Region	Circuit 11	Citrus Health Network	Miami-Dade	101472083	105454664	Unknown	N/A			2022-10-31
Southern Region	Circuit 11	Citrus Health Network	Miami-Dade	101472083	105454665	Unknown	N/A			2022-10-31
Northeast Region	Circuit 08	Partnership for Strong Families	Alachua	102807514	109993755	Unknown	N/A			2022-10-31
Central Region	Circuit 05	Kids Central, Inc.	Sumter	100356935	104703457	Unknown	N/A	2022-12-31		
Central Region	Circuit 05	Kids Central, Inc.	Sumter	100356935	105630117	Unknown	N/A	2022-12-31		
Central Region	Circuit 05	Kids Central, Inc.	Lake	2149330	101493823	Unknown	N/A	2022-12-31		
Suncoast Region	Circuit 13	Childrens Network-Hillsborough	Hillsborough	123303	100772069	Unknown	N/A	2022-12-31	2022-11-30	2022-10-31
Suncoast Region	Circuit 13	Childrens Network-Hillsborough	Hillsborough	2636787	109181670	Unknown	N/A	2022-12-31	2022-11-30	2022-10-31
Suncoast Region	Circuit 13	Childrens Network-Hillsborough	Hillsborough	100344376	101234124	Unknown	N/A	2022-12-31	2022-11-30	2022-10-31
Suncoast Region	Circuit 13	Childrens Network-Hillsborough	Hillsborough	100721078	102041998	Unknown	N/A	2022-12-31	2022-11-30	2022-10-31
Suncoast Region	Circuit 13	Childrens Network-Hillsborough	Hillsborough	102276305	109582258	Unknown	N/A	2022-12-31	2022-11-30	2022-10-31
Central Region	Circuit 05	Kids Central, Inc.	Lake	102504502	105395725	Unknown	N/A	2022-12-31	2022-11-30	2022-10-31
Central Region	Circuit 05	Kids Central, Inc.	Sumter	102831296	109819669	Unknown	N/A	2022-12-31	2022-11-30	

Placement Unknown | Needs Determination | Needs Re-Determination

Screen shot of Report:

On a quarterly basis, OCFW reviews Title IV-E foster care eligibility determination data for discrepancies which could signal a coding defect that would result in inaccurate eligibility determinations or data responses. QA survey data is available to data monitoring staff on an ad hoc basis. Additionally, the data is used to identify trends leading to decreased eligibility rates for claiming.

The first year of Title IV-E eligibility reviews were completed during the 2019/2020 Federal Fiscal Year (FFY) using the Quality Assurance monitoring tool within Qualtrics. Throughout the FFY, raw data of the reviews was provided to ensure accuracy of review data entry and to draft the Federal Monitoring Report due by September 30th each year. Once reviews are completed, OCFW analyzes the results to determine the accuracy of Title IV-E determinations completed in the Child Welfare Information System by the target date of December 15th each year. This process continues each federal fiscal year.

For the FFY 2021/2022, 1,095 foster care Title IV-E eligibility determinations were reviewed. Of the 1,095 reviews, 1,029 were indicated to have accurate Child Welfare Information System data resulting in an accuracy rate of 94 percent.

Other reports have also been enhanced to help identify case-specific concerns. The TANF Eligibility Determination Due Report was enhanced to alert eligibility staff when TANF Initial and redeterminations are due for children receiving services under Case Management, Maintenance Adoption Subsidy, and the Guardianship Assistance Program (GAP). The Title IV-E Eligibility Determination Due Report was enhanced to alert eligibility staff when an initial determination is pending completion, when a redetermination is due within 60 days, when 180-day best interest findings are pending for voluntary removals, and when reasonable efforts to finalize permanency plan findings are due within one month.

OCFW maintains a dashboard that provides "at-a-glance" data on key statistics Office of Child and Family Well-Being Dashboard . A key indicator report (Child Welfare Key Indicators Report) is updated monthly and presents data on seven federal child welfare indicators. These information sources are used to identify trends which may prompt adjustments to data quality review or intervention activities. The seven federal child welfare indicators are listed below:

- Rate of abuse per 100,000 days in foster care.
- Percent of children with no recurrence of maltreatment within 12 months.
- Percent of children exiting to a permanent home within 12 months of entering care.
- Percent of children exiting to a permanent home within 12 months for those in care 12 to 23 months.
- Percent of children exiting to a permanent home within 12 months for those in care 24+ months.
- Percent of children who do not re-enter care within 12 months of moving to a permanent home.
- Placement moves per 1,000 days in foster care.

This report also includes data for the Hotline, Child Protective Investigations, Lead Agencies, and other key metrics and trends describing the state of the Florida Child Welfare System of Care.

Another report used to evaluate the accuracy of data entry is the Time to Document Child Placements report within the Child Welfare Information System. This report calculates how long it takes before a child's placement is entered into the Child Welfare Information System. This is done by subtracting the placement begin date and time entered by the worker from the system generated transaction date and time the placement data was entered. The report, deployed in November 2019, includes the following information on each placement entered: Region, Agency, Circuit, County, Worker Name, Case ID, Child ID, Child First Name, Child Last Name, Removal Date, Placement Begin Date, Placement Worker Name (who entered placement), Service Placement Category, Transaction Date (Date the placement was entered in Child Welfare Information System), Placement End Reason (if that placement has ended), Days Between Placement Begin Date and Transaction Date, Hours Between Placement Begin Date, and Transaction Date. The data and performance team uses this report to monitor timeliness issues on at least a quarterly basis.

The most recent data available by quarter is shown here:

Quarter Ending	% Entered within 2 business days
June 30, 2020	47%
September 30, 2020	40%
December 31, 2020	39%
March 31, 2021	42%
June 30, 2021	44%
September 30, 2021	41%
December 31, 2021	39%
March 31, 2022	38%
June 30, 2022	39%
September 30, 2022	29%
December 31, 2021	38%
March 31, 2022	38%

Data Source - Data Report: Time to Document Placements

4. **For all children in foster care during a specific period and who have an exit recorded, is there a valid exit date?**

The Child Welfare Information System requires a date be entered into the exit record field. Along with required entry date, the legal record will indicate the custody changes and the two dates should align. The Department conducts annual reviews of Title IVE eligibility for foster care, Guardianship Assistance Program (GAP), Extension of Guardianship Assistance Program (EGAP), Extension of Maintenance Adoption Subsidy (EMAS), and Adoptions for all populations which includes a review of exit date data, if applicable. See response to Question 3 above.

Stakeholder Survey Input:

The following two questions were asked of frontline, CQI, licensing, and leadership staff relating to the Statewide information system. Florida's Child Welfare Information System of record is the Florida Safe Families Network (FSFN). FSFN serves as the statewide information system that houses administrative data and supports the effective collection and maintenance of important information on children served by our child and family well-being system of care.

Exhibit 2 illustrates the results of the question, complete and accurate data from the Child Welfare Information System (FSFN) is available timely for all children and youth who are in out-of-home care in the prior 12 months, by the type of information. For all types of data, the majority, either strongly or somewhat agreed with the statement, with this ranging by type of data from 69 percent for permanency goals of the child to 81 percent for demographic information of the child. Physical location of the child had the largest percentage of respondents that strongly or somewhat disagreed with the statement (14 percent).

Exhibit 2: Complete and Accurate Data, by Type of Data
N=964

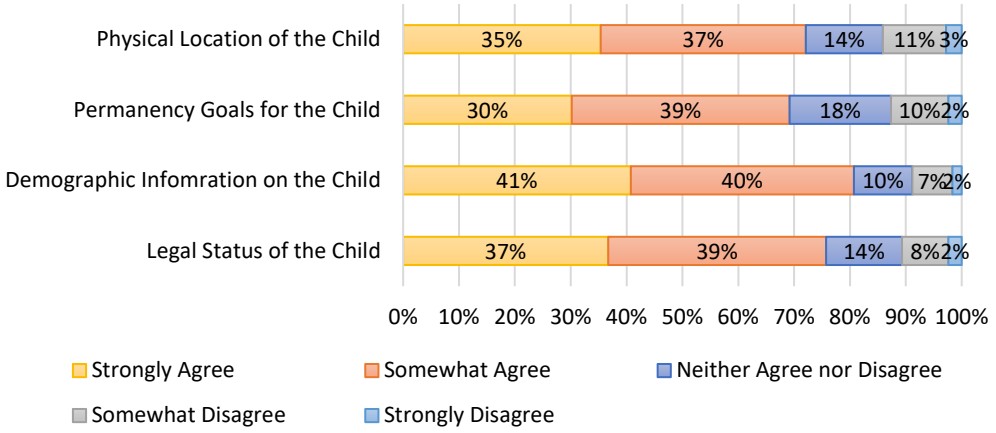
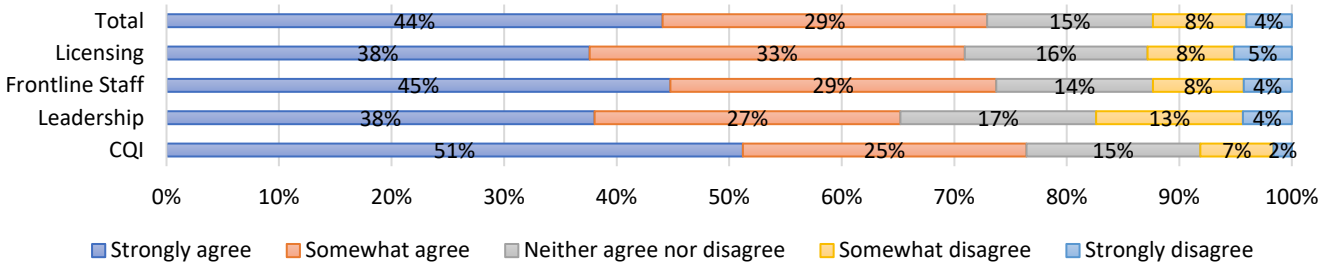


Exhibit 3 illustrates the results of the question, the state's child welfare information system allows for changes/updates to demographics (date of birth, race/ethnicity, gender), child location, living arrangements, and case goals with ease. For all respondents, the majority (73 percent) strongly or somewhat agree with the statement. This varies by area of involvement, with CQI staff agreeing at the highest percentage (76 percent) and leadership agreeing at the lowest percentage (65 percent).

Exhibit 3: FSFN Allows for Changes/Updates, by Area of Involvement
N=964



B. Case Review System

Item 20: Written Case Plan

Analyze:

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

State Response:

In Round 3 CFSR review, Florida received an overall rating of Area Needing Improvement based on information from the statewide assessment. Information in the statewide assessment did not show that the case review system ensures that each child has a written case plan developed jointly with the child's parent(s). See full details of Florida' CFSR Round 3 activities in Appendix I.

For Round 4 CFSR, Florida rates this system factor as a Strength based on the child welfare system requires case plans for families who are receiving services through in-home and out-of-home cases. Case plans are designed in conjunction with the parents/legal guardian with the objective of creating case-specific goals that are objective and formulated to capture observable behavioral changes that specifically address the maltreatment(s) that led to the Department's involvement.

Florida has implemented changes and received legislative support for improving statewide functioning to ensure a child has a written plan developed jointly with the child's parent(s) and includes the required provisions. The details on the changes/initiatives are outlined in the answers below.

1. **Did case plans include required elements, and how do you know?**

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

Life of Case On-Going Services review cases (outlined under item 25) contain monitoring elements for case plans, elements, and parental involvement. The initial Life of Case review occurs after the transfer to on-going case management. A review occurs of the case transfer process, review assessments and case planning, and continues approximately every 90 to 100 days thereafter until the child(ren) reach permanency and supervision is terminated to review progress updates. During these case reviews, if the documentation is not complete to conduct a review, the Quality Office Supervisor or designee will email the Lead Agency point of contact and Quality Assurance manager advising of missing documentation/information and the need to provide. A continual check will occur until information is provided for reviews to be completed.

2. Among children in foster care in a specific period who have been in care for at least 60 days, how many had a written case plan?

Using Florida's Child Welfare Information System, the Department deemed that there are two possible entry of information documentation points to indicate having a written case plan: date of removal and the date of case plan acceptance - initial plan. The Department accessed data from the child welfare information system and determined.

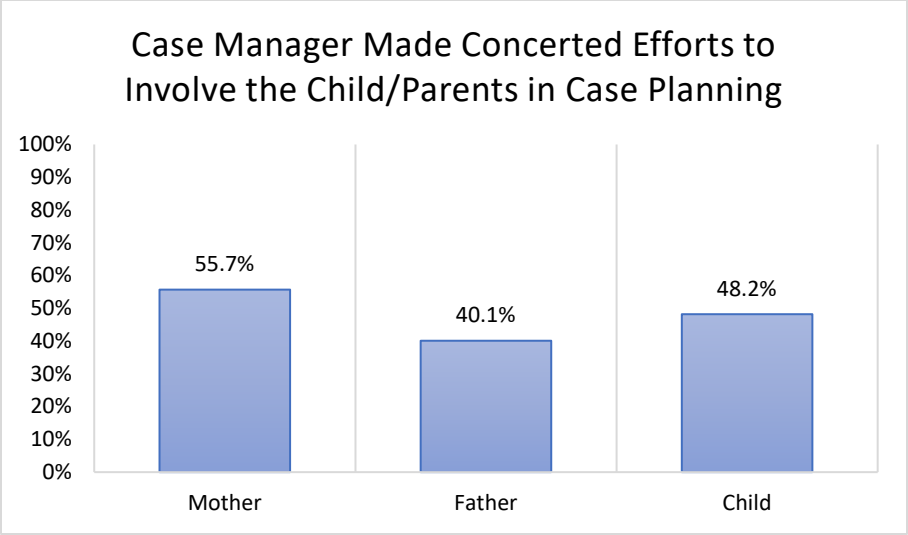
Were parents authentically involved in the development of case plans? If so, how?

Pursuant to section 39.6011, F.S., the case plan for each child must be developed within 60 days in a face-to-face conference with the parent of the child, any court-appointed guardian ad-litem, and if appropriate, the child, and the temporary custodian of the child. The plan must be clearly written in simple language, addressing identified problems and how they are being resolved. The case plan, all updates, and attachments required by state and federal law are filed with the court and served on all parties.

The Department recognizes that the collaboration with the parents/legal guardians in the case planning process will support a parent in succeeding in making changes that are vital to the child's safety and well-being. Florida's child welfare policy, CFOP 170-09, Chapter 05 outlines the standards regarding family engagement to build a case plan for change. And, CFOP 170-09, Chapter 07 includes policies around team meetings to develop case plan modifications. A family team approach is utilized in conducting a review of the current case plan's effectiveness.

In 2019, the Department revised CFOP 170-09, Chapter 04 to provide additional guidance for the engagement of parents/legal guardians. The policy and subsequent trainings focused on ensuring that collaborative work with the family is occurring to achieve the permanency goal established for the child. Additionally, guidance is provided for child welfare professionals when engaging with difficult parents/legal guardians and outlining the qualitative indicators of family engagement.
Lead agencies initiated local practices to support the engagement of parents and child(ren) in the case planning process. Family Engagement programs which consist of meetings within five to seven business days of sheltering a child are held to immediately engage the parents, discuss conditions for return and begin the case planning process.

The LOC reviewer (see item 25 for more information) reviews chronological notes, case plans, supervisor reviews and consultations, and the meeting module within the Child Welfare Information System to evaluate the engagement of parents and children in the case planning process. LOC reviews conducted between October 1, 2021, through September 30, 2022, showed that of 1,444 cases, 805 (55.7 percent) cases had a clear account of efforts made to engage mothers in the case planning process. During the same review period, concerted efforts to involve fathers at a rate of 40.1 percent and children at a rate of 48.2 percent were captured.



Life of Case Reviews - (*October 1, 2021-September 30,2022*)

Florida continues its commitment to improving the engagement of parents and children in the case planning process. Recently, Florida expanded the Family Navigator program which is intended to engage families at the point of removal in the case planning process. A referral for a Family Navigator is made during the intake process when a report of abuse, abandonment, or neglect has been received. Family Navigators assist a family in understanding the reason for the Department's involvement and supports the family in the engagement of services.
The building of the Family Navigation program is on-going. At the time of this assessment drafting, there were 22 Navigators and 3 Regional Program Administrators on board. During the last legislative session, an allocation was provided to add 10 new navigator positions which will bring the total number of navigator positions to 46 as of July 1, 2023.

Since November 2022, Florida has had approximately 1,700 cases meet criteria for Family Navigation. A Navigator was assigned to 937 of these cases. There are 463 families currently open for service with a Navigator.

Cases with Present Danger and Impeding Danger which meet the criteria for Family Navigation result in Out of Home Care less than the others; about 5 percent less for Present Danger cases and almost 15 percent less for Impending Danger cases. Florida is in the early stages of implementation of this initiative, but the preliminary results are promising.

Family Navigation Outcomes Data

Total Investigations	24982	
Family Navigation Criteria Met	1387	5.60%
Family Navigator Assigned	716	51.60%

Safety Findings	Non-Family Navigation	Family Navigation
Present Danger	13.60%	41.80%
Impending Danger	8.50%	28.90%

Average Days to Investigation Closure	42.5	46.2

Most Intrusive Services Provided	Non-Family Navigation	Family Navigation
OHC	6.0%	12.6%
In Home Judicial	1.0%	3.0%
In Home Non-Judicial	3.5%	13.2%
FSS	2.4%	3.7%
No Services	86.9%	67.5%
Services Provided	13.1%	32.5%

Present and Impending Danger	Non-Family Navigation	Family Navigation
Present Danger Cases Resulting in OHC	31.2%	26.6%
Impending Danger Cases Resulting in OHC	54.0%	39.7%

All data: Taken from FSFN, for Investigations Opened between 11/1/22-4/9/23 and closed by 4/18/23

In an additional effort to engage parents, the Florida Legislature awarded the Department funding in 2022 to use towards establishing and maintaining a fatherhood initiative. As a part of the fatherhood initiative, resources are being used to hire a Fatherhood Engagement Specialist within each Lead Agency to better engage with fathers whose children were involved, or at risk of involvement, within the child welfare system.

Item 21: Periodic Reviews

Analyze:

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

State Response:

In Round 3 CFSR review, Florida received an overall rating of Strength for this item based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, Florida provided recent point-in-time data demonstrating that almost all children and youth had a periodic

review within the last 6 months. Stakeholder interviews affirmed that both initial and periodic reviews were occurring and were timely.

In Round 4 CFSR, Florida rates this item as a Strength based on a case review process that is in place that is well institutionalized and systematically tracked and monitored. Additional efforts continue to ensure all participants, particularly the parents and current caregivers, are fully involved and informed about the child's case. Courts have continuing jurisdiction and shall review the status of the child every 6 months or more frequently if the court deems it is necessary or desirable.

Florida continues to look for ways to improve in this measure through expressing the need to adhere to scheduling with our judicial partners and timeliness in our data entry from our child welfare professionals. On-going collaboration with stakeholders through various advisory bodies, workgroups, on-going information-sharing, solution-focused meetings, and other forms of communication assist in identifying improvement measures. See Florida's 2024 APSR .

Section 39.701, F.S. outlines the process for periodic review of the status of the child at least every six months or more frequently if the court deems it necessary or desirable. The initial judicial review hearing must be held no later than 90 days after the date of the disposition hearing or after the date of the hearing at which the court approves the case plan, but in no event shall the review be held later than six months after the date the child was removed from the home. The evaluation of a family's progress is a collaborative approach based on the evaluation of information from the child welfare professional, parent(s)/legal guardian(s), temporary caregivers, treatment providers, and others who are a part of the remediation process. Sufficient evaluation of family progress is critical to achieving permanency goals for children in accordance with established timeframes.

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

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

Section 39.701(3), F.S. sets forth requirements that surround the court's engagement with youth who are between 16 and 17 at judicial review hearings. A judicial review is held 90 days after a child's 17th birthday to ensure that all relevant needs regarding the child's transition into adulthood are being met. During this reporting period, the Department recognizes that additional oversight is needed to ensure that child welfare professionals are addressing the needs of youth ages 16 to 17. The Office of Quality and Innovation (OQI) in conjunction with the Office of Continuing Care have incorporated questions

within the Life of Case review process (see item 25) which will address youth with this population. OQI reviewers will be reviewing cases to determine:

- Was the formalized independent living needs assessment used to identify a youth's strengths and needs?

- Was a quality independent living transitional plan completed when the child or young adult reached 16 years of age?

- Was a judicial review hearing held within 90 days after the youth's 17th birthday?

- Did the judicial review 90 days after the youth's 17th birthday include all required independent living documents related to the transition into adulthood?

In the child welfare information system, the "Judicial Review Worksheet" is designed to support the adherence to case plan judicial review requirements in Section 39.701, F.S. for judicial cases.

In preparation for a Judicial Review and gathering the documents necessary, the Judicial Review Worksheet within the child welfare information system captures additional information regarding case planning activities that are unique to judicial cases.

There are several associated "**Tasks**" related to judicial cases that the child welfare information system will automatically generate for display on the child welfare professional's Case Book page for the case, including:

- **Case Plan Due** date based on 60 calendar days from the Removal Begin Date/Time for the child.
- **Initial Judicial Review Due** based on 180 calendar days from the Completed Date documented on the child's Legal Record - Legal page, within that specific Case, where the Legal Action Initiated is "Shelter Hearing - Initial Removal" with the Result of "Granted."
- **Subsequent Judicial Review Due** based on 180 calendar days from the Completed Date of the child's previous Judicial Review Worksheet page.
- **Judicial Review Permanency Hearing Due:** 365 calendar days from the Completed Date documented on the child's Legal Record - Legal page, within that specific Case, where the Legal Action Initiated is "Shelter Hearing - Initial Removal" with the Result of "Granted" and appears on the worker's Desktop - Tasks Due 6 months prior to the Due Date.
- **Judicial Review Age 17 Due:** 90 calendar days following the child's 17th birthday.

The Review Summary tab captures the summary of Judicial Review activities such as the significant changes since the last Case Plan or Judicial/Permanency Review hearing, progress, and recommendations for all the children listed in the Children group box on the Participants tab. This tab also captures information on Date of Last Judicial Review, Date of Last Permanency Staffing, Date by Which Next Permanency Hearing Due, and Date of Current Judicial Review Hearing and identify if it is also a Permanency Review.

1. **Of the children who entered care or were in care during a specified period who were supposed to have a periodic review every 6 months, how many had at least one?**

Of the 21,046 children in out of home care as of March 27, 2023, 16,451 children had been in out of home care for more than 6 months. Of those children, over 95 percent had a documented judicial review within the last 6 months. (Data Source - Child Welfare Information System)

Item 22: Permanency Hearings

Analyze:

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

State Response:

In CFSR Round 3, Florida received an overall rating of Strength for this item based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment showed that almost all children entering and remaining in care had timely initial and subsequent permanency hearings. Stakeholder information revealed that initial and subsequent permanency hearings were scheduled 1 or 2 months ahead of the 12th month, and that hearings were timely. The state developed and implemented a daily tracking report to identify scheduling issues and instituted a review process to monitor permanency hearing content and quality.

In CFSR Round 4, Florida rates this item as a Strength based on the recognition of the importance of timely permanency hearings when a child is removed due to abuse, abandonment, or neglect. A permanency hearing must be held no later than 12 months after the date the child was removed from the home, or no later than 30 days after a court determines that reasonable efforts to return a child to either parent are not required, whichever occurs first. A permanency hearing must be held at least every 12 months for any child who continues to receive supervision from the Department or awaits adoption.

Between 2016 and 2020, Children's Legal Services sampled permanency review orders at a regional and statewide level to provide immediate feedback to the field on the quality of the orders considering Federal and Florida standards. Because those orders reached a level of compliance that routinely exceeded expectations and satisfied all statutory requirements, Children's Legal Services shifted the review process to the local level to ensure that new team members would continue to leverage statewide templates and best practices.

The Judicial, Court, and Attorney Measures of Performance (JCAMP) project is an offer of technical assistance to the Office of Family Courts from the Capacity Building Center for Courts to help the Department improve Hearing Quality and Quality Legal Representation in dependency cases. The Office of the State Courts Administrator gathered data through court observation from five judicial circuits as well as statewide surveys of stakeholder groups. The court observation was of shelter hearings and permanency review hearings, some of which were live and some of which had been recorded. Observers noted, among other things, who attended the hearings, whether various issues (such as the child's development, physical health, and mental health) were discussed, and whether the judge made certain

findings. Observers used a data collection instrument provided by the technical assistance experts from the Capacity Building Center, who also assisted in analyzing the data, which will be used to inform the Department's Hearing Quality and Quality Legal Representation projects. (See full report-Appendix H)

1. **Of the children in foster care during a specified period, how many had a permanency hearing no later than 12 months from the date they entered foster care?**

   The data contained in Florida's Child Welfare Information System was evaluated regarding documentation of permanency reviews. Of 12,684 children removed from home to out-of-home care in State Fiscal Year 2020-2021, 8,371 children were identified as having remained in out-of-home care more than 12 months from the date of removal. Ninety-six percent (7,996) of these children showed a documented timely permanency review within the 12 months following their removal. Based on the review of the data for cases where timely permanency hearings were not documented, the cause of the lack of documentation was determined to be associated with the pandemic and the scheduling impact on the courts.

   The Office of the State Courts Administrator gathered data through court observation from five judicial circuits as well as statewide surveys of stakeholder groups. From their JCAMP report, it was noted by the stakeholders that responded (n=419-446) to the five survey questions related to base measures of permanency that the first permanency hearings are often or almost always held within 12 months of the child's entry into care. R. See Appendix H - Page 30.

2. **Of these children, how many had a permanency hearing no less frequently than every 12 months thereafter?**

   See answer to Question 1 above.

Item 23: Termination of Parental Rights

Analyze:

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

State Response:

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for this item based on information from the statewide assessment and stakeholder interviews. In the statewide assessment, Florida provided data showing that in those cases where a petition to terminate parental rights (TPR) is filed, it is filed timely. However, the state was not able to provide sufficient information to show whether TPR requirements are met, or exceptions are documented in all applicable cases. Stakeholders said that because of Department staff and attorney turnover, hearings are not as effective as they could be. Stakeholders identified several barriers that result in TPRs not occurring timely, including appeals by parents; judicial discretion; and cases being opened too long before petitions are filed. Stakeholders did

not provide sufficient information to demonstrate that TPR requirements are being met consistently throughout the state.[21]

In CFSR Round 4, Florida rates this item as a Strength based on the laws and practices occurring regarding Termination of Parental Rights (TPR). TPR proceedings may be initiated based on the parent's voluntary surrender or involuntary termination of parental rights. Section 39.701, F.S. outlines that before every judicial review hearing or citizen review panel hearing, an assessment is made concerning all pertinent details relating to the child and furnishes a report to the court. If at any judicial review, the court finds that the parents have failed to substantially comply with the case plan to the degree that further reunification efforts are without merit and not in the best interest of the child, the court may order the filing of a petition for termination of parental rights, whether the period as contained in the case plan for substantial compliance has expired.

Florida's Child Welfare Information System documents that the Department filed Termination of Parental Rights Petitions on behalf of 5,724 children for SFY 2020-2021[22]. Of these petitions, 2,904 were filed before or within 60 days of a termination of parental rights hearing[23].

1. **Of the children who have been in foster care at least 15 of the most recent 22 months or who meet the other ASFA provisions (aggravated circumstance) and are not subject to an exception for filing for TPR, or have a compelling reason not to file, for how many of them did the state file or join a TPR petition timely?**

The Department is continuing to work with the court system to address these barriers, which increased in prevalence during the pandemic. Housing remains a need for families in the dependency system. The Department through community-based housing voucher programs or through the Hope Florida program connects families with the private sector, faith-based community, nonprofits, and government entities to maximize resources and uncover housing opportunities. For incarcerated parents, the Department includes the incarcerated parent in case planning and attaches a list of services available at the facility to the case plan. To the extent the parent does not comply with the facility's procedures and policies to access the service or does not maintain contact with the child as required by the case plan, the Department will seek a termination of parental rights against the incarcerated parent if it is in the child's best interests to do so. To that point, the Department will file a petition to terminate parental rights against a parent where there exist grounds to terminate, termination is in the child's best interest, and it

[21] See full details of Florida's CFSR Round 3 activities in Appendix I.

[22] For these purposes, the following legal actions are included as a petition for termination of parental rights with a result of Filed: Termination of Parental Rights Petition, Termination of Parental Rights Petition – Expedited, Termination of Parental Rights Petition - Material Breach, Termination of Parental Rights Petition – Private, Termination of Parental Rights Petition - Voluntary

[23] Termination of parental rights hearing includes the following legal actions where the result is not Cancelled, Pending, Reset, or blank and was completed within six months of the date identified for the identified petition: Termination of Parental Rights - Consent or Termination of Parental Rights - Trial.

is the least restrictive means to keep the child safe even if the court does not change the permanency goal to adoption at the annual permanency hearing.

Item 24: Notice of Hearings and Reviews to Caregivers

Analyze:

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child?

State Response:

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for this item based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and confirmed in interviews with stakeholders revealed that foster parents, pre-adoptive parents, and caregivers are not regularly notified of hearings. In the statewide assessment, Florida provided survey data showing that a large percentage of caregivers do not receive notices of hearings or know they can share their views with the court. Stakeholders interviewed explained that notices of hearings can be delivered in various ways and that the caregivers' right to be heard depends on the judge.[24]

In CFSR Round 4, Florida rates this item as a Strength based on the requirements for when to provide notices to parties. Subsections 39.502(17) and (18), F.S. provides that "the parent or legal custodian of the child, the attorney for the Department, the guardian ad litem, and all other parties and participants shall be given reasonable notice of all hearings provided for under this part." All foster or pre-adoptive parents must be provided with at least 72 hours' notice, verbally or in writing, of all proceedings or hearings relating to children in their care or children they are seeking to adopt to ensure the ability to provide input to the court."

1. **What is the state's process for ensuring that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?**

   The Department adheres to the requirements outlined in section 39.502, F.S. when providing notices to parties, as noted above.

   The Department updated all court order templates to include a finding that demonstrates whether the caregiver was provided notice of the hearing, whether the caregiver was present for the hearing, and whether the caregiver was given an opportunity to be heard through either a written caregiver input form or by participation during the hearing.

[24] See full details of Florida's CFSR Round 3 activities in Appendix I.

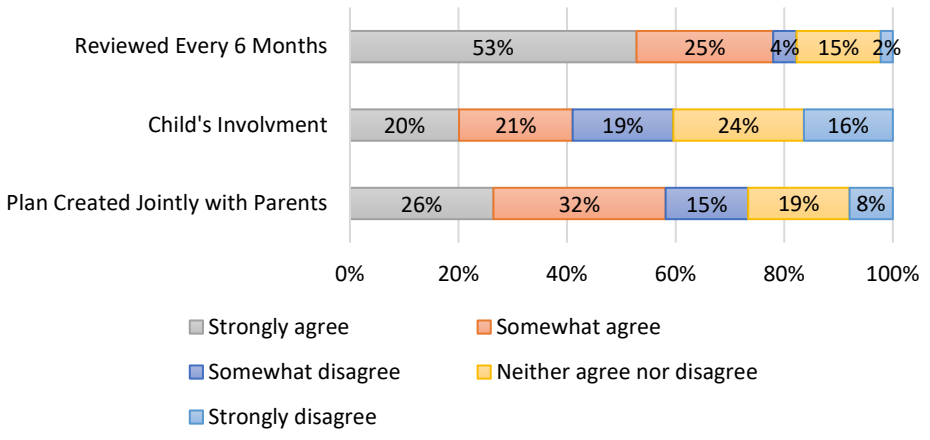
2. **What data do the states have to demonstrate that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?**

The Life of Case Reviews examine if caregivers for children in out-of-home care are notified of their right to be heard in court. For the period of October 1, 2021-September 30, 2022, the reviews conducted reflected that this measure was met at a rate of 68.2 percent. Additionally, Children's Legal Services sampled various hearing orders at a regional and statewide level monthly between 2016 and 2020 to ensure caregiver notice and participation was properly documented. After consistently exceeding expectations in the statewide and regional reviews, the review of orders was shifted to the local level to ensure that new team members would continue to leverage statewide templates and best practices.

The Office of the State Courts Administrator gathered data through court observation from five judicial circuits as well as statewide surveys of stakeholder groups. From their JCAMP report, it was noted that parents (Mothers 73 percent, Fathers 63 percent, Youth 11 percent, Caregivers 12 percent) are more likely to be present at shelter care hearings (compared to permanency hearings - Mothers 43 percent, Fathers 37 percent, Youth 22 percent, Foster Parents 13 percent) whereas Youth and Caregivers (relative or foster) were more likely to be present at permanency planning hearings (Appendix H - Page 6). The survey requested responses to questions concerning base measures for due process, the responses from a survey regarding were 43 percent responded as Always/Almost Always, 33 percent responded Often, 16 percent responded sometimes, 6 percent responded rarely, and 2 percent responded Never/Almost Never. See Appendix H - Page 6).

Stakeholder Survey Input: The following charts are the results from questions surrounding the case review system. These questions were asked of frontline staff, CQI staff, leadership, parents, youth, caregivers, and those from the judicial system. Florida's case review system is a joint effort between the Department, Lead Agencies, and legal and judicial communities. The case review system provides individualized case planning for children and families, and timely, high-quality administrative reviews, court reviews, and hearings. Exhibit 4 provides the results from the question Florida's child welfare system of care ensures that each child being served has a written case plan that includes a plan that was jointly created with parent(s), with the child's involvement (when age appropriate), and that the plan is reviewed every 6 months by the court or administrative review. The highest percentage of respondents (78 percent) strongly or somewhat agreed that the case plan

Exhibit 4: Case Plan Development and Review
N=1,343



was reviewed every six months, while the lowest percentage of respondents (41 percent) strongly or somewhat agreed that the child was involved with the development of the case plan.

Exhibit 5 illustrates the results of the questions surrounding whether Florida's Child Welfare System of Care ensures that each child has a permanency hearing that addresses the child's individual needs. The highest percentage of respondents (79 percent) strongly or somewhat agreed that a permanency hearing was held no less than every 12 months, while the smallest percentage of respondents (74 percent), strongly or somewhat agreed that the permanency hearings addressed youth independence needs, when age appropriate.

Exhibit 5: Permanency Hearings, Child's Needs
N=1,343

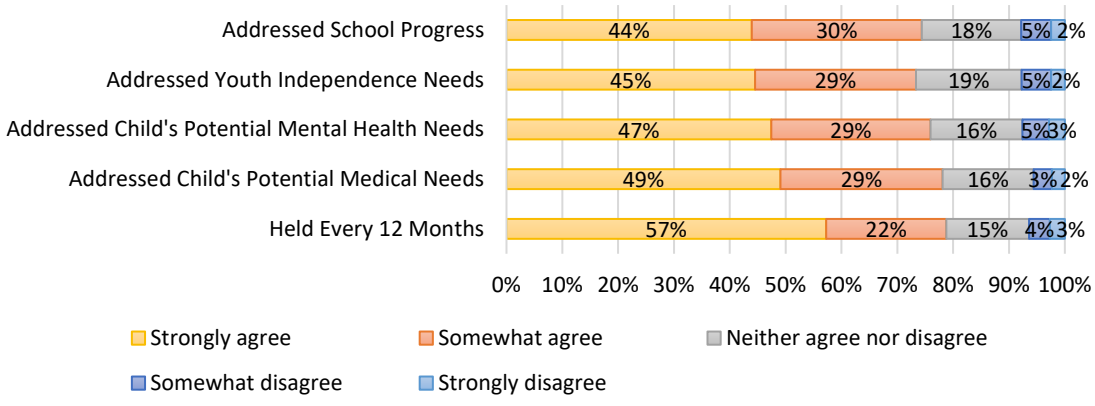


Exhibit 6 addresses whether the permanency hearings addressed parental participation, family time and parent/child visitation, parental behavioral change, child safety, permanency of child's placement, and adopting/guardianship processes (when applicable). The largest percentage of respondents (81 percent) strongly or somewhat agreed that the permanency hearings addressed the child's safety, while the smallest percentage of respondents (73 percent) strongly or somewhat agreed that the permanency hearings addressed parental behavioral change.

Exhibit 6: Permanency Hearings, Family Participation and Child Placement and Safety
N=1,343

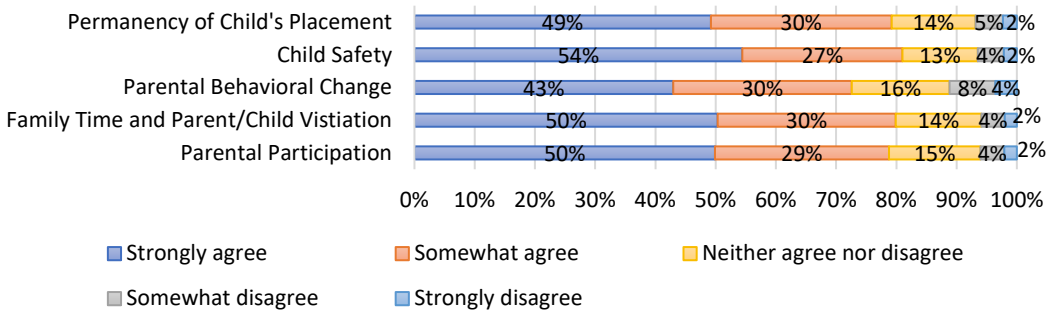
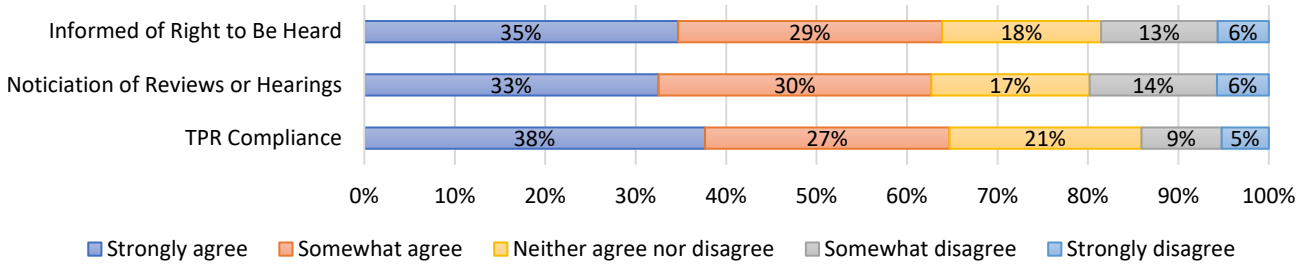


Exhibit 7 surrounds compliance of termination of parental rights (TPR) proceedings with required federal provisions and communication of notifications and rights to foster parents, pre-adoptive parents, or relative caregivers of children in out-of-home care. The largest percentage of respondents (65 percent) strongly or somewhat agreed that the filing of TPR proceedings occurred in accordance with required federal provisions, while the smallest percentage of respondents (64 percent), agreed that foster parents, pre-adoptive parents, or relative caregivers were informed of their right to be heard in any review or hearing held regarding the child.

Exhibit 7: Permanency Hearings, Parental Involvement
N=1,343



C. Quality Assurance System

Item 25: Quality Assurance System

Analyze:

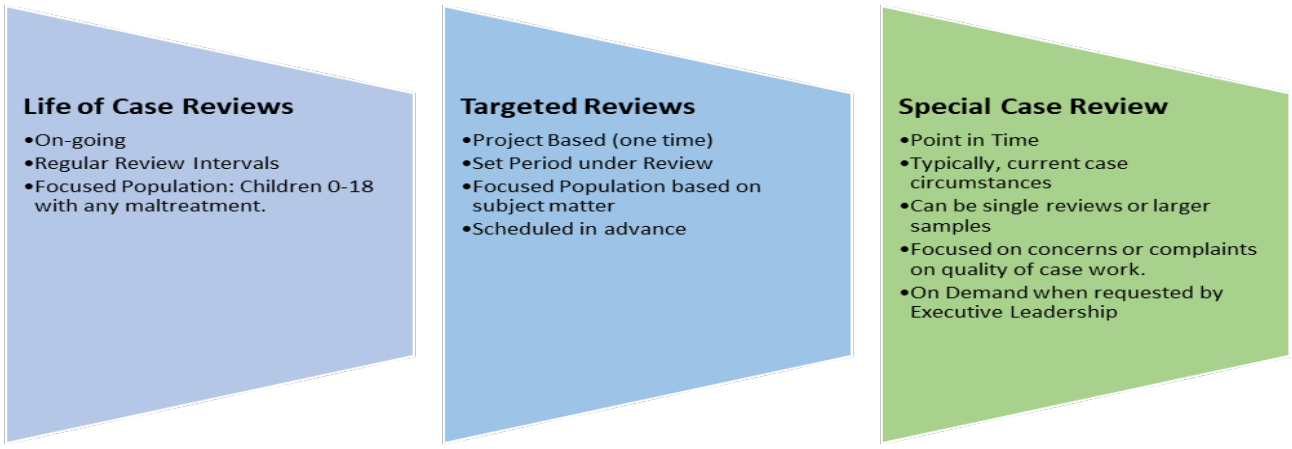
How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality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

State Response:

In CFSR Round 3, Florida received an overall rating of Strength for this item based on information from the statewide assessment. Information in the statewide assessment demonstrated that the quality assurance system is functioning statewide.

For CFSR Round 4, Florida rates this item as a Strength based on the recent development of a robust quality assurance system that includes a review of cases across all jurisdictions providing services, adheres to standards and written guidelines, identifies strengths and areas needing improvement, and makes data available for the state's public website. The state has processes in place to develop quality improvement plans and includes a training component for all Quality Assurance (QA) staff.

To ensure the quality of Florida's child welfare practices, the Office of Quality and Innovation conducts a series of on-going, targeted, and special case reviews over and above those included in the Annual Accountability Report described in Section II above. These qualitative assessments of child welfare case practices provide the state additional opportunities to learn about practice from investigation to case closure, and about specific topics such as case practices around substance abuse or other topics that may be of special concern for the state (e.g., placement stability).



Florida's statewide accountability system was established by Florida legislature in subsection 409.996(26), F.S., and requires the Department to collaborate with its community partners to implement a system that assesses the overall health of the child welfare system, by circuit. Section 409.996(26) further states that the accountability system must:

- Include clearly defined levels of quality.
- Measure the performance of Child Protective Investigations, Lead Agencies, and Children's Legal Services.
- Address applicable federal- and state-mandated metrics; and
- Be used to identify systemic deficiencies and promote enhanced quality service delivery.

For more in depth detail on Florida's Quality Assurance System see Florida's 2024 APSR.

The Department has developed and maintains many quantitative and qualitative resources. Florida's Child Welfare Statistics, shown on the Child Welfare Dashboard , provides a broad range of data that can be used to create and view historical trends by state, region, or Lead Agency, and other information, such as the age, gender, and race of the children. The data on the dashboard and in other reports posted is derived from the child welfare information system and the Department's quality assurance activities. The primary documents used for analyses of Florida's Continuous Quality Improvement review data from the Online Monitoring System (OMS): Life of Case reviews for Child Protective Investigations,

and the Federal Data Profile. The dashboard is the tool used by Department Management in weekly and monthly Programmatic Reviews.

The Dashboard has five tabs:

1) Safety – Contains the quarterly trend Key Performance Indicators (KPI), regarding children that are safely maintained in their homes and protected from abuse and neglect.

2) Permanency – Contains quarterly trend Key Performance Indicators, regarding the children's permanency and stability.

3) Well-Being – Contains quarterly trend Key Performance Indicators, regarding children who received physical and mental health resources, educational services, and developed capacity for independent living.

4) Monthly Trend – Contains monthly trend Key Performance Indicators.

5) Annual Trend – Contains annual trend Key Performance Indicators.

1. **How many jurisdictions provide the services included in the CFSP?**

The Department contracts for the delivery of child welfare services through Lead Agencies. Service delivery is coordinated through an administrative structure of all six geographic regions, aligned with Florida's 20 judicial circuits, serving 67 out of 67 counties. Within the six Department regions, Lead Agencies deliver foster care and related services as defined in Florida Statutes under contract with the Department. Lead Agencies are responsible for providing foster care and related services, including family preservation, prevention and diversion, dependency casework, out-of-home care, emergency shelter, independent living services, and adoption. Many Lead Agencies contract with subcontractors for case management and direct care services to children and their families. This system allows local agencies to engage community partners in designing and modifying their local system of care that maximizes resources to meet local needs. The Department remains responsible for program oversight, operating the Abuse Hotline (Hotline), conducting child protective investigations, and providing legal representation in court proceedings. Lead Agency responsibilities are codified in section 409.988, F.S.

During a focus group meeting for the drafting of Item 25, 29 participants, which included child protection supervisors, Department Staff, Lead Agency staff, contracted providers, the Office of the States Court Administrator staff, and the Lived Experience Youth Advisor, the following was asked: How aware are you of the performance of Florida's child welfare system of care related to Safety, Permanency, and Well-Being? Out of 8 responses received, 2 responded very aware, 3 responded aware, and 3 responded somewhat aware.

2. **What evidence do you have that the QA system is functioning statewide to ensure it is operating in the jurisdictions where services included in the CFSP are provided and has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety)?**

The Office of Quality and Innovation is charged with assessing the quality of child and family services across the state and conducting statistical analysis to improve gaps in quality. To assess the quality of child welfare professionals' decision-making and service delivery throughout a family's involvement with Florida's child welfare system, the Office of Quality and Innovation (OQI) conducts routine LOC reviews. These quality measures are evaluated on a quarterly basis utilizing a standardized assessment tool called the LOC Tool. LOC reviews are conducted on new cases entering the child welfare system and continue through the life of the case at prescribed intervals, as illustrated below. These reviews cover children and families served in all of Florida's 20 judicial circuits and 67 counties. The reviews measure performance around CFSR items and state policies.

Florida conducts more than 2,000 reviews each year, with between 82 and 126 reviews per circuit. The number of reviews to be conducted is based on a 90 percent confidence level and 10 percent margin of error based on the total population of children receiving services within the circuit. Further, to ensure the quality and consistency of reviews, we measure inter-rater reliability by performing a quarterly Benchmark Process in which all reviewers review the same case at the same time. These results are then summarized each quarter with a combination of agreement and inter-rater reliability statistics. For the benchmark conducted in March of 2023, the Krippendorff's Alpha statistic for the investigations tool was α=0.79 and for the on-going services tool was α=0.71. These results suggest that the monitoring system is consistent in its standards when evaluating the quality of services being provided.

Number of In-Home and Out of Home Cases, Sample Size, and Reviews Completed, SFY 2021-2022

	IHC	OHC	Total	Needed Reviews for a 90/10 Sample	Number of CFSR Style Case Reviews	Life of Case Reviews	Total Number of Reviews
Circuit 01	1,333	1,539	2,872	67	66	51	117
Circuit 02	798	589	1,387	66	65	33	98
Circuit 03	479	388	867	64	63	31	94
Circuit 04	1,922	1,787	3,709	67	68	30	98
Circuit 05	1,379	2,230	3,609	67	68	45	113
Circuit 06	1,993	3,157	5,150	67	66	48	114
Circuit 07	1,099	1,457	2,556	67	67	45	112
Circuit 08	530	757	1,287	65	65	22	87
Circuit 09	1,409	1,667	3,076	67	68	47	115
Circuit 10	1,175	1,647	2,822	67	66	45	111
Circuit 11	662	1,546	2,208	66	65	45	110
Circuit 12	746	1,208	1,954	66	67	59	126
Circuit 13	1,316	2,761	4,077	67	66	35	101
Circuit 14	441	543	984	65	62	20	82
Circuit 15	1,067	1,154	2,221	66	66	38	104
Circuit 16	32	66	98	44	33	10	43
Circuit 17	930	1,409	2,339	67	67	35	102
Circuit 18	1,065	1,639	2,704	67	65	34	99
Circuit 19	544	723	1,267	65	63	22	85
Circuit 20	1,742	1,596	3,338	67	69	33	102
Statewide	20,662	27,863	48,525	**1,304**	1,285	728	2,013

Source: The In-Home Care and Out-of-Home Care are pulled from the Child Welfare Information System and are the cases that were active during the state fiscal year. The sample size is based on a 90 percent confidence interval and a 10 percent margin of error. The number of reviews signify the number of unique reviews that were conducted using the CFSR style review tool and the Life of Case Review Tool.

The sample is a random statewide sample, with balancing on the circuit as well as periodic checks that the sample accurately represents the demographic distribution of the age of the children within the system. See the Life of Case Tool Reviewer Guides in Appendix E for more information.

In addition to on-going LOC reviews, the Office of Quality and Innovation conducts targeted reviews on both a set schedule and as needed based on circumstances that may arise. These targeted reviews are project-based, one-time reviews using a set period under review and focused on a specific population as determined by the subject matter of the reviews. For example, children experiencing placement moves, children born during on-going services, intimate partner violence, foster care referrals, and dependent

children in Statewide Inpatient Psychiatric Programs (SIPP) are illustrations of the types of targeted reviews completed by the OQI. Targeted reviews are scheduled based on leadership priorities. The data analytics team compiles the results of the targeted, large-scale special reviews, described below, and provides the findings to leadership and the appropriate program offices to determine if improvement activities are warranted. When improvement activities are warranted, additional training is facilitated by the Office of Quality and Innovation, Office of Child and Family Well-Being, and/or trainers from the region of focus. A Six Sigma type process (see graphic below) is used where there is analysis to drill down to the root cause and identify countermeasures to improve practice based on this root cause analysis. The improvement activities may be kept to high level and state training, policy review/change as needed, process development/improvement or implementation of specific counter measures based on the results of the review and analysis. In addition to determining improvement activities, the OQI provides regional leadership with a PDF document summarizing the review findings to be shared with front-line staff and assist in any further discussions regarding the matter under consideration.

The Office of Quality and Innovation conducts special reviews at the request of Department leadership. These reviews are typically case-specific reviews that focus primarily on issues, concerns, or performance gaps in investigations, case management, or licensing that are brought to the attention of the Department. Upon completion of the special review, findings are provided to the requestor through an interoffice memorandum, and a consultation may occur between the Office of Quality and Innovation and the requester and other identified participants to provide an overview of the findings and recommendations. The requestor may share the results of the review with staff or request additional training from the Office of Quality and Innovation, Office of Child and Family Well-Being, and/or regional trainers based on the findings. In Fiscal Year 2021-2022 approximately 2,677 and in 2022-2023 approximately 991 special reviews were completed.

Critical Incident Rapid Response Teams (CIRRT) are multiagency teams that conduct onsite investigations of certain subsets of child deaths or other serious incidents involving a child with a prior report of a verified maltreatment. CIRRT was created by the Florida legislature to identify root causes and determine the need to change policies and practices related to child protection and child welfare (section 39.2015, F.S.). Each CIRRT team is required to have at least five professionals with expertise in child protection, child welfare, and organizational management. A quarterly Critical Incident Rapid Response Team Advisory Committee report is required to be submitted to the Governor and Legislature of relevant findings and recommendations. CIRRT Advisory Committee Report Q4 2022

In October of 2021, the scope of the CIRRT process was expanded to include investigations with allegations of sexual abuse that involve children who are placed in out-of-home care settings. During the Fiscal Year 2021-2022 (beginning in October), there were 531 cases assessed with 153 being assigned to a coordinator. The cases were assessed due to having an allegation of sexual abuse involving a child in out-of-home placement. Most of the cases (378) involved allegations that occurred prior to the child's removal and placement, or were perpetrated by non-caregivers (e.g., human trafficking reports), which did not meet the criteria for assignment to a coordinator. In addition to the victim children involved in the 153 investigations, there were over 500 additional children screened who had either been previously placed where the alleged incident occurred or who had previous contact with the alleged perpetrator, to ensure that no potential victim was left unaddressed. Since the expansion in October, the Department has conducted a total of five (5) First Responder Trainings for 123 professionals across the state who could assist with additional screening activities when necessary.

In August of 2022, the Department executed a contract with KPMG to provide recommendations for implementing a comprehensive programmatic monitoring system to measure true program and service delivery quality and effectiveness from a critical thinking perspective, moving beyond a compliance-based approach for the Lead Agencies, Managing Entities, and the Continuum of Care (CoC). As part of this process, KPMG will identify and evaluate the Department's current monitoring infrastructure as well as develop an inventory of related existing tools and resources and develop a recommended tool/monitoring scope and infrastructure for the Department to use for holistic continuous improvement monitoring with an enhanced focus on programmatic effectiveness. The anticipated timeline for completion is Summer of 2023.

3. **What is the state's process to ensure that the QA system identifies the strengths and needs of the service delivery system, provides relevant reports, and that it evaluates implemented program improvement measures?**

Pursuant to s. 409.996, F.S. the Department's Office of Quality and Innovation, in collaboration with its Sheriff's Offices and Lead Agencies, established thirty-eight accountability metrics, with clearly defined levels of quality, that are aligned with federal- and- state-mandated metrics, and that reflect the performance of investigations, case management, and legal services. Accountability measures are grouped within the domains of Safety, Permanency, and Well-Being. Within each domain are quantitative outcome measures to assess child welfare results for Florida's children and families, leading quantitative measures to assess the processes by which such outcome measures are attained, and a host of case review measures to assess the quality of services provided.

The Office of Quality and Innovation, in partnership with the Office of Child and Family Well-Being, uses the Results Oriented Accountability (ROA) framework for measuring the success of efforts to improve child welfare safety, permanency, and well-being outcomes, while empowering a culture of transparency and accountability. The OQI integrates administrative data analysis, case record reviews, performance improvement processes, and training for the Department under one division. The Office of Quality and Innovation increases the Department's insight into the quality of the work at the front line, enhances the analytical capacity of the Department, and facilitates performance improvement projects to support the operations teams and improve outcomes for children and families. These processes also support child welfare stakeholders in identifying and managing their contributions to the achievement of outcomes for children and their families. The Office of Quality and Innovation utilizes the Six Sigma DMAIC process to ensure that program improvement follows strict tests and allows for the ability to determine if interventions and projects are successful.



During FY 2021-2022, the Department hosted 28 regional meetings to enable leaders to engage in meaningful, thought-provoking dialogue at a more granular level, and to develop quality improvement strategies that are reflective of, and account for, local dynamics. Through these circuit-level meetings, the Department conducted root cause analyses with each circuit's leaders to identify specific opportunities for enhanced integration of statewide initiatives. One of the identified and addressed statewide themes was the obligation of the Department to measure and monitor the performance of internal and contracted operations and to recommend initiatives to correct identified deficiencies and drive performance outcomes. The Department continuously assesses and publishes the overall health of each circuit's child welfare system by evaluating performance for Child Protective Investigators, Community-Based Care Lead Agencies, and Children's Legal Services. For more details, see section A of 2022 Accountability Report.

While conducting case reviews, the Quality Reviewer may find that a case requires immediate action due to an imminent child safety concern. Prior to notifying the Region, a consultation must occur between the Quality Reviewer and the Quality Reviewer's Supervisor and Manager to affirm the need for immediate action by the region and/or the Community-Based Care Lead Agency. When safety concerns are identified during investigative reviews, the case review tool is sent to the regional Family

Safety and Community Services Director and the Operations Manager point of contact to be addressed. See Appendix E Life of Case Tool Guides that outlines the notification policy and process.

Immediate Child Safety Action Required (ICSAR) notifications are entered and tracked through the Department's Qualtrics Application, ICSAR Tracking Dashboard. Since the beginning of the Life of Case reviews tracking in 2021 there have been 655 ICSARs issued, 93.59 percent (613) have been resolved, 2.29 percent (15) have not been resolved, 3.21 percent (21) have been formally escalated for resolution, .92 percent (6) remain unresolved with operation intervention. Seventy-one percent of the ICSARs were resolved within 5 days from notification.[25]

To involve more stakeholders in the CFSR SWA process and identify areas for improvement, a focus group meeting was held virtually in March 2023 which consisted of child protection supervisors, Department Staff, Staff from Lead Agencies, contracted providers, Office of the State Courts Administrator staff, and the Lived Experience Youth Advisor. The group was asked questions regarding Florida's Quality Assurance System. The focus group shared some areas for improvement to include communication, engagement, root cause analysis not always involving front line or those doing the work, sharing data with all stakeholders at all levels, ease of locating and finding data, data captured by different people using different methods, support, housing, and services of APD youth and youth adults with disabilities.

4. What evidence do you have that the QA system is functioning statewide to ensure it identifies strengths and needs of the service delivery system, provides relevant reports, and that it evaluates implementation program improvement measures?

Findings from qualitative reviews are further analyzed to determine their association with outcomes and to identify training opportunities or avenues for policy improvements. For example, based on the analysis of Life of Case data, it was determined that one of the greatest predictors of process and outcome measure success was the quality of the supervisor's involvement. Based on these findings, several pilots were launched to increase supervisor trainings and to increase supervisor support. The data analytics team then conducted pre-post testing to determine if these initiatives were impactful in increasing both supervisory performance on specific areas and, in turn, improving performance on the process and outcome measures. There has been improvement in supervisory specific questions within the Life of Case tool, but there hasn't been observed/correlated improvement in any outcome or process measures.

An additional example of such analyses includes the discovered impact that conducting quality interviews with the parents during the investigative process has on other processes within the case and on case outcomes. In a regression analysis, the quality parent interview was identified as a significant determinate on whether siblings were placed together, whether the safety plans were of high quality, and the quality of the overall work on the case. Based on the results of these findings, pre-service training has been re-designed to include more in-depth training and focus on how to conduct quality interviews with parents.

[25] Data source Qualtrics ICSAR Tracking QO Dashboard, 6.14.2023

See responses to question 1,2, and 3 above.

5. **To what extent is information from the CQI/QA processes (or other data, evidence, and reports) sound and relevant; how can staff using it support good decisions with it; and in what ways are relevant reports used by the intended audience?**

The number of reviews conducted on the statewide system is based on a 90 percent confidence level and 10 percent margin of error based on the total population of children who receive an intake within the circuit. Further, to ensure the quality and consistency of reviews, we calculate inter-rater reliability statistics by performing a quarterly Benchmark Process in which all reviewers review the same case at the same time. For March 2023, the relevant Krippendorff's Alpha score was 0.79 for investigations and 0.71 for on-going services.

Investigations

	Investigations with Removal		
	September 2022	**March 2023**	**May 2023**
Total Agreement (N/Percent)	26/36.1%	30/38.0%	14/19.7%
Plurality Agreement	82.7%	89.3%	85.4%
N of Reviewers	62	56	57
IRR			
Krippendorff's Alpha	α=0.6509	α=0.7959	**α=0.7065**
Severity of Disagreement			
Very High	29.2%	12.7%	21.1%
High	9.7%	8.5%	8.5%
Medium	4.2%	8.5%	15.5%
Low	19.4%	23.9%	19.7%
Very Low	1.4%	8.5%	15.5%
None	36.1%	38.0%	19.7%

Source: Life of Case Investigations Tool

On-going Services:

	September 2022	December 2022	March 2023
Total Agreement (N/Percent)	14/13.0%	23/34.8%	31/29.8%
Plurality Agreement	71.9%	84.8%	80.8%
N of Reviewers	57	50	57
IRR			
Krippendorff's Alpha	α=0.6209	α=0.7565	α=0.7100
Severity of Disagreement			
Very High (30% or more disagreement)	38.9%	18.2%	30.8%
High (Between 20% and 30%)	14.8%	21.2%	12.5%
Medium (Between 10% and 20%)	9.3%	7.6%	6.7%
Low (<10% disagreement)	17.6%	15.2%	18.3%
Very Low (Input error, blanks, etc.)	6.5%	3.0%	1.9%
None	13.0%	34.8%	29.8%

Source: Life of Case On-going Services Tool.

At each review interval, the completed tool, contained in a written PDF document, is provided via e-mail to investigative and case management staff for continued learning. After each tool is provided to the investigative or case management team, there is an opportunity to consult via phone or Microsoft TEAMS with the Quality Review Team regarding the case dynamics and ratings as well as the rationale behind ratings. The information regarding reviews is also available for review in Qualtrics Dashboards that allow the frontline teams to assess for trends and patterns and to identify areas of needed focus. These data are also presented during Quarterly Quality events. Results are also used to update the review tool or guidance for reviewers, to improve consistency and clarity over time.

Florida also publishes a monthly results-oriented accountability report, Child Welfare Key Indicators Report, that reviews Florida's Child Welfare System through key outcomes, process, qualitative, workload and resource indicators.

6. What is the state's process for using evidence collected through its QA activities to select or design program improvement measures?

The Department follows a Quality Roadmap to improve performance throughout the state. Following this roadmap, performance reviews are cascaded at different levels throughout the system of care to ensure the review of operational effectiveness, the quality of services provided and system outcomes, and to prompt the most appropriate level of response and intervention.

Localized performance review cadences are established by individual agencies to regularly monitor operational effectiveness, quality review findings, and the resulting child and family outcomes. This cadence enables organizations to identify and respond more quickly to emerging gaps in performance and more readily identify the impact of improvement efforts. Additionally, the results of quality reviews are shared with Lead Agencies via dashboards to provide near real-time feedback directly to supervisors, allowing for immediate action to resolve specific case concerns and improve general service quality.

In addition to these more localized meetings, the Office of Quality and Innovation regularly hosts quarterly quality events, which are conducted in each region across the state and includes participants from Department headquarters and regional offices (field staff with lived experience), and provider groups (lived experience) throughout the region. This forum provides a larger platform for more collaborative discussions amongst providers throughout the region and Department headquarters and offers a robust support network for helping overcome persistent performance barriers and a venue for promulgating effective practices. A detailed description of what occurs prior, during, and after these meetings is described below.

In the month preceding the quarterly quality event, outcome data, lead measures, and qualitative reviews are all analyzed to identify persistent and significant gaps in performance, and, conversely, sustained high levels of performance. The findings of this analysis are shared with each region in advance of the meeting and placed on the quarterly quality event agenda. For metrics with sustained performance gaps, organizations are asked to follow a structured approach to determine potential root causes for the identified gaps, following the Six-Sigma methodology. Here, organizations are provided a template that helps guide them to the discovery of root causes and the identification of effective improvement opportunities. Conversely, for metrics wherein a high-level of performance is recognized, organizations are provided a reporting template to help capture the specific processes or interventions that have been implemented to achieve such performance. In addition to providing templates, the Office of Quality and Innovation's performance improvement and data analytics teams offer organizations support and technical assistance.

Additional quantitative and qualitative data are also provided to Department staff and used in weekly and monthly programmatic reviews. These include the data shared on the public dashboard as well as those from other quality assurance activities such as case review data gathered for the Child and Family Services Review in the Online Monitoring System (OMS), and Life of Case reviews for child protective investigations and on-going services. Data from these reviews are shared in real-time through a Qualtrics dashboard (this includes Department staff and identified Points of Contact at each Lead Agency), wherein points of contact can view summary data, detailed narratives of review findings, and listing files to drill down to specific reviews. The data and relevant analysis are shared with the Department's operations and program teams, including internal Department staff, Lead Agencies,

external contracted providers, and their contract managers, on a quarterly basis. Additionally, to ensure understanding, the data analytics team facilitates a monthly data discussion in which questions can be asked about specific metrics, methodologies are explained, and assistance in understanding and analyzing a specific area's data can be requested.

During quarterly quality events, the first half of the agenda is led by the Office of Quality and Innovation and consists of a general discussion on performance indicators across the region, followed by the results of any additional data analysis. The second half of the agenda is then dedicated to a discussion of the more persistent performance gaps and the sharing of performance achievements. Lead Agencies with identified performance gaps discuss the results of their root cause analysis and lay out plans for addressing root causes to work toward improvement. These performance gaps will then remain on subsequent quarterly quality event agendas until such time the sustained improvement has been demonstrated to allow for the continued monitoring of progress and offering of support to overcome barriers. Finally, to conclude quarterly quality events, organizations identified as top performers for a metric share their achievements and effective practices, again using the template provided in the preceding month.

Stakeholder Survey Input: Florida's Quality Assurance System (QAS) relies on data and evidence to be more responsible to the needs of the families served. The QAS is responsible for producing knowledge that is foundational to understanding the functioning of the Child Welfare System of Care. Those that responded to these questions were frontline staff, CQI staff, licensing staff, and leadership.

As illustrated in Exhibit 8, the largest percentage of respondents (71 percent), strongly or somewhat agreed that the QAS ensures that there are standards to evaluate the quality of services, including standards to ensure that children in foster care are provided quality services that protect their health and safety. The smallest percentage of respondents (63 percent) strongly or somewhat agreed that performance reports were available and/or provided.

Exhibit 8: Quality Assurance System
N=964

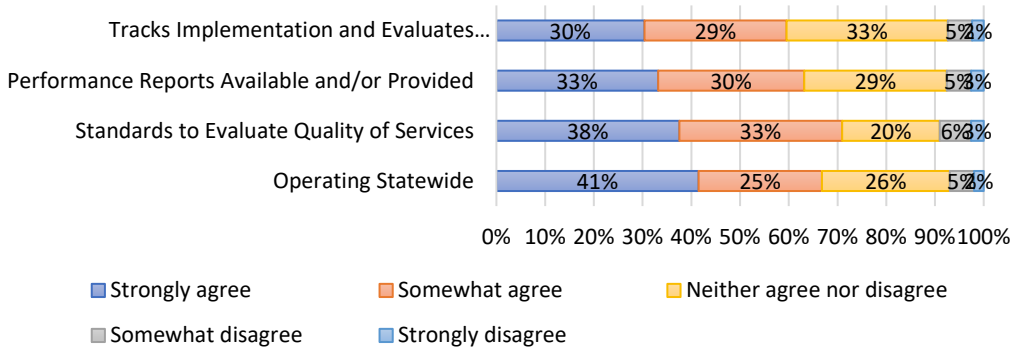
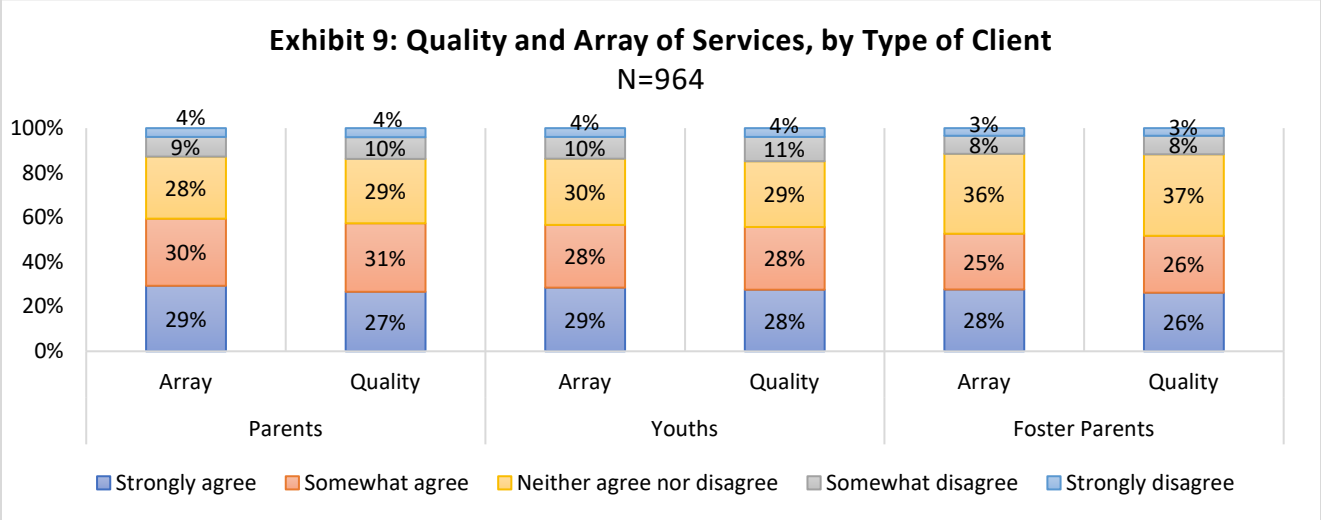


Exhibit 9, illustrates the responses to whether the QAS evaluates the array and quality of services offered to parents, youth, and foster parents. For the array of services, the largest percentage of respondents (59 percent), strongly or somewhat agreed that this was evaluated for the parents, while the smallest percentage (53 percent) strongly or somewhat agreed that the array was evaluated for foster parents. This was the same pattern for quality of services, with 57 percent of respondents strongly or somewhat agreeing that this was

evaluated for parents versus 53 percent of respondents that strongly or somewhat agreed this was evaluated for foster parents.



D. Staff and Provider Training

Item 26: Initial Staff Training

Analyze:

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP so that:

Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and

The system demonstrates how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties?

State Response:

In CFSR Round 3, Florida received an overall rating of Strength for this item based on information from the statewide assessment. Information in the statewide assessment showed that initial training is provided to all staff that provide services pursuant to the CFSP. Staff certification to work in the field requires completion of a pre-service exam following pre-service training, and completion of 1,040 hours of on-the-job experience and 46 hours of direct supervision.

For CFSR Round 4, Florida rates this item as a Strength based on law that requires all staff who provide child welfare services (this includes all investigators, case managers, and supervisors of investigators and case managers) to earn a child welfare certification through a third-party entity. The requirements for the certification include meeting formal education requirements, participating in the Department-

approved pre-service training program, passing the written pre-service exam, completing 1,040 hours of on-the-job experience, and receiving 46 hours of direct supervision. And the current initiative to revamp training curriculums.

Office of Child and Family Well-Being Learning and Development (OCFW L&D) Team Overview
Organizationally, the Department's training unit is situated within the Office of Quality and Innovation. Following a re-organization in February 2021, the OCFW L&D unit has steadily grown in expertise to meet the training needs of the state more effectively. Currently, the team consists of one Training Manager, three Curriculum Developers, one Master Trainer, and one Training Coordinator. These positions are dedicated to developing training initiatives, establishing, or securing funding opportunities, and curriculum development. However, to meet the consistent demands of the field, an additional seven positions, called regional training liaisons, were onboarded to this unit to support training implementation and delivery.

Programmatically, the L&D unit is responsible for ensuring that all training and staff development activities directly support Florida's Child Welfare Practice Model and goals for prevention, safety, permanency, and well-being. Specifically, the training unit ensures the following:

- The Department's vision and practice principles, as outlined in s. 39.001, F.S. are effectively taught and reinforced through curricula, structured field experiences, coaching, and supervision.
- Training curricula are safety-focused, trauma-informed, and family-centered.
- Child Welfare Trainers are certified through a robust program and receive high-quality training materials for impactful training.

Administratively, the OCFW L&D Unit is responsible for:

- Tracking training activities of the Department and community-based training providers to ensure initial and on-going training needs of Child Welfare professionals.
- Designing and developing training materials and resources, such as pre-service training, on-going in-service training for topics such as, but not limited to, legislative changes, statewide program initiatives, and other statewide training needs.
- Delivering Career Ladder (i.e., Department's career development opportunities for CPI job family) initiative-related training.
- Initiating and supporting projects for the future state of training within the agency.
- Conducting evaluations to measure the impact of training and improve current training offerings.
- Implementing training initiatives using PROSCI ADKAR change management methodology.
- Providing initial and on-going training to new job groups (i.e., Multidisciplinary Teams, Family Finders, and Family Navigators) for professionals within the Office of Child and Family Well-Being.

Procuring and monitoring contracts for training materials and resources.

- on-going.

1. **What are the state's requirements for initial training (number of hours, brief description of course content/modules and learning objectives, and who is required to attend)?**

   In Florida, it is mandatory for all child welfare service staff to obtain a child welfare certification from a third-party organization known as the Florida Certification Board (FCB). The FCB also works with the Department and child welfare agencies to develop and update certification standards and requirements, ensuring that they reflect the latest research, best practices, and trends in the field of child welfare. The FCB currently administers three credentials that meet the statutory requirement for certification in s. 402.40, F.S., : Certified Child Welfare Protective Investigator (CWPI), Certified Child Welfare Case Manager (CWCM), and Certified Child Welfare Licensing Counselor (CWLC).

   The certification requirements include holding at least a bachelor's degree, finishing a 10–12-week pre-service training program (i.e., Core, CPI Specialty, Case Management Specialty, and Licensing Specialty) approved by the Department, passing a written pre-service exam (minimum 78 out of 100), completing 1,040 hours of on-the-job experience, and receiving 40 hours of direct supervision.

   The FCB regularly reviews and updates its certification programs to ensure that they remain relevant and effective in meeting the needs of children and families in Florida. To track completion of certification requirements, the FCB requires applicants to submit documentation of their education, training, and experience through their tracking system. The FCB identifies these competencies through collaboration with subject matter experts, stakeholders, and practitioners in the field of child welfare every five years. Once the competencies have been identified, the FCB uses them to develop exam content that assesses a candidate's mastery of the required competencies. For the certification application process visit Certified Child Welfare PI, CM, and LC .

   Following 100 percent completion of the required pre-service curriculum all staff must successfully pass a competency-based exam, this exam is administered by a third-party credentialing entity. The table below shows the last three years of pre-service completion and passing of people through FCB.

   Number of pre-service pass and fail since 2020:

Exam Name/Year	Total N	Total Failures	Fail Rate	Pass Rate
Investigation 2020	631	44	7%	93%
Investigation 2021	570	62	11%	89%
Investigation 2022	796	75	9%	91%
Case Managers 2020	1069	139	13%	87%
Case Managers 2021	1064	127	12%	88%
Case Managers 2022	1414	201	14%	86%

The Core Pre-Service course and course content/learning objectives can be viewed by visiting Core Pre-Service Curriculum. To maintain certification, all child welfare employees must complete a minimum of

40 hours of continuing education every two years. The third-party credentialing entity tracks compliance with these requirements and maintains a database of all certified professionals and their certification standing.

See Florida 2024 APSR for additional information regarding Florida's Staff and Provider Training.

1.b. What is the state's process for ensuring that the state's requirements for initial training are met?

See response to 1.a.: FCB tracks completion of certification requirements. The FCB requires applicants to submit documentation of their education, training, and experience through their tracking system.

1.c. How does the state ensure that initial training is aligned with specific job descriptions? How often is training reviewed for alignment with specific job descriptions or new initiatives?

The Department, in collaboration with Lead Agencies, Sheriff's Offices, the University of South Florida (USF), FCB, and the Institute, restructured the pre-service training based on findings from three studies (see below). The Department is in the process of updating current content and establishing the required infrastructure to provide and sustain a best-in-class pre-service experience for all future Child Welfare professionals.

The Department conducted an in-person, two-day workgroup to envision a new pre-service structure that will enable newly hired Child Welfare professionals to prepare for the job in March 2022. The Department recognizes that training and support go far beyond our staff in the field. All stakeholder partners (i.e., Lead Agencies, Children's Legal Services, Sheriff Offices, Foster Youth, etc.) bring working knowledge of the available policies and services. In line with this, a workgroup was formed that had 10 participants from Department regions, 15 from Lead Agencies, two from SOs, and university partners (i.e., USF and Florida Institute for Child Welfare at Florida State University). During the workshop, the participants discussed the three study findings, the current pre-service strengths, and needed areas of improvement. The workgroup attendees echoed the study findings in terms of lacking fundamental aspects of the job during pre-service, such as not including safe hands-on practice opportunities, and a lack of supervisor involvement during pre-service. Also, the workgroup discussed the impact of the test administered by the FCB. They stated that some very qualified trainees suffer from test anxiety and may not perform well. They also mentioned that trainees focus on passing tests versus paying attention to the application of required skills. In addition, the workgroup brought up the lack of supervisory involvement during pre-service and highlighted that an increase in supervisory involvement would improve the trainee's experience during and after training.

In addition to the workgroup, two studies were conducted for the pre-service training:

- The Florida Study of Professionals for Safe Families (FSPSF), completed in 2020, was a five-year longitudinal, statewide project involving newly hired CPIs and CMs to identify factors influencing worker satisfaction and retention.

- The Evaluation of Pre-service was a two-year evaluation of whether the pre-service training was translated into the field and concluded in 2021. The study results showed that Child Welfare

professionals' knowledge assessment test improved after completing the pre-service training. However, the learners had difficulty with translating this knowledge to the field.

Even though the studies were concluded in 2020 and 2021, the findings are still prevalent in Florida. Overall, reviews indicated a need for more practice in accurately assessing and documenting decision-making regarding child safety and risk, as well as insufficient documentation and evidence of information collection needed to make informed decisions in most areas and domains. In addition, the participants mentioned the importance and benefits of internal support from supervisors and colleagues after pre-service training.

See Florida 2024 APSR for additional information regarding Florida's Staff and Provider Training; Envisioning a New Pre-Service for Florida's Child Welfare Professionals.

2. **What is the state's process for collecting and updating training related data (e.g., course, hours, number of staff who were required to attend and the number of staff who complete) to ensure that requirements for initial staff training are met for caseworkers including contracted caseworkers? How does the system allow for the statewide tracking of the training program (including training as the state level along with training that may be contracted out or at the county level)?**

Each Lead Agency/Training Provider currently tracks and reports training at the local level and submit it to the Department quarterly. The quarterly report includes all details regarding the number of attendees, the audience, training title, duration, etc. In April 2023, the Department launched one centralized Learning Management System (LMS) with one centralized database that tracks the training completion. The LMS is open to all Department Regions, Lead Agencies, Sheriff Offices, GALs (Guardian Ad Litems), Foster Parents, and all partner agencies. The LMS enables the Department to keep track of learner progress and ensure that Child Welfare professionals complete training.

3.a. Among all staff newly hired within a specified period, what percentage completed initial training in the required time period that includes the basic skills and knowledge required for their positions?

See chart in state's response for question 1. Florida requires certification for all child welfare professionals.

3.b. What is the state process for assigning cases to new staff?

For 24-hour report responses, the hotline assigns the intake to a county receiving unit electronically. The county has an assigned person to regularly check the system for these reports. For immediate responses, the hotline calls the intake to the county receiving unit.

From that point, the county reviews the intake and selects a CPI to assign to the case based off a multitude of factors including type and severity of allegation, certification status, and available staff for the day. If a new CPI is ready for an intake, the CPI Supervisor or Program Administrator (PA) reviews the intake to determine if it would be appropriate for a newer CPI based on the nature/severity of the allegations. The CPI Supervisor or PA would also be responsible for determining the level of support the CPI would need to work the intake.

See response below to 3.c.

3.c. What is the state requirement regarding whether staff must complete training before being assigned cases? To what extent is the state meeting its requirement?

Chapter 65C-33.003, Florida Administrative Code (F.A.C.) outlines the training requirements. Each CPI is required to complete pre-service training, structured field activities, and pass the pre-service test to achieve provisional certification (PRIOR to being assigned any intakes.) During pre-service training, the staff participate in field days where they can practice skills under the supervision of an experienced CPI or Supervisor. This could be interviewing a client, contacting collaterals, etc. The intake would NOT be assigned to the CPI in training.

Once they are provisionally certified, they can be assigned investigations and cases. For the first 30 days, they are on a restricted caseload. They can have no more than 4 open intakes at one time and no more than 8 intakes in the first 30 days.

3.d. To what extent were staff who completed initial training in a specified period prepared to deliver services pursuant to the CFSP?

Florida's training strategy for all Child Welfare professionals is created to equip them with the required competencies to "protect the vulnerable." Under this strategy, the Department provides robust pre-service and in-service learning and development opportunities for all certified and uncertified staff with continuing education every two years. The third-party credentialing entity tracks compliance with these requirements and maintains a database of all certified professionals and their certification standing.

The OCFW Learning & Development's (L&D) in-service training strategy is based on the specific needs of Child Welfare Professionals, supervisors, managers, and trainers to provide knowledge and skills necessary for their roles at the Department, or partner agency, of their child welfare professional career. See response below in question 4.a. regarding identifying training and performance needs.

4.a. To what extent does the state know that the initial training addresses basic skills and knowledge needed by staff to carry out their duties?

Given the broad nature of child and family well-being practices in Florida, staff training needs are identified at two levels: HQ and agency, to support the field. In addition, our partner agencies create advanced development opportunities for all child welfare agencies in Florida.

A. HQ Level Training Needs Assessment:

The L&D team conducts training needs analyses to assess the needs of frontline workers and supervisors via surveys, focus groups, Life of Case data reviews, or recommendations from other initiative groups quarterly. Based on the need, the team collaborates with other training units within the agency to identify existing training and develop/procure what is missing. Also, new research informing child welfare issues, specific practice trends, or policy changes are considered in determining new and on-going training needs. The following methods are used at the HQ level to identify the training needs:

• Quality Review Results: The L&D team and data team review quality review data (Life of Case) to see emergent trends and issues in performance and determine which ones can be solved through training. The learning circle topics are determined based on the quality review results.
• Quarterly Training Reports: The quarterly training reports play an important role in helping the Department understand which agencies are providing training for their child welfare staff, and which training areas are most needed. This information is then used to guide the development and delivery of virtual instructor-led training by the HQ team. In-service trainings are determined based on the quarterly training reports.
• Annual Needs Assessment Survey: The L&D team conducts an annual training needs assessment via a training survey. Based on the request from staff, the team schedules professional development opportunities throughout the year. Professional development training needs are determined based on the annual needs assessment survey.

B. Agency-Level Training Needs

In addition to the training need identification process notated in A. above, each region and partner agency has internal processes to identify training needs. The L&D team conducted two workgroups with regional Department training managers and partner training managers to discuss their internal needs assessment plans. There were 15 training managers in total in two workgroups. Based on the discussions, training managers use the following methods to identify training needs:

• Annual Needs Assessment Survey: Training managers send out a survey to the entire agency in June to determine in-service training staff requests before Florida's new fiscal year starts. The survey allows training managers to plan training for the new fiscal year.
• Quality Review Results: Training managers assess quality review data (Life of Case or internal quality assurance reports) to see emergent trends and issues in performance and determine which ones can be solved through training.
• Supervisor Feedback: Training managers send out surveys to supervisors to identify performance issues and offer training to address these issues.
• Monthly or Quarterly Meetings: Training managers meet with program offices monthly or quarterly to discuss training needs and possible training solutions.
• Self-Learner Identified Training Needs: The Learning Management System includes more than 3000 training videos and documents. If a staff is in need of certain training, he/she can access the child welfare training library to satisfy their learning needs.

Based on these discussions, some partners and regions use all of these methods to identify training gaps, while others only use some. Overall, all agencies have a process to determine their staff training needs. They also mentioned that they use the HQ training offerings to meet the training need in their regions and agencies.

HQ Delivered Training Based on Needs

The Department approves all recommendations for course development or procurement. Based on the feedback, the following categories were created:

1. Skill-building Learning Circles (i.e., criminal backgrounds and priors, present danger, information collection, and initial supervisory consultation)
2. In-service Training (i.e., Domestic Violence, Mental Health, Human Trafficking, Sexual Abuse, Substance Use, etc.)
3. Professional Development (i.e., Teamwork and Leadership, Professional Development, and Wellness Offerings).

Skill-Building Learning Circles:
The L&D, Quality Reviewers, and Quality Data teams work collaboratively in identifying training-related performance gaps and delivering training based on the annual needs assessment survey and Life of Case results, which is covered in Item 25. These trainings are offered based on the aggregated Life of Case tool scores for each unit or circuit. The regional leadership or Lead Agency require all these identified units or circuits to attend these sessions.

If the need is identified based on the statewide quality review performance metrics, the quality reviewer team offers Skill-Building Learning Circles to develop internal Florida Child Welfare Practice model expertise within the regions and partner agencies. The learning circles are small groups of people, usually no more than 15. A facilitator and a subject matter expert guide the discussion and encourage attendees to bring their questions and expertise for discussion. They can be virtual, or in-person based on the learners' availability. These trainings are reviewed and updated based on any Florida Administrative Rule and/or policy changes. The table below shows the list of initially identified training-based metrics. Appendix C details the last 2 years' performance.

Initially identified the following four training offerings.

Topic	Metric	Audience
Criminal Backgrounds and Priors	CPI Assessed Prior Reports and Service History Prior to Commencement and Criminal History Prior to Commencement	**CPIs and Case Managers**
Present Danger	Present Danger Safety Plan is Sufficient to Control Identified Threats	**CPIs and Case Managers**
Information Collection/Sufficiency	Time Sensitive Actions Were Taken by the CPI Based on the Information Gathered During the Course of the Investigation	**CPIs and Case Managers**
Initial Supervisory Consultation	The Supervisor Completed a Review of the Present Danger Plan That Was Timely and Thorough	**CPIs and CPI Supervisors**

The Learning and Development, Quality Reviewers and Data teams are committed to providing data-driven and enriched learning and development opportunities for our frontline and supervisors to meet target metrics.

Florida 2024 APSR provides more details on Professional Development training.

4.b. What mechanisms and methods are used to obtain employee and consumer feedback, how often, and for which trainings (e.g., all trainings)?

See responses to question above.

4.c. What is the state's process for addressing employee and consumer feedback to improve curricula?

See responses to questions above.

Item 27: On-going Staff Training

Analyze:

How well is the staff and provider training system functioning statewide to ensure that on-going training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

State Response:

In CFSR Round 3, Florida received an overall rating of Strength for this item based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and obtained from stakeholders during interviews showed that on-going staff training provides staff with the skills and knowledge base needed to carry out their duties. All staff and supervisors must complete 40 hours of on-going training every 2 years. Training is coordinated statewide and provided at the Lead Agency level. On-going training is incentivized, and completion is tied to recertification for staff and performance evaluation for supervisors. The statewide assessment included survey information that suggests most staff believe the training addresses the skills and knowledge needed to carry out their duties.

For CFSR Round 4, Florida rates this item as a Strength based on training that addresses the specific needs of Child Welfare Professionals, supervisors, managers, and trainers to provide knowledge and skills necessary for their roles at the Department or partner agency relative to their child welfare professional career. The in-service training is designed to be responsive and adaptable to performance gaps identified by Life of Case reviews, stakeholders, and participants.

1.a. What is the state's requirement for on-going training (i.e., number of hours, brief description of course content/modules and learning objectives, and who is required to attend?)

To maintain certification, all child welfare employees must complete a minimum of 40 hours of continuing education every two years. The third-party credentialing entity tracks compliance with these requirements and maintains a database of all certified professionals and their certification standing.

1.b. How does the state ensure that on-going training addresses the skills and knowledge needed by staff to carry out their duties with regard to the services include in the CFSP? If the state requires licensure for staff, what is the state's process for working with the licensing authority to ensure that on-going training requirements are aligned?

See responses to Item 26 that address the questions above. The same is applicable for preservice (initial) and In-Service Training (on-going). Also, see the Florida 2024 APSR for an overview of the latest changes to Florida's training system.

1.c. How often is on-going training reviewed for alignment with specific job descriptions or updated new initiatives?

See responses to Item 26 that address the questions above. The same is applicable for preservice (initial) and In-Service Training (on-going). Also, see Florida 2024 APSR for an overview of the latest changes to Florida's training system.

2.What is the state's process for collecting and updating training related data (e.g., courses, hours, number of staff who were required to attend and percentage who completed) to ensure that on-going training requirements are met for caseworkers and supervisors, including contracted caseworkers/supervisors? How does the system allow for statewide tracking of the training program (including training at the state level along with training that may be contracted out or provided at the county level?

See responses to Item 26 that address the questions above. The same is applicable for preservice (initial) and In-Service Training (on-going). Also, see Florida 2024 APSR for an overview of the latest changes to Florida's training system.

3.a. Among all staff who required on-going training in a specified period, what percentage completed on-going training that addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in CFSP?

In-service Training:

This category provides learning opportunities for CPIs in technical knowledge and competency areas to support Florida's Child Welfare Practice Model and to enhance performance, such as Domestic Violence, Human Trafficking, Substance Abuse & Mental Health, Child Fatality/Critical Injury Investigations, Substance Exposed Newborn, Physical Abuse, Sexual Abuse, Opioid Response, and Medical Neglect. These trainings are voluntary; however, there is great interest and attendance from the field.

Participants in Trainings by Type for 2022 and 2023

Training Title	Training Type	Participants
AFCARS Updates	On-Demand	2,402
SB 7034 Updates Training	Webinar	612
Foster Home Overcapacity Guidelines Training	On-Demand	1,279
Everything You'll Want to Know About Safe FFAs	Virtual Instructor-Led (VILT)	1041
Empowering Supervisors	VILT	176
Critical Thinking	VILT	405
Medical Neglect	VILT	450

Training Title	Training Type	Participants
Time Management	VILT	240
Conflict Resolution	VILT	493
Substance-exposed Newborn	VILT	283
Wellness Offerings	VILT	236
Mentoring	VILT	63
Coaching Skills for CPI Supervisors	VILT	324
Domestic Violence Training Series	VILT	443
360YOU: Your Opportunities Unlimited	VILT	223
Critical Incident Response Team Overview	VILT	65
Autism and Related Disabilities	VILT	240
Trauma-Informed Care	VILT	160
Smart and Safe Interviewing	VILT	234
Common Mental Health Diagnoses	VILT	57
Cross-Agency Collaboration Missing Children	VILT	26
Cultural and Linguistic Competence	VILT	37
De-Escalation Techniques	VILT	35
Hallucinogens	VILT	43
HOPE Florida (Care Navigator)	VILT	119
Identifying and Responding to the Trafficking of Boys and Male Identifying Youth	VILT	184
Managing Stress and Emotion	VILT	131
Narcan Training	VILT	79
Opioid Overdose Recognition and Response	VILT	92
Psychological First Aid	VILT	44
Resilience Skills and Strategies	VILT	104
Stimulants Training	VILT	21

Note: The Table shows training title, type of training, and the number of participants between January – November 2022.

3.b. To what extent were staff who completed on-going training in a specified period prepared to deliver services pursuant to the CFSP?

See responses to Item 26 that address the questions above. The same is applicable for preservice (initial) and In-Service Training (on-going). Also, see Florida 2024 APSR for an overview of the latest changes to Florida's training system.

4a. How does the state know that the on-going training addresses basic skills and knowledge needed by staff to carry out their duties?

See responses to Item 26 that address the questions above. The same is applicable for preservice (initial) and In-Service Training (on-going). Also, see Florida 2024 APSR for an overview of the latest changes to Florida's training system.

4.b. What mechanisms and methods are used to obtain staff and consumer feedback, how often, and for which on-going trainings?

See responses to Item 26 that address the questions above. The same is applicable for preservice (initial) and In-Service Training (on-going). Also, see Florida 2024 APSR for an overview of the latest changes to Florida's training system.

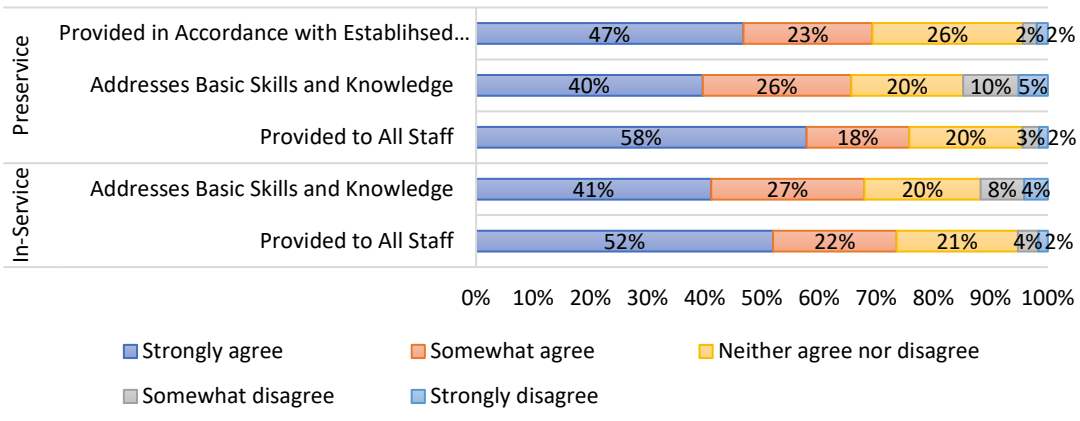
4c. What is the state's process for addressing feedback to improve training curricula?

See responses to Item 26 that address the questions above. The same is applicable for preservice (initial) and In-Service Training (on-going). Also, see Florida 2024 APSR for an overview of the latest changes to Florida's training system.

Stakeholder Survey Input: Florida's training is a key component to ensuring agency staff, staff of state licensed or approved facilities, and foster and adoptive parents are knowledgeable about the expected approach to casework practice, how to care for children who experienced maltreatment, and relevant legal procedures that are consistent with Florida's vision of Child and Family Well-Being. All child welfare professionals are required to complete 20 hours annually and 40 hours bi-annually of training to be re-certified. All respondents were asked these questions.

As illustrated in Exhibit 10, which focuses on the preservice (initial) training, the largest percentage of respondents (76 percent) strongly or somewhat agreed that the preservice training was provided to all staff, which the smallest percentage of respondents (66 percent) strongly or somewhat agreed that the training addressed the basic skills and knowledge needs for staff to carry out their duties.

Exhibit 10: Training, In-Service (Initial) and In-Service (On-Going)
N=1,702



For in-service (on-going) training, 74 percent of respondents

strongly or somewhat agreed that the training was provided to all staff, while 68 percent strongly or somewhat agreed that the training addressed the basic skills and knowledge needs for staff to carry out their duties.

Item 28: Foster and Adoptive Parent Training

Analyze:

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that:

Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and on-going training; and

The system demonstrates how well the initial and on-going training addresses the skills and knowledge base needed to carry out their duties related to foster and adopted children?

State Response:

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for this item based on information from the statewide assessment and stakeholder interviews. Information from the statewide assessment showed that preservice training and a variety of on-going training is available for foster and adoptive parents and that there are requirements for training. However, neither the statewide assessment nor stakeholder interviews sufficiently demonstrated that the training available to foster parents and group home staff equips them with the knowledge and skills necessary to care for children. Stakeholders voiced that more training is needed to prepare foster parents for fostering teens and that foster parents needed to have a better understanding of the reunification process.

For CFSR Round 4, Florida rates this item as a Strength based on the training system that confirms caregivers completed required trainings within the established timeframes and allows for the Department to assess the skills and knowledge of caregivers which would allow them to carry out their duties to foster and adopt.

The Department works in partnership with local communities to protect the vulnerable through recruitment of families and partnership with agencies who desire to be competent caregivers and providers for children to ensure they achieve their greatest potential through support and nurturing of their growth and development. The Department hosted roundtable meetings with stakeholders to review the training system and identify areas that could be enhanced to continue supporting caregivers and drafted a response to address Florida's training system. Through training, prospective foster parents, adoptive parents, and staff of licensed child-caring agencies will be able to offer a safe and nurturing environment for children to heal and thrive.

1. What are the state's requirements for providing initial and on-going training to all current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities?

Foster Parents

As a condition of licensure, foster parents must successfully complete preservice training with a minimum of 2 hours in core training and an additional 19 hours of training for foster parents seeking a Level II-V license. Foster parents seeking to become licensed as an enhanced Level II or Level III-V must also complete specialized training for the specific population served in each home. Training is offered in a classroom setting both face-to-face and virtually. All trainings are instructor lead, to include virtual trainings, that may be offered throughout the week. This allows for foster parents to complete trainings at their convenience.

Foster parents must successfully complete a uniformed preservice training that includes such areas as[26]:

1. Orientation regarding agency purpose, objectives, resources, policies, and services.
2. Role of the foster parent as a treatment team member.
3. Transition of a child into and out of foster care, including issues of separation, loss, and attachment.
4. Management of difficult child behavior that can be intensified by placement, by prior abuse or neglect, and by prior placement disruptions.
5. Prevention of placement disruptions.
6. Care of children at various developmental levels, including appropriate discipline.
7. Effects of foster parenting on the family of the foster parent.
8. Information about and contact information for the local mobile response team as a means for addressing a behavioral health crisis or preventing placement disruption.
9. Basic information on human trafficking, such as an understanding of relevant terminology, and the differences between sex trafficking and labor trafficking; factors and knowledge on identifying children at risk of human trafficking; and steps that should be taken to prevent at-risk youths from becoming victims of human trafficking.

In addition, foster parents must complete additional training hours that include the following:

1. The reasonable and prudent parenting standards, pursuant to Sections 39.4091 and 409.145, F.S., and the balance of normalcy for children in care and their safety.
2. Legal rights, roles, responsibilities, and expectations of foster parents.
3. The social and emotional development of children and youth.
4. Agency policies, services, laws, and regulations.
5. Development of life skills for teens in care.
6. The caregiver's role in supporting and promoting the educational progress of the child.
7. Trauma-informed care, including recognizing the signs, symptoms, and triggers of trauma.
8. The Multiethnic Placement Act and the Americans with Disabilities Act and
9. For individuals being licensed as a level II-V, training must also include the administration

[26] *Licensure of Family Foster Homes, Residential Child-Caring Agencies, and Child-Placing Agencies; Public Records Exemption. Florida* Statute Title XXX, Chapter409, Section 175 (409.175)

of psychotropic medication, including the use of psychotropic medications to treat children, the proper dosage of medication, the importance of monitoring for possible side effects, and the timely reporting of side effects and adverse reactions. Training on psychotropic medications shall also include an overview of, Section 39.407, F.S. and Chapter 65C-35, F.A.C. which govern the administration of psychotropic medication. The training also applies to over-the-counter medications.

Specialized training for enhanced Level II foster homes requires the completion of attachment-based intervention; trauma-informed intervention; promotion of healing relationships; development of safety; teaching of self-management and coping skills; social connections and support systems; behavior management; and parental resilience relationship development.

Prior to licensure renewal, all foster parents must complete 1 hour of core training. In addition, Level II-V foster parents must successfully complete an additional 7 hours of in-service training, and specialized training for enhanced Level II or Level III-V. In-service training requires foster parents to complete training topics relative to the daily experiences of a foster parent, in addition to a uniformed training related to human trafficking.

Foster Home Training Hours

	Foster Home	Core	Additional	Specialized
Pre-Service	Level I	2 hours	NA	NA
	Level II	2 hours	19 hours	NA
	Level II Enhanced	2 hours	19 hours	Yes
	Level III-V	2 hours	19 hours	Yes
In-Service	Level I	1 hour	NA	NA
	Level II-V	1 hour	7 hours	NA

Source: Florida Administrative Code, 65C-45

Training curricula for foster parents must be approved by the Department. The Department allows child-placing agencies (Lead Agency and subcontracted agencies) to use a curriculum of its own choosing, but the curriculum must meet, at minimum, the criteria listed in 409.175(14), F.S., and 65C-45.002, F.A.C. The completion of parent preparation pre-service training is valid for five years from the date the foster parents complete the curriculum. While each Lead Agency can collaborate with persons with lived experience to create the curriculum, the Lead Agency does incorporate persons with lived experience as co-facilitators when conducting the training. The Lead Agency can include additional topics in the pre-service and on-going training curriculum that focuses on specific populations such as children with disabilities, youth with sexually reactive behaviors, and pregnant and parenting.

Surveys are distributed to all persons who completed the training. The Lead Agencies review and analyze the results to guide the enhancement of the curriculum, testing, or presentations from persons with lived experience. On-going surveys allow for continued partnership and ensures foster parents are receiving adequate training to assist in building their knowledge and skills when caring for children.

Community Based Care Lead Agency Trainings for Foster Homes: Reporting Period October 2021 to April 2022

Lead Agency Name	Foster Parent Pre-Service Training Offered	Training Format Offered	Length of Training Program *(minimum of 21 hours)*	Language(s) Offered	Supplemental Trainings Offered	Name of Training(s)
Northwest Florida Health Network	Quality Parenting Training	Weeknights Weekends Classroom	21 hours	English Spanish	Yes	Fostering 201 (online format) Fostering 301 (6 hours group training) Super Saturday (various topics) Monthly Tallahassee Area Foster & Adoptive Parent Association Meetings (various topics each month) Training Tuesday (weekly emails with specific topics)
Brevard Family Partnership	PRIDE	Weeknights Hybrid Online Classroom	27 hours	English	Yes	Well Behavioral Safety Management (formerly known as NAPPI Non-Abusive Psychological and Physical Intervention), CPR
ChildNet-Broward	CARE	Weeknights Online Classroom	27 hours	English	Yes	Trust Based Relational Intervention (TBRI)
ChildNet-Palm Beach	CARE	Weeknights Online Classroom	21 hours	English	No	Trust Based Relational Intervention (TBRI)
Children's Network of SW Florida	PRIDE	Weeknight Weekends Hybrid Online Classroom	27 Hours	English Spanish	Yes	Parenting For Success
Citrus Health Network	PRIDE	Weeknights Weekends Virtual Classroom	21 hours 19 hours of homework	English Spanish	Yes	PRIDE training curriculum. (TBRI) Trust Based Relational Intervention (as of 2/2021) and Quality Parenting Initiative concepts and expectations are also incorporated to enhance the curriculum. Panel presentation introduces system partners/stakeholders and their roles. The Panel includes but not

						limited to members of the Youth Advisory council, current licensed caregivers, FCMAs, GALS, FAPA, etc.
Community Partnership for Children	Passport to Parenting	Weekdays Weeknights Virtual Classroom	30 hours	English	No	N/A
Communities Connected for Kids	CARE	Weekends Weeknights Virtual Classroom	21 hours	English	Yes	Relationship Based Child Welfare: Supporting Partners, Strengthening Families, and Sustaining Hope Implicit Bias Licensing Updates Various QPI-Just in Time Foster Parent Recruitment EPIC-Trauma Informed Care Training Routinely Seeking Outside Help Pushing Through the Struggles of Foster Care Fostering Through Difficult Times Rewriting False Beliefs through Parenting Identifying Compassion Fatigue Navigating through the unknown of foster care
Family Support Services of Suncoast	Passport to Parenting	Weeknights Weekends Classroom	24 hours	English	Yes	Icebreaker Training Supervised Visitation Training Psychotropic Medication Residential Pool Safety
Eckerd Hillsborough	PRIDE	Weeknights or Weekends Virtual Classroom	30 hours	English	Yes	ACE Trauma Training CPR/First Aid & Reality Babies **please note CPR has NOT been able to be offered during the COVID-19 pandemic (since March 2020) System Navigation Teen/Foster Parent Presentation Licensing and Adoption Presentation
Embrace Families	National Training and Development Curriculum (NTDC)	Weeknights Weekends Classroom	30 hours	English	Yes	NTDC Right Time online courses CORE: Teen QPI online courses Caregiver Support Agency specific training
Families First Network	National Training and Development Curriculum (NTDC)	Weeknights Weekends Classroom	24 hours	English	Yes	NTDC Right Time QPI online courses Foster Parent College

Family Integrity Program	PRIDE	Weeknights Classroom	27 hours	English	Yes	Trust Based Relational Intervention (TBRI)
Family Support Services of North Fla	PRIDE	Weeknights Weekends Virtual Classroom	30 hours	English	Yes	ACE Trauma Training CPR/First Aid & Reality Babies **please note CPR has NOT been able to be offered during the COVID-19 pandemic (since March 2020) System Navigation Teen/Foster Parent Presentation Licensing and Adoption Presentation
Heartland for Children	Passport to Parenting	Weeknights Weekends Hybrid Virtual Classroom	21 hours	English	Yes	Trust Based Relational Intervention (TBRI) Just in Time Trainings -QPI ACE -Trauma Training School System Navigation Caregiver Support and Resources Available
Kids Central, Inc.	PRIDE	Weeknights Weekends Virtual Hybrid Online 2 HR Online Training (Level 1 Only) Classroom	27 hours	English and Spanish	Yes	Trust Based Relational Intervention Early Learning Coalition Process (Educational Services) Case Management Relationship Building and Information Sharing CORE Teen (To be offered in the future) Foster Parent College
Kids First of Florida, Inc.	PRIDE	Weeknights Classroom	24 hours	English American Sign Language	Yes	First Aid CPR Cyber safety Psychotropic Medication
Partnership for Strong Families	PRIDE	Weeknights Weekends Virtual Classroom	30 hours	English	Yes	Psychotropic Medication Children's Medical Services (CMS) Overview TBRI Trust Based Relational Intervention Bi-monthly FAPA Meeting's/trainings Water Safety Various trainings provided by Foster Care and Adoptive Community Distant Learning QPI Online
Safe Children Coalition	Professional Parenting	Weeknights Weekends Online Self-Study Classroom	24 Hours	English	Yes	Blended ABA and Trust Based Relational Interventions (TBRI) Theory Trauma Training Sensory Issues

Source: The data is self-reported by the Lead Agency.

Adoptive Parents

Prospective adoptive parents are required to complete a Department-approved adoptive parent training program[27]. It is common for prospective adoptive parents to complete trainings simultaneously with prospective foster parents. The Lead Agency incorporates persons with lived experience to share their experience with the training class. Adoptive parent training must be a minimum of 21 hours and must include, but is not limited to:

1. Orientation regarding agency purpose, objectives, resources, policies, and services.
2. Effects of abuse and neglect in adoption.
3. Impact of trauma (grief, loss trauma, attachment, and behavioral management).
4. Management of difficult child behavior that can be intensified by placement, by prior abuse or neglect, and by prior placement disruptions.
5. Care of children at various developmental levels, including appropriate discipline.
6. Transition of a child into and out of foster care, including issues of separation, loss, and attachment.
7. Prevention of placement disruptions.
8. Psychotropic medication. The training must include the administration of psychotropic medication, including the use of psychotropic medications to treat children, the proper dosage of medications, and the importance of monitoring for possible side effects and adverse reactions. Training on psychotropic medications shall also include an overview of Section 39.407, F.S. and Chapter 65C-35, F.A.C., which govern the administration of psychotropic medication. The training also applies to over-the-counter medications; and
9. Adoptive parent's role in supporting and promoting the educational progress of the child.

The Lead Agency providing training to prospective adoptive parents, track training in the Child Welfare Information System of record in the same method foster parent training is captured.

Child Caring Agency

Staff employed by a child-caring agency to provide direct care to children are required to complete, at minimum, the same training topics outlined in s. 409.175(14), F.S. Child-caring agencies utilize individualized tracking systems to capture the completion of orientation, pre-service training comprised of 21 hours of core training, in addition to specialized training hours for agencies licensed to serve specific populations, and 40 hours of in-service training which includes 8 hours of specialized training. Pre-service trainings must be completed for staff in a caregiver role prior to unsupervised contact with children. In-service training is completed by the annual date of hire. Child caring agencies survey staff to obtain insight on the curriculum and its effectiveness to support the care and supervision of children placed in the setting.

Training curricula for child caring agency staff must be approved by the Department and align with the criterial listed in s. 409.175(14), F.S. , and 65C-46, F.A.C.

The child-caring agency provides initial orientation for all new employees during the first two weeks of their employment. The orientation includes job responsibilities, agency administrative procedures, confidentiality, Health Insurance Portability and Accountabilty Act (HIPAA), program goals, agency

[27] *Adoption. Florida* Statute Title VI, Chapter 63, Section 093 (63.093)

purpose and objectives, resources and services, identification of and reporting responsibilities in regard to child abuse and neglect, and supervision of residents.

Staff preparation core training topics include, but are not limited to:

1. Emergency and safety procedures.
2. Medication administration, including psychtropic medication as outlined in Chapter 65C-35.014, F.A.C.
3. Communicable diseases.
4. Pool and water safety.
5. Reasonable and prudent parenting and normalcy for youth placed in a child-caring agency.
6. Role of staff as a team member in the development of service and or treatment plans, as applicable.
7. Transition, separation and loss, and attachment of youth in foster care.
8. Behavior management techniques, including crisis management and passive physical restraint;
9. Trauma-informed care, including recognizing the signs, symptoms, and triggers of trauma; and for maternity homes, the impact of trauma on the parent-child relationship.
10. Sexual abuse and interventions.
11. Human trafficking awareness.
12. The care of children at various developmental levels.
13. Multiethnic Placement Act (MEPA) and Americans with Disabilities Act (ADA).
14. Prevention of placement disruptions.
15. Adverse Childhood Experiences (ACE) and the impact of trauma and resiliency; and
16. Restorative practices to strengthen and respond to conflict.

In-service training hours must, at minimum, include topics in the area of:

1. Understanding of children's emotional needs and problems which affect and inhibit their growth.
2. Family relationships and the impact of separation.
3. Substance abuse: recognition and prevention.
4. The care of children at various developmental levels.
5. Behavior management techniques, including crisis management and passive physical restraint.
6. Trauma-informed care, including recognizing the signs, symptoms, and triggers of trauma; and for maternity homes, the impact of trauma on the parent-child relationship; and
7. Preserving cultural connections in children.

Child-Caring Agency Training Hours

Child-Caring Agency Sub-Type Designation	Pre-Service Training Hours	Pre-Service Specialized Training Hours	Total Pre-Service Training Hours	In-Service Training Hours
Emergency Shelter	21	0	21	40
Runaway Shelter	21	0	21	40
Wilderness Program	21	0	21	40
Unaccompanied Alien Minor Home	21	Adhere to ORR requirements	21	40
Traditional Home	21	8 (Applicable if licensed to only serve IL)	29	40 (Includes 8 hours of specialized training)
Residential Facility	21	8 (Applicable if licensed to only serve IL)	29	40 (Includes 8 hours of specialized training)
Maternity	21	20	41	40 (Includes 8 hours of specialized training)
Safe House	21	24	45	40 (Includes 8 hours of specialized training)
At-Risk	21	8	29	40 (Includes 8 hours of specialized training)
Credentialed Qualified Residential Treatment Program	Trauma-informed care	Aligned with AHCA requirements	Aligned with AHCA requirements	Aligned with AHCA requirements

Source: Chapter 65C-46, F.A.C.

On-going training opportunities for foster parents, adoptive parents, and child-caring agency caregivers are also provided locally, and as a result, vary within agencies. The Quality Parenting Initiative (QPI) and the Center for Child Welfare (The Center) provides online training opportunities that are available to foster, adoptive parents, and agency staff. QPI and The Center issues approximately 10,000 certificates monthly and offers over 300 training videos in their Just in Time section and over 500 training videos for Child Welfare Professionals on The Center website. Joint training, involving staff from the Department, foster parents, service providers, Guardians Ad Litem, and in some cases, law enforcement personnel, is encouraged and arranged by the Department at the Children and Families Summit which hosts about 3,000 attendees annually. Additional training opportunities are afforded to caregivers through the

Department's annual Winter Licensing Training and Spring Adoption Training, and during an annual conference arranged by the Florida Coalition for Children.

Florida's Foster/Adoptive Parent Association (FAPA) is an additional resource who provides training to foster and adoptive parents. Foster parents are trained annually at the Annual Education Conference which is hosted by the Florida Foster and Adoptive Parent Association (Florida FAPA) in June of each year. Additionally, quarterly training opportunities are available for foster parents through Florida FAPA. FAPA identifies new foster parents to attend the National Foster Parent Conference and North American Council on Adoptable Children conference to provide families with opportunities for advocacy, networking, and education.

2. How does the state ensure that initial and on-going training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adoptive children?

The Department, through its contracted providers (Lead Agency and child placing agencies), conduct at minimum, annual assessments to address the skills and knowledge base needed to carry out their duties regarding foster and adopted children. Assessments include observations of the interaction between the child and foster parent/staff monthly by the case manager, as well as quarterly observations by the licensing specialist for foster parents. Additional assessments include annual review of exit interviews completed by children who share their experiences in the foster home and group home, annual review of the case managers survey of foster parents, and the annual assessment completed by the licensing specialist. The Department conducts annual surveys on the quality of services provided, allowing the lead agencies, youth placed in these setting, staff, and the licensing specialists to identify strengths and needs of the child-caring agency's processes, to include training. Quarterly visits allow for the licensing specialist to observe staff utilize the skills learned during training. Lead agencies contracting with child-caring agencies, provide additional oversight and monitoring to address the skills and knowledge of staff.

The pre-service training curricula provided by the Lead Agencies, include course evaluations which allow facilitators to assess the effectiveness of each training session. The agencies can then improve the trainings based on foster parent feedback. In the previous CFSR Round 3, there was an identified need for the Department to provide foster parents, adoptive parents, and staff providing care in a child-caring agency, with training on reunification and caring for the teen population. To meet the requirements, the Department, in collaboration with child-placing agencies, expanded the use of CORE Teen and Trust Based Relational Intervention (TBRI) and partnered with Strong Foundations for reunification training.

Lead Agency providers report an increase in serving children with behavioral problems and limited placement supports to stabilize foster and adoptive placements for children with such needs. There are six Lead Agencies who implemented TBRI approximately two years ago, as an intervention model for a wide range of childhood behavioral problems. A recent survey for TBRI Caregiver Training shows an overall rating for the training at 4.82 on a 5-point rating scale during the training cycle from 2/1/22 – 8/30/22.[28] At the recommendation of the Lead Agency and stakeholders, the Department contracted with Texas Christian University to support training implementation for TBRI statewide for all Lead

[28] TBRI Caregiver Training Survey. (2022). Embrace Families

Agencies to enhance the skills and knowledge of foster parents. Through a phased approach, 11 Lead Agencies identified one practitioner to participate in the training offered by Texas Christian University to expand capacity of trained practitioners and technical assistance. The Department will expand the capacity of participants to allow each Lead Agency the opportunity to implement TBRI.

The Strong Foundations project continues to make significant progress in all areas with the support of the Department and a robust team of partners across the state. During the last year, the roll-out of these strategies in all sites was completed and our project staff continued to monitor and support the work being done across the state. The Strong Foundations team also continued to make strides in the inclusion of parent voice in the on-going work of the project. Despite the on-going statewide challenges related to workforce turnover and other issues related to stability, the Strong Foundations team has continued to maintain solid relationships with statewide partners. Sites and other partner agencies have remained committed and supportive of the project. In an effort to support the distribution of materials and improve communications, Strong Foundations continues to maintain a website (https://embracefamilies.org/strongfoundations) that provides an overview of the project and houses the documents and materials created for each strategy.

There are a total of five trainings that were developed in prior reporting periods using the core information regarding Conditions for Return. The core content is the same for all five trainings, but each training focuses on the specific audience in the child welfare system. The audiences include legal, Guardian ad Litem program staff and volunteers, foster parents, judiciary, and frontline staff. The training is directed at their specific knowledge base and what their role is in the Conditions for Return and reunification process. During the last year, the training for all sites was completed and additional make-up classes were held for all the target audiences. In addition to the project sites, trainings were provided in other areas in Florida. Since project initiation, a total of 140 training classes with over 2500 participants have attended training as of June 2023. Trainings continue to be planned both virtually and in person upon request to account for the turnover in frontline staff and to further the understanding of Conditions for Return. These trainings have expanded beyond the original project sites and will continue to be available and supported across the state.

The Department conducted three roundtable discussions from September 2022 through October 2022 with 15 participants throughout Florida who were adoptive and foster parents, child-caring agency staff, foster/adoptive trainers, young adults with lived experience, subject matter experts in adoptions, case management, foster home and child-caring agency licensing specialist, and Strong Foundations. Participants were self-selected or volunteered to participate in the discussion. The table below outlines the shared responses on how well initial and on-going training addresses the skills and knowledge base needed for current and prospective foster parents, adoptive parents, and staff of child-caring agencies to carry out their duties regarding foster and adopted children.

Stakeholder Response September 2022 through October 2022.

Stakeholder Feedback How well does the initial and on-going training address the skills and knowledge of caregivers?
Adoptive parents are not familiar with the adoptfl.org website that offers **additional** adoption training opportunities on topics that include behavioral problems that are present years after the adoption, how to inform a child that they are adopted, and trainings from the prospective of a teen.
Families enjoyed in-person training compared to online as it allowed for the sharing of experiences (successes and failures) as a foster parent. This includes experiences that relate to pre-services trainings, in addition to activities for specialized trainings such as CORE and TBRI.
The Center for Child Welfare offers numerous training opportunities for all caregivers and professionals in Florida's system of care. The termination of The Center's site will eliminate the immediate availability and issuance of training certificates for the mandatory trainings offered online to support the on-going training requirements for caregivers. A survey was conducted with 500 responses from caregivers and professionals. 96 percent indicated the discontinuation of The Center's site would have a negative impact.
Virtual and online training is beneficial to caregivers to allow for completion at their own leisure, but when it comes to children that required additional supports, face to face training is better and more rigorous. There is a difference in the interaction with caregivers and children for those who complete virtual training compared to in person training.
Guest speakers with lived experience, a focus on partnership, and table discussion activities are strengths of the initial pre-service training program.
Request for additional training opportunities related to in-depth trauma for children with behaviors, vicarious trauma, compassion fatigue, children's mental health and services, the process of transitioning children, normalcy, and life skills development that includes the ability for caregivers to demonstrate life skills such as budgeting, use of allowance, and opening a savings account to assist with transitioning youth to young adults.
While the identified training topics for child-caring agency staff are appropriate, it is recommended that there is one statewide standardized training for each individualized training topic.
The National Training and Development Curriculum (NTDC) Florida Site Report (April 2022) includes survey results compared through February 1, 2022, that reflects foster parent satisfaction at an average rating of 5.3 on a 1-6 scale and the highest rated themes were related behavior, mental health, and cultural humility.[29]
FAPA completed a statewide training in the summer of 2021. 73.3 percent of foster parents rated the training as "extremely satisfying", and 100 percent of the foster parents felt the training and information provided would benefit them in their role as a caregiver for foster and adoptive children. Survey results further indicate that foster parents requested training on laws and education that protect and represent foster and adoptive parents, navigating IEP/504 plans, and transition planning for older youth.

[29] *National Training and Development Curriculum for Foster and Adoptive Parents: Florida SITE REPORT.* (April 2022). Vanderwill, Lori, et al.

The Department implements trainings and shares resources to address stakeholder feedback. The ADOPTFL.ORG website will be shared with Lead Agencies and FAPA for dissemination to all adoptive families as an additional resource. Monthly licensing calls hosted by the Department continue to incorporate on-going discussions on the comparison and benefits to online and virtual training versus classroom style training, and the importance of including guest speakers with lived experiences to ensure all caregivers can gain adequate education and experience in fostering and adopting. The Department provided a training on transition planning and multidisciplinary team staffings during the FAPA mini conference. Additional training opportunities will continue to be provided at annual conferences and summit. Effective November 1, 2022, the Department shifted training resources from The Center website to the Department's training website. The Lead Agency, FAPA, and stakeholders were provided with a link to the Department's newly developed training site which hosts multiple training opportunities that were transferred from the Center site.

The Department will continue to host statewide focus groups to create a feedback loop. Stakeholders will be identified through referral, appointment, and volunteers. The Department will continue to offer meetings virtually and in person. This collaborative approach will allow for the Department and community care network to implement practices that will enhance the short comings identified and allow for the identification of new areas in need of improvement.

3. **What is the state's process for collecting and updating training-related data (courses, hours number who were required to attend and who completed) to ensure that the training for foster parents, adoptive parents, and staff of state licensed or approve facilities is current and complete? How does the system allow for statewide tracking of the training program (including training that is at the state level, training that may be contracted out or provided at the county level, or training provided by stated licensed or approved facilities)?**

Annually, the Department licenses over 10,000 foster parents in Florida. 100 percent of foster parents who receive an initial license or are relicensed complete their training each year. The child placing agencies that perform training services track training for each individual foster parent in Florida's Child Welfare Information System (CCWIS) of record. The licensing specialist assigned to the family is responsible for entering the foster parent's training hours in the Child Welfare Information System and ensures certificates of completion are captured in the provider's file cabinet within the system. The Department is responsible for reviewing the hours to ensure they are accurate prior to approving the issuance of a license. The foster home license is generated through the Child Welfare Information System and cannot be created unless the training hours for each foster parent is logged into the system to capture that they met the minimum required hours.

Staff employed at child-caring agencies are required to complete 21 hours of training prior to unsupervised contact with children. Depending on the setting type of the licensed child-caring agency, staff may have up to two months to complete the specialized training outlined to provide care and supervision for specific populations. The child-caring agency is responsible for ensuring confirmation of completed trainings are maintained in the staff's personnel file. The Department's regional licensing team randomly selects personnel files for review annually to verify staff completed the trainings. All curricula utilized by the child-caring agency must be approved by the Department. The outcome of file reviews is included in the child-caring agency's licensing summary and placed in the licensing file maintained in CCWIS.

Surveys are distributed to all persons who complete training. The Lead Agencies review and analyze the results to guide the enhancement of the curriculum, testing, or presentations from persons with lived experience. On-going surveys allow for continued partnership and ensures foster parents are receiving adequate training to assist in building their knowledge and skills when caring for children.

4. **Among all current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities who required initial training in a specified period, how many completed initial training that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?**

Initial training is entered into the Child Welfare Information System by each Lead Agency/Training Provider for foster and adoptive parents. The Lead Agency has the responsibility to track training hours and the Department is responsible for reviewing training entry within the Child Welfare Information System prior to approving a license/adoption. See responses above and as noted prior to licensure/relicensure foster and adoption training completion is required. Staff training is monitored by the child-caring agency and reviewed by the Department annually. If it is determined that a staff member does not have the appropriate number of hours for training, the staff must be removed from having contact with children and come into compliance. All licensed caregivers and staff are compliant with initial trainings. Data outlining if there were incomplete trainings is not available.

5. **Among all current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities who required on-going training in a specified period, what percentage completed on-going training in a specified period?**

On-going training is entered into the Child Welfare Information System by each Lead Agency/Training Provider for foster parents. The Lead Agency has the responsibility to track training hours and the Department is responsible for reviewing training entry within the Child Welfare Information System prior to approving a license/adoption. Staff training is monitored by the child-caring agency and reviewed by the Department annually. See responses above. Data outlining if there were incomplete trainings is not available.

6. **What is the state's process for addressing circumstances where foster parents, adoptive parents, or staff in state licensed or approved facilities do not complete training requirements within the time period required?**

See response to question 1 - prior to licensure and adoption training completion is required, question 3- staff employed at child-caring agencies are required to complete 21 hours of training prior to unsupervised contact with children.

7. **How does the state know that it is complying with regulations and its own policies/regarding what happens when foster parents, adoptive parents, or staff at state licensed or approved facilities do not complete training requirements within the time period required?**

See response to questions 1, 2, and 4 above.

8. **To what extent were foster and adoptive parents and staff who completed initial or on-going training in a specified period prepared to carry out their duties with regard to foster and adopted children?**

See response to question 2 and 3 above.

9. **How does the state know that the initial and on-going training addresses the skills and knowledge base needed to carry out their duties with regards to foster and adopted children?**

See response to question 2 and 3 above.

10. **What mechanisms and materials are used to obtain feedback, how often, and for which trainings?**

See response to question 2 and 3 above.

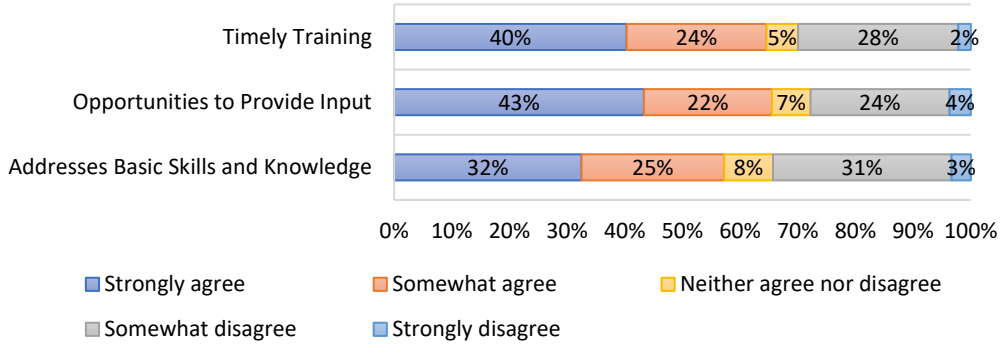
11. **What is the state's process for addressing feedback from foster and adoptive parents, facility staff, and consumers to improve training curricula?**

See response to question 2 above.

Stakeholder Survey Input:

Exhibit 11 illustrates responses to questions pertaining to whether Florida's Child Welfare Training System provides current and prospective foster parents, adoptive parents, and staff of state-licensed facilities (group homes) appropriate and timely trainings. The largest percentage of respondents (65 percent) strongly or somewhat agreed that this population was given opportunities to provide input on the on-going training needs of children in their care and/or provide feedback of the quality and context of that training. The smallest percentage of respondents (57 percent) strongly or somewhat agreed that the trainings addressed the skills and knowledge needed to carry out duties regarding children in foster care and children who are adopted.

Exhibit 11: Foster Parents, Adoptive Parents, and Group Home Staff Trainings
N=1,702



When asked to describe training that they would like to see offered in the future, examples of responses are in-person simulation trainings on how best to interact with children, trainings on how to interact with trauma exposed children, de-escalation tactics and self-defense, domestic violence education,

empathy and emotional intelligence, suicide prevention, alcohol and drug misuse, mental health, stress and time management, the judicial system, and how to use and navigate FSFN. Other requests surrounding trainings included more online options and more thorough documentation to use as reference materials.

E. Service Array and Resource Development

Item 29: Array of Services

Analyze:

How well is the service array and resource development system functioning to ensure that the range of services specified below is available and accessible in all political jurisdictions covered by the CFSP?

State Response:

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for this item based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected from stakeholder interviews indicated the state faces challenges in its array of services. The prior statewide assessment indicated that there were statewide challenges and barriers in safety management services, and gaps in services in non-metro areas. Stakeholders identified service gaps or wait lists for substance abuse treatment, mental health services, domestic violence services, anger management, and transportation services. See full details of Florida' CFSR Round 3 activities in Appendix I.

For CFSR Round 4, Florida still believes that this item, Service Array, is an Area in Needing Improvement. Resources are a primary driver for the availability of sufficient service array capacity. There are two overarching challenges to the financial viability of Florida's child welfare system:

- *Permanency*: The Department and stakeholders have been aggressive with the implementation of activities and state and local continuous quality improvement efforts. (Child Welfare Dashboard- Permanency) See Permanency Outcomes 1 and 2 above. For "Children who do not re-enter OHC within 12 months of moving to a permanent home," the state target is 91.7 percent. Last quarter, the performance was noted at 90.62 percent. Florida continues to work on performance, see details below, regarding services and work occurring to assist in meeting the target.
- *Shift to Prevention*: The Department and stakeholders continue to shift to a prevention-focused system of care and expect to see better resource utilization and return on investment by reducing the number of children entering the system and enhancing family protective factors to support conditions for return for children when they have been removed. (Florida's Family First Prevention Plan 2021-2026)

Florida continues to move forward to improve service availability and accessibility statewide for all populations. Priority has been placed on activities designed to ensure a comprehensive service array for children and families served by the child welfare system in Florida. The Department formed a Child

Services Array Workgroup (CSAW) consisting of child welfare stakeholders throughout the state. The CSWA met over several months to develop a comprehensive list of the best interventions to enhance services for children in Florida's child welfare system. The CSAW reviewed literature and findings from Florida State University's (FSU) review of Interventions for Child Welfare Special Report (2018), and Casey Family Programs' (CFP), report, Interventions Suited for Child Welfare (March 2018); and recommended a set of interventions that could apply to children served by the Child Welfare system within each of the clusters of need (detailed in the Phase 1 report). As a follow-up to the Children's Service Array Phase 1 report, CFP contracted with the University of South Florida (USF) to develop a current service array capacity and gap analysis survey. The survey was designed to identify the current service array capacity and potential gaps in interventions available to child welfare involved children in Florida. Team members at the University of South Florida developed a capacity and gap analysis survey to be administered to Lead Agencies with guidance from CFP and CSAW stakeholders.

The survey was administered through the Qualtrics online survey system and sent to Lead Agencies by DCF leadership. Lead Agencies were given one month to submit survey responses and were sent reminders every two weeks. The survey asked about 29 different interventions.[30] Each Lead Agency was asked to report on interventions available for children involved in the child welfare system in their catchment area. This meant that Lead Agencies were asked to contact their own subcontracted providers, other providers funded by Medicaid or other sources, Managing Entities, and other stakeholders in order to gather this information.

There were 22 surveys submitted with at least one survey response from each of the 19 Lead Agencies in Florida.[31] . Some Lead Agencies had providers that completed the survey online rather than sending their responses to the Lead Agencies. If one Lead Agency catchment area had more than one survey response the survey answers were combined by the USF evaluation team. Applied Behavioral Analysis, Child Parent Psychotherapy, Motivational Interviewing, and Trauma-Focused Cognitive Behavioral Therapy were the most identified interventions. Coping Power Program, Opportunity Passport, and Treatment Foster Care Oregon (TFCO) were the only three interventions of the 29 that were not selected as being offered in Florida. One Lead Agency reported offering none of the identified interventions but reported in the comments that their service array consisted of interventions not listed. Communities Connected for Kids, Family Support Services of North Florida, and Families First Network identified the highest number of interventions. Communities Connected for Kids identified 19 interventions, Family Support Services of North Florida identified 17, and Families First Network identified 15 interventions.

Figure 3 in the Children's Service Array Capacity & Gap Report provides a visual of interventions by lead agencies around the state. Figure 4 provides a listing of service needs by region. In regard to capacity, participants were asked if the identified intervention had a sufficient capacity to address the needs of children in the child welfare system. It was more commonly reported that the identified intervention did not have enough capacity to meet the needs of children in the child welfare system. Appendix E details the intervention by Lead Agency, funding source, and capacity sufficiency.

[30] See Appendix B of the Service Array report for a complete list of survey questions.
[31] See Figures 1 and 2 of the Service Array Report for maps of Lead Agencies and Managing Entities in Florida and the counties they cover.

The reported counties with the most methods/resource interventions available were Duval, St. Lucie, and Okeechobee.[32] (Lead Agencies were also asked to report on the most needed services for the counties in their catchment area to which they reported a variation of needed services. A prominent theme was the need for substance abuse services, ABA services, and an expansion of the capacity for currently implemented interventions.

Participants were asked about any future plans for implementing evidence-based practices and funding for those practices. Nine of the 19 Lead Agency respondents indicated 'yes' and 10 indicated 'no.' The following interventions were reported as currently being implemented or will be implemented in the future:

- ART
- Family Connections
- Dialectical Behavior Therapy
- Dyadic Developmental Psychotherapy
- Neuro-sequential model of therapy
- Nurturing Parenting
- Telehealth Virtual Delivery
- Trust Based Relational Intervention (TBRI)

The most reported funding source for these interventions was Medicaid, along with the Lead Agency and Managing Entity. Appendix F in the Service Array Report details each Lead Agency and future initiatives. The survey allowed for participants to add additional comments at the end of the survey. Lead Agencies reported the need for funding on every scale. They reported a need for Managing Entities to fund more evidence-based interventions, Medicaid expansion, and more flexibility of funding for behavioral health services. Below is a selection of comments that particularly underscored the funding challenges.

- The process for local providers to obtain a Medicaid ID is very difficult and limits a Lead Agency's ability to diversify funding streams.
- Supporting evidence-based practice is difficult to implement due to cost of implementation and training of staff.

Providers do the best they can to train staff. For example, Tykes & Teens, a local provider, has modified their Infant Mental Health training to do in-house. They are following the Florida Association for Infant Mental Health (FAIMH) movement toward 4 levels of endorsement. All providers are striving to implement Evidence Based Practices to fidelity with limited resources.

1. **What services does the state provide to assess the strengths and needs of children and families and determine other service needs?**
   Services to assess the strengths and needs of children and families are delivered in all geographic areas of the state with the oversight of either Department Regions and Sheriff's Offices (child protective investigations) or Lead Agencies and their subcontractors (for all other child welfare/foster care and related services). Each Lead Agency contract fully delineates the services they should provide including assessments (e.g., family functioning, behavioral health, risk, and others), and the use of individualized

[32] See Appendix D for a complete list of intervention by County; see Figure 3 for a visual of intervention by County.

services. Note: Effective August 11, 2023, all child protective investigation duties previously handled by seven Sheriff's Offices will be transitioned to the Department.

The Department uses Family Functioning Assessments (FFA) to identify the strengths and needs of children and families, to determine the services needed to address their needs, and to assess what supports will enable children to remain safely with parents when reasonable.

The first FFA occurs at the conclusion of the investigation, when a Child Protective Investigator completes the Family Functioning Assessment-Investigation in the Child Welfare Information System. This provides an assessment of the six information domains, plus the following: parental protective capacities, impending danger threats, child needs, and a determination of child safety.

All children identified in the FFA-Investigation as unsafe are considered at imminent risk for entering foster care (out-of-home care) because of the identification of an impending (on-going) danger threat in the home and the insufficient protective capacity of the child's caregiver(s).

The chart below provides data on the completion of assessments for a child, mother, and father from case reviews conducted between October 1, 2021, through September 30, 2022. This was based on the most recent review of the case and includes both initial assessments as well as on-going assessments. Assessments were completed for children 87.4 percent of the time in the review of 2,269 cases. This is a sample from the 10,451 cases that were opened during this same time frame (21.7 percent) and of the 176,600 cases that were active during this same time frame (1.3 percent). These reviews include an assessment of needs for mothers at 64.8 percent and fathers at 47.5 percent.

Children were referred for services such as dental, medical, educational, and mental/behavioral health services. Based on this data, Florida can improve on increasing the number of assessments being completed for the child, mother, and father.

Assessments and Services

	Child	Mother	Father
Assessments	87.4% (1,984/2,269)	64.8% (1,004/1,550)	47.5% (623/1,312)
Services	66.2% (137/207) *	60.9% (897/1,474)	45.3% (505/1,116)
Dental Services	63.1% (533/845)	NA	NA
Medical Services	75.8% (922/1,217)	NA	NA
Educational Services	65.9% (444/674)	NA	NA
Mental/Behavioral Health Services	59.9% (587/980)	NA	NA

*Source: Qualtrics, Life of Case On-Going Services Tool and CFSR Tool. *This represents services not included under the domains of dental, medical, educational, or mental/behavioral health. Only those that were assessed as having the need for the specific type of services listed were evaluated on whether those services were provided.*

While working with a focus group of stakeholders (including staff from Lead Agencies, service providers, youth, birth parents, community partners, foster parents, child protective investigators, and other state agencies) in drafting the response to this item, they expressed a desire for more time to complete the FFA before the case plan is due. These stakeholders indicated that being afforded more time would result in an increase in the quality of the assessments due to the worker being able to meet with a family over a longer period. Also, the stakeholders mentioned that Legal is requesting submission of completed assessments before the policy directive of 60-day time frame. The stakeholders' concerns about the FFA being requested before the time frame outlined within policy was shared with the Department's Children's Legal Services for exploration and resolution. It was shared that the FFA can be updated at any time during the case to capture new identified needs. Stakeholders did not voice any concerns about the quality of the assessments being conducted.

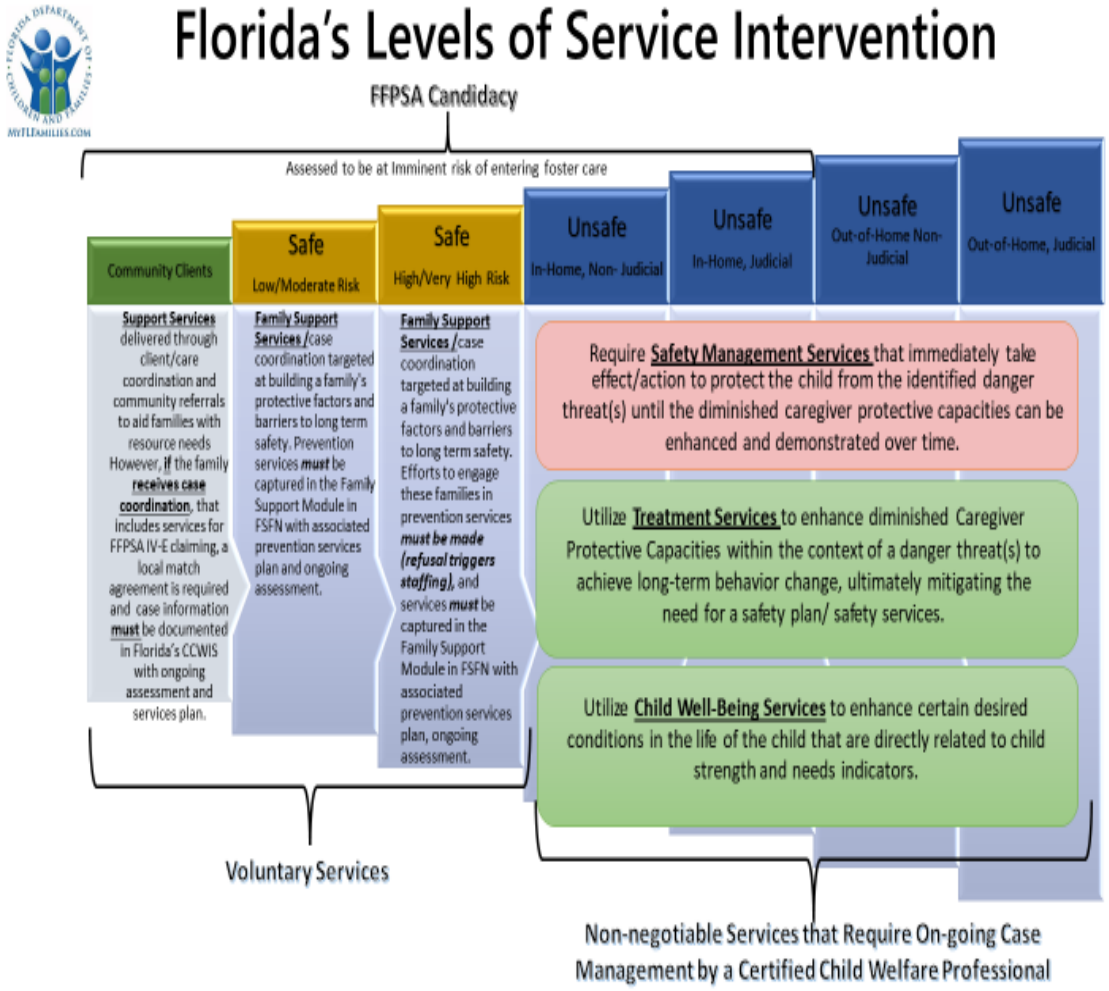
The array of services for youth who are at risk or are victims of sex trafficking are identified for children being served by the Department through the investigative and multi-disciplinary process and additionally by the Safe Houses licensed by the Department, as well as the Human Trafficking (HT) task forces throughout Florida. The Secretary of the Department is the co-chair of the statewide HT Council and is the chair of the Services and Resources Committee. Through on-going collaboration and multidisciplinary team staffings, youth and families are linked with appropriate services to address trafficking victimization. The MDT staffings are required by state law and must take place within 14 days of receiving allegations of suspected trafficking. A comprehensive treatment plan individualized for each child's unique needs is developed during these staffings as well as the recommendations for the most appropriate placement. Currently there are six (6) safe house providers able to serve 33 minor human trafficking victims; and 23 licensed safe foster homes, serving up to two children in each home (when appropriate). There is on-going work to expand the therapeutic foster care models such as the Chance Program through Citrus and the Delta model through Devereux, to expand capacity across the state (these homes are mostly in the Central and Southern areas of the state). There is a robust array of human trafficking specific services across Florida to serve victims, such as Open Doors, Her Song, One More Child, and others, who prioritize survivor voice and mentoring to our survivors of trafficking; in addition to a robust training program that is required for protective investigators and case manages working with identified minor victims. The Department also developed a Career Ladder pathway for Human Trafficking expertise that is available to Child Protective Investigators to specialize in working these types of investigations, who provide subject matter expertise to their co-workers, and provide input on multi-disciplinary staffings. There is on-going work with the provider network to continue to expand and ensure services are available in rural communities through offering virtual and other innovative ways to meet the survivor where they are. The 2023 Florida legislature increased funding for best practice services expansion this year as well, which will focus on expanding therapeutic foster care options and outreach across the state.

Through the Services and Resources Committee, a workgroup was created in November of 2022 in response to the community requesting to review adult safe houses and the programs available across the state. During the 2023 Florida Legislative Session, Senate Bill 1690 was passed, authorizing the Department to develop a certification process for adult safe houses, requires improved signage throughout the placement continuum across agencies, and requires additional training on HT prevention, identification, and reporting for children in out of home care and in certain placement types.

This bill will further expand the services and safe housing options for adult survivors of Human Trafficking.

2. **What services does the state provide to assess the needs of families - in addition to individual children - to create a safe home environment?**
Florida provides services to assess the needs of families, including children, to ensure a safe home environment. Lead Agencies contract with subcontractors for case management and direct care services to children and their families. This system allows local agencies to engage community partners in designing and modifying their local systems of care in a way that maximizes resources to meet local needs.

Florida's Service Array chart below reflects how the child welfare continuum is designed. The household of any report that has been screened-in by the Hotline and investigated by a Child Protective Investigator (CPI) is assessed using the Structured Decision-Making Assessment Tool® (SDM), adapted by Evident Change for use in Florida. The Risk Assessment is an actuarial assessment, which estimates the likelihood of future harm to children in the household.



The Child Welfare Professional completes the Family Functioning Assessment-Investigation in the Child Welfare Information System. This provides an assessment of the six information domains, parental protective capacities, impending danger threats, child needs, and a determination of child safety.

The Child Welfare Professional completes a risk assessment while collecting information as part of the investigation to identify the risk of subsequent harm. For families whose children are determined to be safe yet have high or very high risk of future involvement with the child welfare system, the Child Welfare Professional makes every effort to connect the family with community-based family support services (see below) that are specifically designed to reduce the risk of abuse or neglect.

When the CPI completes the FFA-Investigation and determines that the child is unsafe, an immediate referral for case management services is made. The investigator must establish the least intrusive actions necessary for the family to receive case management and the on-going supervision necessary:

1) Child remains in home with no judicial actions.
2) Child remains in home with judicial actions.
3) Child is placed out of home temporarily with court approval and supervision.

The CPI collaborates with Children's Legal Services to seek court oversight whenever judicial actions are considered necessary. Prior to a child being removed from the home, the Department must determine if, with the provision of appropriate and available safety management services, the child could safely remain at home while the parent(s) participate in a case plan and receive the treatment services necessary to strengthen their protective capacities. If at any time it is determined the child's safety and well-being are in danger, the child welfare professional responsible must modify the safety plan which may require increasing the level of intrusiveness.

The Department strives to prevent child abuse and neglect statewide through its Community-Based Care approach, contracts, and partnerships with notable experts in the fields of primary, secondary, and tertiary prevention programs, and strategies. Through family support (FSS), family preservation, time-limited reunification, and adoption services, the Department continues to serve vulnerable children and families to ensure:

- Florida's children live free of maltreatment.
- Florida's children enjoy long-term, secure relationships within strong families and communities.
- Florida's children are physically and emotionally healthy, and socially competent.
- Florida's families' nurture, protect, and meet the needs of their children, and are well integrated into their communities.

NO ABUSE WITHIN 12 MONTHS OF CLOSURE OF SERVICES

FY Quarter	FSS	In-Home	Out-of_Home	Post Placement Supervision	All Placements
FY 2022-2023 Qtr 1	92.70%	93.33%	98.25%	93.59%	93.50%
FY 2022-2023 Qtr 2	93.16%	93.37%	98.28%	94.17%	93.78%
FY 2022-2023 Qtr 3	93.34%	93.45%	98.69%	94.55%	93.99%
FY 2022-2023 Qtr 4	93.37%	93.59%	98.49%	94.51%	94.04%
Average for FY	**93.14%**	**93.44%**	**98.43%**	**94.21%**	**93.83%**

* 2023-08-17 source DCF Dashboards (Safety) -Not Abused w/in 12 Months of Closure of Services-

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

- Information and referral to include substance use and domestic violence related services.
- Targeting services geographically in zip codes where there is an increased need.
- Use of the Family Team Conferencing Model.
- Use of the Clinical Response Teams.
- Home safety and maintenance activities.
- Use of Wraparound services.

Some examples of these types of services include:

Hope Navigators – Hope Navigators are available to provide immediate screening and connection to localized services to meet family needs.

Mobile Response Teams (MRTs) - the Department through the Office of Substance Abuse and Mental Health, funds Managing Entities to provide Mobile Response Teams to respond to urgent behavioral health crises to engage with the individual to reduce the need for in patient crisis interventions. These teams are located in every Circuit in Florida and provide response to community and Department children.

Teaming – Cross agency family conferencing teams within communities available to conduct family team conferences, connect to immediate and on-going services, and provide follow-up to ensure engagement and connection to what the family needs. These teams include the Department, Department of Education, Behavioral Health, Care Coordination, Domestic Violence, and any other agency or provider involved or relevant to the family's needs. These models are integral in providing connection to services to prevent the need for out of home care, entry into higher levels of care, and repeat involvement with systems. These teams connect families to a wide array of services such as Care Coordination in Home Treatment Teams; Care Coordination through the Managing Entity provider network; Community Action Team (CAT) or other in-home programs; therapeutic services; Home Builders or Family Builders; STEPS; etc.

Community Action Teams (CAT ages 11-17) and Baby CAT - Community based behavioral health teams to provide in-home holistic services to reduce the need for out of home care due to behavioral health incidents or needs. Baby CAT teams were created to expand to families with children under 11.

Family Support Services: Family support services statewide are intended to prevent the occurrence of a future child abuse investigation and/or child maltreatment by: Strengthening protective factors that will increase the ability of families to nurture their children successfully; Enhancing the social and emotional well-being of each child and the family; Enabling families to use other resources and opportunities available in the community; Assisting families with creating or strengthening family resource networks to enhance and support childrearing. This support is to encourage and assure the complete safety and well-being of children and families. While there are many examples of typical supportive programs to families, Florida has readily embraced:

- Pinwheels for Prevention™, the Child Abuse Prevention Month Public Awareness Campaign (Prevent Child Abuse Florida's Child Abuse Prevention Month statewide campaign) and various other public awareness campaigns designed to increase the protective factors necessary for the well-being of both children and their families,
- Parenting classes geared toward various developmental ages and stages and the effects of family violence and substance use on children,
- Health and nutrition education training sessions,
- Home visiting activities and services,
- Comprehensive family assessments,
- Early developmental screening of children to assess needs, and assistance to families in securing specific services to meet those needs,
- In-home parent training,
- In-home substance use counseling,
- Hope Line, offering information and referral to community resources, such as job employment services and ACCESS, and
- FLORIDA system (for online benefits applications).

Some examples of these services:

Time-Limited Family Reunification Services: Time-Limited Family Reunification statewide services are put in place for children removed from their home and for these parents or primary caregivers. Florida passionately embraces these services designed to maintain intact families and to support the reunification of a child safely and appropriately. Time-Limited Family Reunification Services in Florida include:

- Supervised visitation programs and parental coaching.
- Flexible Support Services.
- Family Team Conferencing with all families prior to reunification, and just before post-placement supervision services are successfully terminated.
- Follow-up care to families.
- Mentoring/Tutoring services.
- Therapeutic child care services.
- Parent (adoptive, biological, caregiver, foster) education and training relationship skill building activities.

3. What services does the state provide to enable children to remain safely with their parents when reasonable?

The description of services that follow are the primary components of Florida's child welfare system. This includes responsibilities of the Department and contracted providers; basic descriptions of interventions and their relationship to the practice model; service coordination among the system components; and coordination with other services and benefits.

Florida's Family First Prevention Services Act (FFPSA) Plan includes the following services that can be used throughout the system of care to maintain children safely in their homes, support reunification, serve pregnant and parenting youth in out of home care, support adoptive families, and support kinship caregivers. Each lead agency has the option of adding one or more of these services to their service array to meet the specific and individual needs of the children and families in their areas.

- Parents as Teachers
- Nurse Family Partnership
- HomeBuilders
- Healthy Families
- Multi-Systemic Therapy
- Family Functional Therapy
- Parent Child Interactive Therapy
- Brief Strategic Family Therapy
- Motivational Interviewing

The first responsibility of the case manager after the case has been formally transferred is to review the effectiveness of the safety plan and modify, as needed. The availability of an appropriate array of local safety management services is essential to keeping children safe at home with an in-home safety plan. Safety management services manage or control the conditions(s) that make a child unsafe until the parent can fully resume his/her responsibilities. The specific types of safety management services that should be available in a safety management service array are described in CFOP 170-7, Chapter 8, Safety Management Services.

Family Support Services (FSS)

Family Support Services are provided to families at risk of future maltreatment and child abuse investigations. Each Lead Agency is responsible for building service array within their catchment area, conducting provider outreach, and providing on-going engagement with families. The Florida child welfare system has made concerted efforts over the last several years to implement, expand, and evaluate the efficacy of family support services. Family support services are provided by lead agencies and/or their subcontractors to families who have been investigated, have children determined to be safe, and who have a high or very high-risk score based on a Risk Assessment completed by the CPI. At lead agency discretion, other families who have not been subjects of an investigation may also be offered services. Family support services are intended to prevent the occurrence of a future investigation and maltreatment by strengthening family protective factors. The implementation of HOPE Florida—A Pathway to Prosperity and the Moments of Impact Strategic Plan create an environment that prioritizes prevention work with families, long before they need more invasive services, by creating a

system that can recognize and address family stressors and barriers before they overcome a family's protective capacities and build and enhance those capacities.

The household of any report that has been screened-in by the Hotline and investigated by a Child Protection Investigator (CPI) is assessed using the Structured Decision-Making Assessment Tool® (SDM), adapted by Evident Change for use in Florida. The Risk Assessment is an actuarial assessment which estimates the likelihood of future harm to children in the household.

CPIs complete the risk assessment as information is collected during an investigation, with a final risk score being assigned upon completion of the risk assessment tool. Families with children determined to be safe but living in high or very high-risk households are the focus of active outreach efforts. The CPI makes every effort to connect the family with community-based family support services that are specifically planned to reduce risk of abuse or neglect. Discussion with the family about risk levels can be very effective in helping the family understand why the CPI remains concerned about the family even though child welfare system involvement is not being pursued.

Number of Children in Families Receiving Family Support Services			
	2019-2020	**2020-2021**	**2021-2022**
Children Receiving Family Support Services	15,201	15,830	13,138
Total Children Served	68,129	67,682	61,958
Source: Children and Young Adults Receiving Services by Lead Agency and type of service Florida's State Fiscal Year (July 1st through June 30th)			

An example of a local service array of interest is a service that is provided to families after reunification. The local Lead Agency, Community Partnership for Children, uses BAYS STRIVE program which consists of enhanced Family Stabilization Services designed to complement case management services by providing intensive in-home family engagement through supportive and therapeutic services, to successfully prevent removal and/or reunite children with their families. Through intensive, in-home services, BAYS oversees the transition of children who have entered the Child Welfare Dependency System in Circuit 7 and who are dually involved, or at risk of becoming involved, in the Juvenile Dependency System. Services are designed to partner with the family and implement preventative measures to strengthen and stabilize the family.[33] Each lead agency develops and uses services available in their local areas.

Safety Management Services

Safety management services manage or control the conditions(s) that make a child unsafe until the parent can fully resume his/her responsibilities. During the time a child is served by the child welfare system, the CPI or case manager responsible must be able to assess the family and conditions in the

[33] BAYS Inspiring Youth & Families, Supportive Trusting Relationships with Inclusion, Vision, and Empathy Program.

home to determine whether specific criteria are met for an in-home safety plan. One of the criteria for an in-home safety plan is the availability of appropriate safety management services. An adequate array of safety management services helps to prevent unnecessary out-of-home placements and to achieve timely reunification. The specific types of safety management services that should be available in a safety management service array are described in **CFOP 170-7, Chapter 8, Safety Management Services**.

Treatment Services

Treatment services are usually formal services and interventions to achieve fundamental change in parent functioning and behavior associated with the reason that the child is unsafe. Treatment services must be trauma-informed, the correct match to the problem, the right intensity, a cultural match, accessible and affordable. A few treatment service examples are in-home family preservation services; Child Parent Psychotherapy; Nurturing Parents; substance use services (outpatient, residential, aftercare) and mental health services.

The chart below shows the number and percent of children found to be unsafe because of an investigation and the percent of unsafe children who remained at home with an in-home safety plan. Prior to a child being removed from the home, the Department must determine if, with the provision of appropriate and available safety management services, the child could safely remain at home while the parent(s) participate in a case plan and the treatment services necessary to strengthen their protective capacities.

In-Home Protective Services

If at any time it is determined the child's safety and well-being are in danger, the safety plan must be modified to control for the danger, which may include increasing the level of intrusiveness.

- **In-Home Non-Judicial Services**. In this initial tier, the child remains at home and the case manager manages the safety plan; develops the Family Functioning Assessment-On-going (FFA-O); and works in partnership with the family to develop a case plan based on the identified needs in the FFA-O. If, during in-home non-judicial services, there is no progress in increasing the diminished protective capacities or the safety plan is no longer sufficiently controlling the danger, the case manager will increase the level of intrusiveness of the safety management services and pursue judicial intervention.

- **In-Home Judicial Services**. In-home judicial services occur when it has been determined through safety analysis that the child can remain in the home with safety management services while receiving services under the supervision of the court. For this tier, judicial oversight is considered necessary for the family to engage in treatment services and to achieve case plan outcomes.

Number of Children in Families Receiving Family Support Services						
	2016-2017	**2017-2018**	**2018-2019**	**2019-2020**	**2020-2021**	**2021-2022**
Children Receiving Family Support Services	22,527	20,218	16,783	15,201	15,830	13,138
Total Children Served	77,771	75,228	70,862	68,129	67,682	61,958
Source: Children and Young Adults Receiving Services by Lead Agency and type of service Florida's State Fiscal Year (July 1st through June 30th)						

The Department maintains a monthly trend Child Intakes Received report on the Office of Child and Family Well-Being Dashboard. The report displays intake volume and screening rates for the last 10 years.

Family Intensive Treatment Teams (FIT).

Family Intensive Treatment teams are a highly effective program model for parents with children 0-5 in out-of-home care that is currently provided by twenty-two providers across all regions and circuits. The FIT team model was designed to provide intensive team-based, family-focused, comprehensive treatment services to families in the child welfare system experiencing parental substance use. FIT Teams are available to families with children under in-home protective supervision or with children in out-of-home care. Although eligibility criteria require that families have at least one child between the ages of 0 and 10 years, priority is given to families with a child between the ages of 0 and 8 years. Most families served by FIT Teams have at least one child aged 5 years old or younger. A core component of the FIT model is the integration of substance use, mental health, and child welfare services for families served. To be eligible to receive FIT services parents must be eligible for publicly funded substance use and mental health services and have a substance misuse disorder.

FIT program guidelines require the use of evidence-based and evidence-informed practices to treat substance use, mental health, and improve parental capacity, though do not mandate specific interventions to be used. Most providers reported practicing:

- Motivational Interviewing.
- Cognitive Behavioral Therapy.
- Trauma-Focused Cognitive Behavioral Therapy.
- Dialectical Behavior Therapy.
- Nurturing Parenting Program and Seeking Safety.
- Support groups such as daily recovery group meetings, peer support, relapse prevention groups, and continuing care groups led by peer support specialists after formal treatment has ended.

A major challenge in offering FIT Team services to parents with children in out-of-home care was that Medicaid policy did not provide coverage for parents of children who have been temporarily removed.

The Department collaborated with the Agency for Health Care Administration (AHCA), to establish a process for Medicaid-eligible parents with children temporarily in out-of-home care to retain their coverage.

The Department's Office of Substance Abuse and Mental Health (SAMH) reports that 77.26 percent of FIT participants are retained (3 months or longer) or successfully complete the FIT program.

Another challenge raised during stakeholder meetings was the lack of availability of some services at the local level in some rural areas. However, we believe that this issue is not widespread as other stakeholders reported that FIT teams travel to small counties to deliver services. One stakeholder reported that they believed their local FIT Teams' ability to travel to the families in rural areas is beneficial to families in completing service requirements. Each lead agency is responsible for establishing/connecting with their local service array. If issues or gaps are determined the lead agency can reach out to the Department or other lead agencies to find a solution.

From Life of Case Tool On-going services reviews for the period of October 1, 2021, through September 30, 2022, the data in the chart below outlines the services/actions observed pertaining to safety for children and families.

Services Pertaining to Safety

The Agency Made Concerted Efforts to Provide or Arrange for Appropriate Services for the Family to Protect the Children and Prevent Their Entry or Re-Entry into Out-of-Home Care	60.3% (242/401)
There was a Sufficient Safety Plan with the Family to Manage Identified Danger Threats or Safety Concerns	69.7% (334/479)
The Child Welfare Professional Had On-going and Quality Contact with Service Providers Involved with the Family	43.8% (192/438)
The Agency Actively Monitored and Updated the Safety Plan as Needed to Ensure it is Working Effectively to Protect the Children from Identified Danger Threats including Monitoring Family Engagement in any Safety-Related Services	60.2% (292/485)
All New Safety Concerns Adequately Addressed by the Agency Pertaining to any Child(ren) Remaining in the Family Home	77.5% (18/62)

Source: Data represents reviews conducted between October 1, 2021- September 30, 2022. Qualtrics, Life of Case On-Going Services Tool and CFSR Tool. Note: Not all cases were rated on each of these items. For example, only those cases in which the family was actively involved with services were rated on whether the child welfare profession had on-going contact.

Hope Florida - A Pathway to Prosperity

Hope Florida – A Pathway to Prosperity, launched in August 2020, utilizes Hope Navigators to guide Floridians on an individualized path to prosperity by focusing on community collaboration between the private sector, faith-based community, nonprofits, and government entities to break down traditional community silos, maximize resources and uncover opportunities. Services are available to Floridians statewide, including children aging out of foster care, pregnant mothers contending with substance

abuse disorders and other families in need of assistance. Hope Florida – A Pathway to Prosperity is now available in every county in Florida.[34] Since its inception, HOPE Florida has been expanded to numerous agencies including Department of Juvenile Justice, Agency for Persons with Disabilities, Guardian ad Litem, Florida's Department of Veteran's Affairs, and the Department of Elder Affairs. Each agency has a team of HOPE Florida navigators ready to assist clients that need unique services within each agency. These agencies also collaborate to make sure clients can receive everything they need from one front door. To date, 68,024 clients have been referred to HOPE Florida and 64% of participants who identified employment as a barrier were able to find a job. The most common barriers reported were housing and basic needs and 81% of former foster youth who called the HOPE Line received help accessing independent living services.

Florida has an on-going collaboration to implement a coordinated system of primary prevention services at the state and community level, including where practical the use of a single-intake system to facilitate the identification and appropriate referral of vulnerable families using the state's universal prenatal and infant screenings. The Department of Health (DOH) and Healthy Start Coalitions implemented a statewide strategy to further maximize community resources and link families with local programs that best match their needs and preferences. The local Healthy Start Coalitions are responsible for reviewing all universal screenings conducted in their community and providing outreach to families to let them know the home-based visiting choices for which they are eligible. Participation in any home visiting program is voluntary. The choices of home visiting programs offered, depending on the locale, may be Healthy Families Florida (HFF), Nurse-Family Partnership, or Parents as Teachers.

Universal Newborn Screening

The goal of the DOH's Healthy Start program is to reduce infant mortality, reduce the number of low-birth weight babies, and improve health and developmental outcomes. Since 1991, Healthy Start has provided for the screening of all Florida's pregnant women and infants to identify those at risk for poor birth outcomes, health, and developmental outcomes. All pregnant women are offered the Healthy Start Prenatal Risk Screening at their first or subsequent prenatal visit and the Healthy Infant (Postnatal) Risk Screening is offered to parents or guardians of all infants born before leaving the delivery facility. These completed screenings have provided the Healthy Start Coalitions with information for outreach to families to offer Healthy Start and other available community resources, including Healthy Families-Florida.

Additional Reporting Requirements for Infants Exposed Prenatally to Abuse of Prescription Drugs or Illegal Substances

Section 383.014, F.S. requires hospital staff to identify and refer all infants prenatally exposed to the abuse of prescription and illegal substances for Healthy Start services. All substance exposed children will receive Healthy Start care coordination regardless of the scoring on the postnatal risk screening or reported to the Hotline. If the current caregiver is not the biological mother, the caregiver has the authority to consent to Healthy Start participation. Identification of use/abuse of alcohol and/or illegal substances is determined as follows:

[34] See item 20, page 36 for more details on the program and the outcomes.

- Mother's own admission.
- A positive drug screen.
- A staff member witnessing use.
- A report from a reliable source such as a trusted family member or professional.
- Response to screening questions indicating use or abuse.
- Further observations or assessment of substance use history and patterns of use.
- An infant who was prenatally exposed to schedule I or II drugs, as documented by the above criteria.

There are 32 Healthy Start coalitions and one county Health Department that provide Healthy Start services covering all of Florida's 67 counties. The coalitions conduct assessments of community resources and needs, identify gaps and barriers to effective service delivery, and develop a service delivery plan to address identified problem areas and issues. The range of Healthy Start services available to identified women and infants include:

- Information, referral and on-going care coordination and support to assure access to services.
- Psychosocial, nutritional, and smoking cessation counseling.
- Childbirth, breastfeeding, and substance use education.
- Home visiting through the child's age of 3 years.
- Inter-conception education and counseling. Healthy Families Florida (HFF), Ounce of Prevention Fund of Florida (Ounce) Funds for HFF are appropriated by the Florida legislature to the Department.

The Ounce administers HFF through service contracts with 35 community-based agencies in 67 counties (42 counties in their entirety and 25 counties in the highest-risk zip codes). Sites are required to provide a 25 percent cash or in-kind contribution as evidence of the communities' support of Healthy Families unless there is justification of why they are not able to meet the minimum 25 percent contribution. This program is a substantive and important investment made by the Florida legislature in evidence-based prevention designed for families at risk of child maltreatment or other adverse childhood experiences. HFF works diligently to maintain the program's national accreditation with Healthy Families-America (HFA). HFA is the nationally recognized, evidence-based home visiting program of Prevent Child Abuse-America (PCA America). Rigorous research has demonstrated HFA effectiveness, based on nineteen publications of randomized control trials. HF-America meets the criteria for federal funding established by the Maternal Infant Early Child Home Visiting (MIECHV) for expectant parents and parents of newborns experiencing stressful life situations. HF-America shows impacts in all eight domains examined by the Home Visiting Evidence of Effectiveness (HomeVEE) review for the MIECHV program:

Increases in positive parenting practices have been observed as evidenced by:

- Improvement in child health.
- Reduction in juvenile delinquency, family violence and crime.
- Improvement in child development and school readiness.
- Improvement in family economic self-sufficiency.
- Improvement in maternal health.
- Increase in linkages with and referrals to essential community services.

HFF provides specialized screening and assessments to identify families at risk of future maltreatment, home visiting services, and routine screening for child development and maternal depression. Families may receive in-home visitation during pregnancy and up to the time a child turns five years of age. Participation is voluntary. Using nationally developed in-home curricula and well-trained and supported in-home staff, parents learn how to recognize and respond to babies' developmental needs, use positive discipline techniques, cope with stresses of parenting and family life in healthy ways, and achieve family established goals. The Department at the state and regional levels and Lead Agencies have a long history of collaboration with HFF to expand access to Florida's most vulnerable families and strengthen community collaboration. HFF is always "at the table" with the Department and other prevention partners to understand new threats to family well-being, such as Florida's opioid crisis, and how to ensure that existing programs have the capacity to respond. During FY 20/21, HFF's 38 community-based projects served 9,175 families and their 18,175 children with state funding and local contributions. Projects exceeded every goal for child and parent outcomes including:

- 98 percent of children in families served were free from abuse during services and one year following program completion,
- 99 percent of children were connected to a primary healthcare professional, and
- 84 percent of participants improved their self-sufficiency by gaining employment, enrolling in job training, furthering their education, securing stable housing, or obtaining a driver's license.

Child abuse and neglect has costly short and long-term consequences including hospitalization, child welfare services, special education, and juvenile delinquency. Conservative estimates put the cost of treating these consequences at $105,131 per child annually. HFF is proven to prevent child abuse and neglect in high-risk families at a cost of only $2,100 per child annually.

4. What services does the state provide to help children in foster and adoptive placements achieve permanency?

The Department utilizes Title IV-B, Part 1, Stephanie Tubbs Jones; and Part 2, Promoting Safe and Stable Families (PSSF) to support the costs of time-limited reunification services. The Department dedicates the full allowable 21 percent of the federal PSSF grant to fund family preservation services. Time-Limited Reunification services are used for children removed from their home and for their parents or primary caregivers. Reunification services are individualized based on the family dynamics, identified danger threats, and child's needs and are outlined in the family's reunification case plan. These services are designed to support the reunification of a child safely and appropriately within a 12 to 15-month period. Services are identified at the local level by the Lead Agency. For more information surrounding reunification and progress evaluation, please see CFOP 170-7 Chapter 12 (sharepoint.com) and CFOP 170-9 Chapter 6 (sharepoint.com).

The table below details the total number of children in out-of-home care by setting types as of February 28, 2023.

Table 5: Children in Out-of-Home Care

Removal rate per 100 children investigated	7
Children in out-of-home care as of February 28, 2023	21,033
Percentage of children placed with approved relatives/non-relatives	34.32%
Percentage of children placed in licensed foster care	53.11%
Percentage of children placed in group care	7.61%
Percentage of children in other settings	3.98%

Data Sources: 1) Child Welfare Dashboard, Removal Rates per 100 Alleged Victims Listing, 2) Children and Young Adults in Out-of-Home Care or Receiving In-Home Services Listing - OCFWDRU Report #1077, 3) Children Placed with Licensed or Pending Licensed Relatives or Non-Relatives On-Demand Summary– OCFWDRU Report #1313

The Department must make reasonable efforts to prevent a child's removal from their parent(s)/legal guardians and reasonable efforts to facilitate reunification or other permanency outcomes. Out-of-home care is considered a temporary living arrangement to provide a child with safety; on-going connections to their parents and other persons the child has important connections with; excellent care and nurturing; other services to help the child deal with the trauma they experienced, including services designed to heal and improve the parent/child relationship; developmental or educational supports; medical and dental health care; any other services necessary for the child's well-being. Out-of-home care is a service that also supports the parent(s) as they participate in necessary treatment while continuing to co-parent their child(ren). Temporary caregivers are considered a resource to the child and the parent(s).

In December 2022, Chapter 65C-30.023, F.A.C. , Multidisciplinary Team Staffings and 65C-28.024, F.A.C. Placement Transitions were adopted to align with Florida Statutes. These additions to Florida Administrative Code outline processes and timeframes that require the Department to conduct multidisciplinary team staffings and create transition plans for all children in out-of-home care who need possible placement changes. A Placement Transition form (FSP5466) and the Comprehensive Placement Assessment form (FSP 5438) were created and updated to aide in the effectiveness of MDT and transition processes. Both the Multidisciplinary team staffing process and placement transition planning are designed to identify the most appropriate placement as early as possible, to ensure and/or maintain stability for the child and ensure connections to appropriate services with the goal of decreasing the time to permanency.

Locating parents, relatives, and fictive kin is important for maintaining and strengthening the child's long-term or permanent family connections and developing a visitation plan. These persons are possible placement resources for concurrent planning. They also have specific rights for notice and participation in the child's dependency case. Family connections should not only be used for placement purposes but to establish long-term emotional support networks for children with other adults who may not be able to have the child placed into their home but want to remain connected to the child.[35]

For several years the Department has offered financial assistance to relatives and non-relatives through the Relative Caregiver Program (RCP) which includes the Non-Relative Caregiver Financial Assistance (NCFA) program. Each program assists caregivers with providing for basic needs such as food, clothing,

[35] CFOP 170-1, Chapter 14, Completing a Diligent Search for Parent or Diligent Efforts to Locate Relatives

and shelter for children in out-of-home care. The goal of supporting relatives is to help children achieve permanency stability and well-being with caregiver(s) they know. Relatives/non-relatives participating in this program are not required to be licensed. However, in 2022, legislation increased the amount of financial assistance a caregiver receives to the same amount as a licensed foster parent for up to six months or until licensure, whichever occurs first. CFOP 170-10, Chapter 8, Kinship and Relative Supports outlines the services and supports available for relative/non-relative caregivers caring for dependent children in Florida. Lead agencies will make the effort to assist the caregiver in initiating services that include but is not limited to: referrals to kinship navigation services, assisting with linkages to community resources and completion of program applications (Medicaid, Child Care Subsidy, temporary cash assistance, tuition and fee exemption, counseling, legal services, tutoring, mentoring, family team conferencing and support groups for youth and adults), scheduling appointments, and initiating contact with community service programs.

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

Child Well-Being Services

Child Well-Being services are specific, usually formal, services/interventions utilized to assure the child's physical, emotional, developmental, and educational needs are addressed. The assessment of the child's strengths and needs is used to systematically identify critical child well-being needs that should be the focus of thoughtful, case plan interventions.

Florida is implementing evidence-based prevention services through FFPSA to support the stability of maintaining permanency upon reunification. Florida is prioritizing well-supported evidence-based programs that build parenting skills, support kinship caregivers, and keep children in their homes with their families when safe and appropriate to do so. EBPs support families at risk of entering the child and family well-being system of care, and many are therapeutic, in-home models proven to work with dually served children and their families, children 0-3 with familial substance misuse, and other models that are all well-supported in serving the child welfare population with positive outcomes.

5. What are the differences in service availability and accessibility for populations, particularly those within the state that experience poorer outcomes?

While there are various service providers in Florida who can service the child welfare system, there is a barrier in service providers opting to become Medicaid providers due to the lengthy process to bill Medicaid which limits the number of available services for the child welfare population. The Department recognizes this barrier and continues to allocate funding to each Lead Agency to allow for payment of services to non-Medicaid providers. In addition, the Department allows for the use of the Purchase of Therapeutic Funding to supplement services that Medicaid does not cover.

Florida continues to move forward with individualizing services to meet family needs and continues activities to improve and address availability and accessibility of some critical services in more rural areas. Florida began a Community-Based Care model in 2000 to support the long-standing vision that services are best delivered when developed and driven by local communities.

Florida has seen improved outcomes for children and families since this transition that includes a reduction of children placed in out-of-home care from a historic pre-Title IV-E waiver high of 28,444 children on October 31, 2003, to 20,951 children on March 31, 2023. Florida's child welfare system is comprised of an allegation intake and child protective investigation process conducted by Department staff and supported by a privatized case management system provided by Lead Agencies.

With Florida's recent approval of our five-year prevention plan in March 2023, Florida continues to move forward to improve service availability and accessibility statewide for all populations based on information from the Children's Service Array Capacity & Gap Report and direction from the FFPSA Planning Committee. Florida's approved plan allows for the provision of the following allowable programs and services statewide:

1. Homebuilders (HB)
2. Motivational Interviewing (MI)
3. Healthy Families America (HFA)
4. Functional Family Therapy (FFT)
5. Brief Strategic Family Therapy (BSFT)
6. Multisystemic Therapy (MST)
7. Nurse-Family Partnership (NFP)
8. Parent-Child Interaction Therapy (PCIT)
9. Parents as Teachers (PAT)

The Department has contracted with qualified vendors to provide comprehensive project management to plan, coordinate, and execute statewide training for child welfare professionals to support the installation and expansion of four well-supported EBPs: Homebuilders (HB), Motivational Interviewing (MI), Parent Child Interaction Therapy (PCIT), and Multisystemic Therapy (MST). Upon execution of these contracts, the Department collaborated with the contracted vendors to kick off a series of engagement activities to initiate the statewide training plan. Over a period of 12 to 18 months, it is anticipated that 30 MST Teams, 118 PCIT practitioners, six (6) HB Teams, and 1,200 MI certified individuals will be trained and practicing to fidelity their respective EBP services throughout the state of Florida. Additionally, the Department procured a contract with a state university partner for fidelity monitoring of EBP service delivery. The fidelity monitoring will include an analysis of existing EBP services being delivered in Florida, newly installed EBP services, as well as providing technical support to services providers working to add new interventions to the Title IV-E Prevention Clearinghouse for formal review and acceptance.

6. To what extent were there waitlists for services? Which services have waitlists, if any? How long are the waiting times for services? How do waitlists vary by jurisdiction?

Children with mental and behavioral health needs may experience waitlists in some regions. Each local area coordinates with their provider networks, including the Managing Entities to expedite services especially if the assessment is being used to guide a safety determination. Waitlists occur throughout all areas of the state based on the availability and capacity of service providers. For example, a recent informal survey of Statewide Inpatient Psychiatric Program (SIPP) providers reveals there are 72 children on the waitlist for admission/acceptance with those children on the waitlist an average of 41 days.

Some strategies being developed to address waitlists for children being recommended for therapeutic levels of care is to work collaboratively with the providers and referral sources to streamline and improve the quality of the referral process, develop a daily bed capacity tracking mechanism, and supplement board rates to secure staffing and bed capacity. These are in addition to ongoing efforts to recruit and increase the continuum of care.

One Florida county has also reported a waitlist for children who experienced sexual abuse trauma. Statewide, stakeholders have reported that there are not enough therapists that specialize in the services needed by children who are involved with child welfare. When clients are placed on a waitlist for specialized services, they are generally placed with other counselors on a temporary basis so that they can begin to process trauma, but then they are moved to a specialized therapist once one becomes available (usually within 4-5 months). Florida recognizes that this is not the ideal situation for children due to the interruptions it creates in relationship building and is working to develop greater capacity around children's mental/behavioral health. Florida's recent initiative with the placement of Behavioral Health Coordinators within units, is an avenue being used to assist with expediting services when deemed necessary.

7. To what extent are there gaps in the service array that: assess the strengths and needs of children and families and determine the other service needs; address the needs of families in addition individual children in order to create a safe home environment; enable children to remain safely with their parents when reasonable; and help children in foster and adoptive placements achieve permanency? How do gaps vary by jurisdiction?

In understanding the need for improvement, foundational work was launched by the Department and the Florida Coalition for Children who formed a statewide service array capacity workgroup in collaboration with Casey Family Programs. Florida published the results of a statewide service array capacity and gap analysis in a report titled the Florida Children's Service Array Capacity & Gap Analysis Report. While this report indicated that Florida has created a wide array of services across the state and is experiencing continued success in expanding system capacity for four types of services: family support, safety management, treatment, and child well-being, a prominent theme was the need for substance abuse services, ABA services, and an expansion of the capacity for currently implemented interventions.

Beyond the report, the Child Service Array workgroup identified existing evidence-based services throughout the state of Florida, and the work of local areas in identifying and building additional services to support the child welfare system. A critical step for the service array workgroup was determining the specific capacity needed in each circuit, including methods to achieve and maintain

fidelity to promising and evidence-based interventions. The implementation of a new CCWIS system will provide Florida the opportunity to create standard definitions and methods for documenting service costs and allow for the direct exchange of data with other systems such as the Agency for Health Care Administration for Medicaid claiming information. These data exchanges will continue Florida's important work in tracking adequate service array across the state while also monitoring fidelity to the models for evidence-based practices.

During the last year the Department and its partners completed a Regional System Assessment to align with the findings in the Accountability report (referenced earlier in this report). The assessment provided a regional overview, including shared community priorities, strategies to address priorities, a summary of key actions required to achieve the priorities, and desired outcomes for those served in the communities. [36]

Florida continues to move forward with individualizing services to meet family needs and continues activities to improve and address the availability and accessibility of critical services, such as mental health and substance abuse services, in rural areas and ensuring that the services are available.

Each region has a behavioral health consultant co-located with child protection investigations and funded through the State Targeted Opioid Response grants. Some additional behavioral health consultants have been funded by the Managing Entities (MEs) responsible for behavioral health services in each region. This resource has proven to be extremely helpful to the CPIs in determining impacts of substance use disorders and behavioral health needs for the parents. When information available at pre-commencement or obtained during the family functioning assessment indicates that substance misuse is believed to be occurring in the home the CPI must consult with a substance use expert in order to:

- Assess whether substance misuse is out of control to the point of having a direct and imminent effect on child safety.
- Identify specific harm(s) to the child caused by or highly correlated with the substance use.
- Provide input on what safety actions need to be incorporated into a safety plan for children of substance abusing parents to control the direct and imminent effects of the parent or caregiver's substance misuse or relapse event.
- Review the user's current use pattern (to the degree known or reported), prior treatment history, and outcomes from prior intervention efforts to explore the most likely and appropriate treatment options (e.g., need for medical detox, intensive outpatient, etc.).
- Explore the potential use of the Marchman Act with the family to assess the harmful effects of the substance misuse to the user and to control for the imminent and direct effects of the parent/caregiver's active substance use for child safety. This includes educating and informing family members on the process of petitioning the court for an involuntary assessment (and possibly treatment and stabilization order) of the substance abusing family member.
- For individuals in recovery who deny active use, explore the patterns of behaviors typically indicative of a pending relapse; and explore the feasibility of the substance use expert accompanying the investigator to the interview site when available, based on local protocols and working agreements.

[36] See Appendix G.

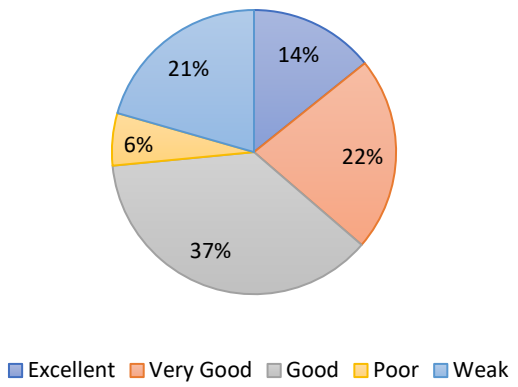
The primary goal of the statewide CPI Project is to enhance collaboration between child welfare and domestic violence providers to enhance family safety and create permanency for children by focusing on keeping the child safe in the home with the non-offending parent, while increasing perpetrator accountability measures and strategies. Each region has a CPI project that is provided funding through the state Domestic Violence Trust Fund for co-located advocates, housed at certified domestic violence centers. The purpose of the CPI Project is to collaborate with local Office of Child and Family Well-Being offices, primarily engaging child protection investigations involving intimate partner violence (IPV). This resource has proven exceptionally helpful to Child Protective Investigators in determining impacts of IPV and needs for survivors and their children. The CPI Project has shown success in enhancing family safety, creating family permeance, and increasing perpetrator accountability. Survivors who are involved with the child welfare system benefit from the support of co-located advocates, including, but not limited to, a clear and thorough explanation of CPI Project services, comprehensive, and on-going safety planning, referral services, child welfare-involved accompaniment, and disclosure of the benefits and potential repercussions associated with the survivor's level of participation within the child welfare system. Co-Located Advocates serve as domestic violence subject matter experts to:

- Provide consultation to child welfare professionals to assist in assessing for intimate partner violence maltreatment.
- Assist child welfare professionals with identifying batterers' patterns of coercive control, gathering information to address harmful batterer behaviors, and assessing the impact of that behavior on children.
- Meet regularly with CPI Unit supervisors, Lead Agency providers, and community partners in their respective service areas to discuss local goals, such as safely reducing removals of children from non-offending parents, increasing the capacity of child welfare professionals to work with survivors and perpetrators, and to review challenges and successes as they work together to develop protocols and guidelines for collaboration.
- Provide direct service support to survivors and their children; provide potential outcomes and offer supportive services that aid the survivor in navigating the child welfare system.

Additions to this network include the MDT (multidisciplinary team) Coordinators, new Family Finder Specialists, along with the recent addition of Family Navigators (see response to item 20 for more detail).

Stakeholder Survey Input: Florida's Child Welfare System of Care is responsible for developing, maintaining, and monitoring a robust service array that meets the needs of children and families requiring services across the state in all jurisdictions. Those that answered these questions were frontline staff, CQI staff, licensing staff, leadership, parents, youth, and caregivers, and community partners.

Exhibit 12: Quality of Service Array
N=1,327



As illustrated in Exhibit 12, the majority (73 percent) of respondents stated that the service array and resource development system is functioning to ensure that the range of services are available and accessible was Excellent, Very Good, or Good.

Item 30: Individualizing Services

Analyze:

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

State Response:

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for this item based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected from stakeholder interviews showed that Florida had some success in individualizing services, but there were challenges in offering bilingual services to meet language needs. Gaps in services and wait lists for some services resulted in limitations in individualizing services to meet unique family needs.

For CFSR Round 4, Florida rates this item as a Strength based on continuing efforts to improve individualizing services to meet family needs. Improvements made are a result of continuous efforts to ensure the availability and accessibility of critical services in every region. The Department completed a thorough service array assessment in 2019 that captured every provider currently available in the state and the services provided. This review also assessed whether services were evidence-based and targeted toward specific populations. The report provided Florida with the ability to systematically assess the level of service individualization across the state, where identified gaps could be filled, and where performance levels could be improved. This service array assessment was used to inform the development and writing of Florida's Prevention Plan. The Evidence Based Practices selected are

outlined under item 29, question 5, page 103. The Department allocated Family First Transition Act funding to secure contracts with four vendors to deliver training statewide for the delivery of the Evidence Based Practice based on recommendations received from the Family First Prevention Services Act (FFPSA) Steering Committee. This committee was comprised of stakeholders from around the state that were charged with assisting in the implementation of the FFPSA. Lead Agencies statewide were given the opportunity to identify the service needs, identify staff, and send staff to the training offered through the contracts (PCIT, MI, MST, HB). Contracts are still active with anticipated completion in June 2024.

Florida aims to improve the availability of services, specifically in rural areas, as not every bulleted service is available in every geographical area. Quality assurance reviews indicate challenges in providing well-matched foster care placements for sibling groups and older youth.

To assist in offering individualized services for all customers statewide, the Department's Office of Civil Rights developed a guide that provides a protocol and available resources for the provision of auxiliary aids and services to ensure accessibility to all programs, benefits, and services for people in need of assistance. The plan can be accessed by the public at DCF Auxiliary Aids and Service Plan.

1. **To what extent are the services in Item 29 developmentally and /or culturally appropriate (including linguistically competent)?**

   Services for children and families are delivered in all geographic areas of the state with the oversight of either Department Regions or Lead Agencies and their subcontractors (all other child welfare/foster care and related services). The Lead Agency contract fully delineates the expected service array including assessments (family functioning, behavioral health, risk, and others) and the use of individualized services.

   The nine services being implemented throughout the state through FFPSA have all been approved as well-supported through the Agency for Children and Families (ACF) which included components of cultural competency to serve diverse populations. It is the expectation of the Department that all services are delivered in this manner and that any agency delivering services to our children and families in Florida provide an array of options that meet the diverse population's needs.

   An example of this is how the resource centers in Circuits 3 and 8 identify service needs through community input and request identified local resources to deliver said services and provide the services within the community center for those who live in the community.

   In rural areas there continues to be a need to build capacity and to recruit qualified and diverse clinical team members to deliver services that will enable agencies to expand the service array. This has been a challenge in the behavioral health fields in providing in-home type clinical models that have more positive outcomes when provided in person and not through virtual delivery models.

2. **A. What are the disability and special needs characteristics of a child and families served by the state?**

   As reported in the 2022B AFCARS Reporting period (4/1/22 – 9/30/22), 14.53 percent of children in the reporting population were identified as being diagnosed with one or more disabilities. The percentages

for each diagnoses category are out of the total number of children that were in that reporting period's population.

Disability and Special Needs Characteristics of Children in Out of Home Care	
Has the child been clinically diagnosed as having a disability(ies)	**14.53%**
Mental Retardation	0.72%
Visually or Hearing Impaired	0.15%
Physically Disabled	0.25%
Emotionally Disturbed (DSM-IV)	13.38%
Other Medically Diagnosed Condition Requiring Special Care	2.65%
Source: AFCARS 2022B Reporting Period Data	

3. **B. To what extent are the services in Item 29 responsive to the disability and special needs of the children and families served?**

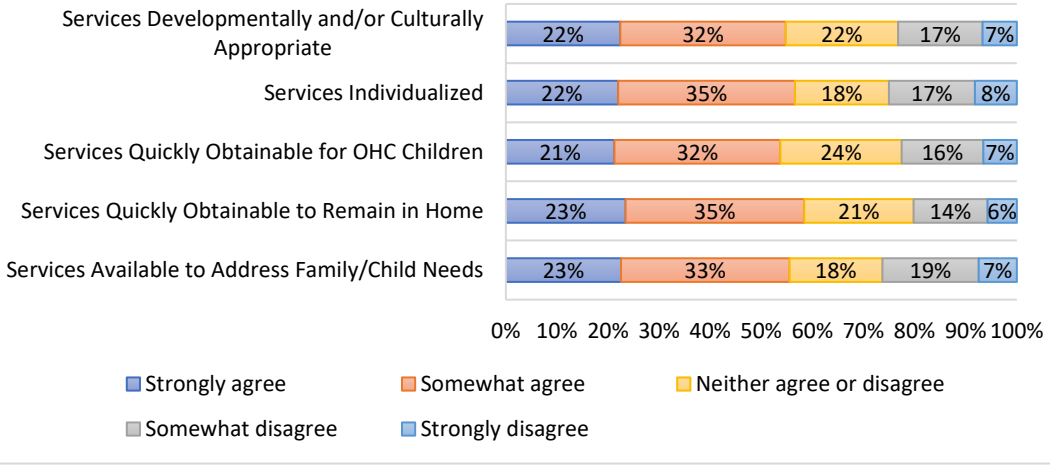
   To assist in offering individualized services for all customers, the Department's Office of Civil Rights developed a guide that provides protocols and available resources for the provision of auxiliary aids and services to ensure accessibility to all programs, benefits, and services to persons with disabilities and foreign language interpreters for persons of Limited English Proficiency. Anyone can access the guide at DCF Auxiliary Aids and Service Plan

4. **If the state services children and families using flexible funding, what types of individuals are provided through the funding?**

   Non-applicable

Stakeholder Survey Input: As illustrated in Exhibit 13, between 54 percent and 58 percent of respondents Strongly or Somewhat Agreed on the strengths of the service array and availability of services for those in the Child Welfare System. The lowest percentage (54 percent) Strongly or Somewhat Agreed that in the respondent's specific circuit or county, services were available and quickly obtainable to help children in out-of-home care and in adoptive placements achieve permanency. The largest percentage of respondents (58 percent) Strongly or Somewhat Agreed that in their specific circuit or county, services were quickly obtainable to enable children to remain safely with their parents when reasonable. The number of respondents varied by question, with 1,327 respondents for the questions on services being quickly obtainable that address the needs of families and children in order to create a safe home environment, services being quickly obtainable to enable children to remain safely in their home, and services being quickly obtainable that help children in OHC and adoptive placements achieve permanency. There were 1,670 respondents for the questions on whether services are individualized to meet the unique needs of children and families served by the agency and whether services were developmentally and/or culturally appropriate to meet the unique needs of families served by the agency.

Exhibit 13: Service Availability and Array



F. Agency Responsiveness to the Community

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSR and APSR

Analyze:

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in on-going consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

State Response:

In CFSR Round 3, Florida received an overall rating of Strength for Item 31 based on information from the statewide assessment and stakeholder interviews. Information from the statewide assessment and

collected during interviews with stakeholders showed a high level of collaboration and consultation with stakeholders in developing the CFSP. Florida has a statewide committee and other regular workgroups and summits with tribes and multiple internal and external partners to accomplish the goal of reviewing and assessing information on performance, policy, systems, and services for both the CFSR and the CFSP.

For CFSR Round 4, Florida ranks this item as a Strength based on the high degree of collaboration with stakeholders, other state agencies, community partners, youth, foster and adoptive families statewide.

Beyond the Florida governmental institutions supporting child welfare-involved families, a number of Lead Agencies contribute significantly to the coordination of case management and service delivery activities for clients. As indicated by the activities described below, Lead Agencies are an important partner in engaging, consulting, and coordinating the activities of many partners across Florida.

Examples of additional activities conducted by Lead Agencies include:

- Integrating Child Welfare and Substance Abuse and Mental Health systems of care to implement a care coordination model.
- Strategic planning meetings with partners to collaborate, plan, discuss, obtain information, and raise issues for future activities.
- Obtaining feedback and input from the community, provider organizations, the court and Department partners, including:
    - Department program staff.
    - Lead Agency staff.
    - Lead Agency Boards of Directors.
    - Community providers and stakeholders.
- Hosting community meetings with providers and the Foster and Adoptive Parent Association.
- Sharing performance data with community stakeholders.
- Distributing newsletters.
- Participating in local community initiatives.
- Several Lead Agencies have Parent Advisory Councils comprised of parents that successfully navigated the child welfare system to work with current parents that meet monthly.
- Participation in the Child and Family Well-Being Council.

In developing policies and administering programs, the Department and Lead Agencies collaborate on a regular basis with other state and local agencies, Tribal representatives, foster/kinship caregivers, foster youth, case managers, the judiciary, Office of Court Improvement, Sheriffs, researchers, child advocates, Guardians ad Litem, Department of Juvenile Justice, the Legislature, and private foundations. The Department's internal program and operations offices also collaborate across their specialties, such as mental health, substance abuse, developmental disabilities, and economic supports, to the benefit of Florida's children and families touched by the child welfare system. Collaborative activities occur in both an informal and structured format, (i.e., meetings, conference calls and impromptu technical assistance). Some collaborative efforts are formal, even required by law; others are continual, occurring daily as agency staff work to find the best means to help children and families. Examples are listed under initiatives at the beginning of this report.

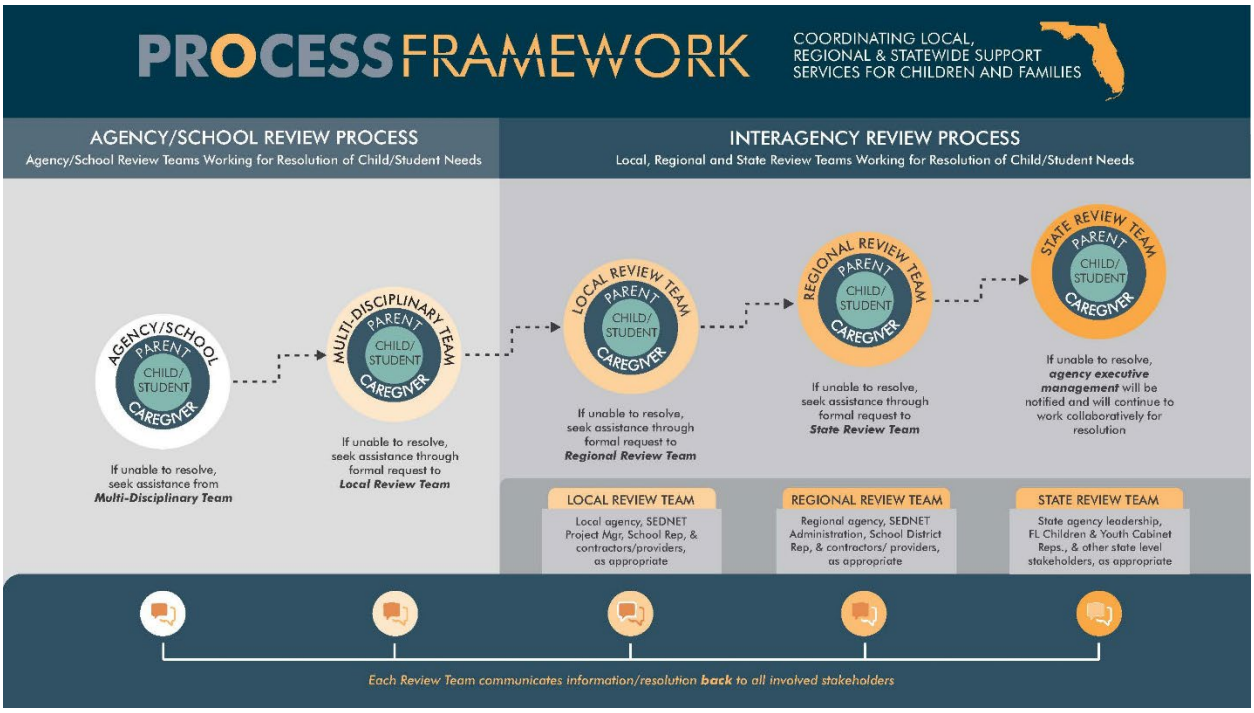
1. **How does the agency engage in on-going consultation with Tribal representatives, consumer service providers, foster care providers, the juvenile court, and other public and private child and family serving agencies?**

The planning and service delivery throughout Florida's child welfare system is continual and broad. The statewide work on the Child and Family Services Review (CFSR) with representatives of the Department (state and regional), Lead Agencies, Judicial and Legal Partners, Youth, and Sheriffs, among others, provided input on local needs during Florida's statewide assessment including their assessments of performance gaps on outcomes and systemic factors, areas where services are limited in general or for specific population groups, as well as potential strategies and initiatives. The work included both internal and external partners such as the Guardian ad Litem, Court Improvement staff, foster parents, youth, and private foundations during workgroups and during meetings, such as the monthly Child and Family Well-Being Council meetings. Several of the council members participated in focus groups for the drafting of this statewide assessment. Further, monthly updates on the statewide assessment work, needs, and drafting of the survey were shared and input solicited.

The Department, Community Based Care Lead Agencies and various educational partners, (the Department of Education, local school boards, post-secondary institutions), foster parents, and caregivers continue to work together toward common goals for educating children, youth, and young adults. With recent legislation for the Multidisciplinary Team meetings, the identified individuals above all participate to make/be involved in important decisions regarding a family, including consideration for the educational needs of the child.

Collaboration among public and private agencies has increased significantly in recent years at the state and local levels. An Interagency Agreement to Coordinate Services for Children Served by More than One Agency provides support and infrastructure to help resolve challenging cases across the state. The Review Teams serve to ensure that difficult cases involving multiple agencies are quickly escalated to the region or state level if additional assistance is needed to assist in resolution.[37]

[37] Interagency Agreements, Process and Training Information, and resources for each participating agency. Knowledge and Information Distribution Site (KIDS), Office of Child Welfare - Florida Department of Children and Families (myflfamilies.com)



Examples of collaboration efforts include monthly collaboration convenings of each dually served "Champion" identified by the Department, Lead Agency, and Department of Juvenile Justice; quarterly convenings with all the agencies included on the Interagency Agreement (Department of Health, Department of Education, Juvenile Justice, Department of Children and Families. Agency for Health Care Administration, Agency for Persons with Disabilities, Guardian ad Litem); and quarterly joint cross agency trainings for continual learning and capacity building. There are also frequent collaborative meetings between the Department of Health, Prevent Child Abuse Florida, Healthy Families Florida, and the Governor's Office of Adoption and Child Protection to ensure consistent prevention messaging is occurring across programs.

The Florida Legislature passed Chapter 2022-67, Laws of Florida, creating section 39.0143, Florida Statutes, during the 2022 Legislative Session. This requires the Florida Department of Children and Families (DCF) and the Florida Department of Juvenile Justice (DJJ) to collaborate on shared strategies to best serve children involved in both systems of care, often referred to as dually involved children. Critical partnerships and key linkages within systems have proven successful within the state. Legislatures recognize the importance of this collaboration to address comprehensive services needs of crossover and dually involved youth. The Department and the Department of Juvenile Justice (DJJ) are working "collaboratively to identify youth involved in both systems. The purpose is to take appropriate action to ensure the dually served youth are better served utilizing an efficacious and collaborative approach to comprehensively deliver services." The change also requires that the Department involve representatives from DJJ in any multidisciplinary team staffing that involves a dually involved youth and

that the Department and DJJ jointly report specific statistical data on a quarterly basis. [38] The quarterly reports are posted to the Department's website.[39]

Florida continues to work in collaboration with federally recognized tribes, by maintaining and encouraging on-going contact, support, staff interaction, and opportunities for the tribes to participate in statewide initiatives and training. The Department has identified a main state liaison (point of contact) for all tribes. Communication and outreach for engagement is handled by the statewide liaison. All three tribes continue to receive invites and scholarships to participate in the annual statewide Florida Children & Families Summit. The summit is the largest child welfare training event in Florida.

The Department communicates with points of contact for all three tribes and has invited them to participate in the joint planning meetings, specifically as it relates to substance abuse and mental health initiatives, among others. In addition, the Department completes joint training sessions with the tribes regarding Indian Child Welfare Act (ICWA) implementation. The Department's statewide liaison, along with the special project's administrator of the Seminole Tribal Court, convenes regularly scheduled conference calls every two months to discuss training needs, data needs, plans to identify statewide compliance, and reviews of complex cases from a statewide perspective. There is broad participation during the bi-monthly conference calls including Department regional staff, Dependency Court Improvement Panel members, the Department's Office of General Counsel, Children's Legal Services, Sheriff's Offices conducting child protective investigations, and Seminole Tribe Liaisons. This same opportunity has been extended to the other tribes, but at this time no regularly scheduled conference calls have been established.

The Department and the Seminole Tribe's Advocacy Program leadership continues to work diligently to finalize the pending statewide Memorandum of Agreement. The Department and Community Based Care lead agencies continue to work in collaboration with the Seminole Tribes Advocacy Program to address child abuse and neglect investigations along with on-going case management functions for tribal families. Florida's courts hear dependency court cases quarterly resulting from investigations conducted by the Department or its contracted agencies on the Seminole Tribe of Florida (STOF) reservation in Hollywood. The progress and outcome of the cases being heard on the reservation is positive and resulted in having all future ICWA cases heard on an on-going basis.

Stakeholders are invited and encouraged (via email, meetings) to participate in the Annual Planning meeting with the Children's Bureau. Participants at the June 2, 2023, meeting illustrated Florida's commitment to broad stakeholder engagement. They included representatives from the Seminole Tribe, Foster and Adoptive Parent Association, Youth, and community partners such as the Guardian ad Litem Program, Community-Based Care Lead Agencies, and other partner providers through the Florida Coalition for Children.

The Dependency Court Improvement Program and the Department of Children and Families have been meeting on a monthly basis for the last three years. The primary focus of the meetings has been to exchange information and solicit feedback and input on issues and initiatives. Generally, the agenda

[38] https://www.djj.state.fl.us/content/download/400494/file/PCI-22-005_Final_Signed.pdf
[39] Legislatively Mandated Reports | Florida DCF (myflfamilies.com)

includes Updates/Accomplishments from each participating agency, announcements, legislative Updates/Accomplishments, upcoming policy changes/directives, and information related to the federal Child and Family Services Review/Program Improvement Plans.

The Dependency Court Improvement Program is also working with the Department and other agencies around crossover youth, trauma, education, and well-being, repeat maltreatment, and measuring the effectiveness of interagency teams in addressing the needs of individual complex cases.

The Department works closely with the Agency for Children and Families to administer the Family Violence Prevention and Services Act Program (FVPSA) from the Office of Domestic Violence. This coordination assists in providing a robust array of services for victims of domestic violence through the provision of technical assistance and guidance.

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

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

- Florida Guardian ad Litem Program (GAL) has continued to have a close working relationship at the state and local level with the Office of Child and Family Well-Being and Children's Legal Services.

- Tribal organizations, Seminole and Miccosukee tribes, have continued to work in concert with the Office of Child and Family Well-Being and the Regions. For example, in Broward County the Lead Agency, ChildNet, has established a specialized unit to work with the tribes.

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

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

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

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

- Florida's Office of Early Learning/Early Learning Coalitions coordinates the provision of early education to at-risk children.

- Managing Entities - The Department contracts for behavioral health services through regional systems of care called Managing Entities (MEs). Managing Entities are local, not for profit

organizations overseeing state and federal behavioral health systems of care in Florida's safety net population.

- Florida Partnership to End Domestic Violence (FPEDV) is Florida's newly federally recognized Domestic Violence Coalition. The coalition is committed to upholding the highest ethical standards for fiscal accountability and program effectiveness serving women, men and children who are survivors of domestic violence in every Florida County.

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

- Social Security Administration (SSA). The Department and the Lead Agencies coordinate with the SSA regarding benefits for a child under the placement and care of the Department.

- Housing Continuums of Care (COCs). The Department works closely to coordinate housing needs and resources at the community level to support families.

- Agency for the Persons with Disabilities (APD) is a key partner in ensuring persons identified with needs are connected timely to the supports and services administered by this agency. Joint training efforts are underway with APD as well regarding human trafficking identification and supports to this vulnerable population.

For more detail on Florida's collaboration with stakeholder groups see Chapter 1 of Florida's 2024 APSR where the Department outlines its partners, stakeholders, and the lived experience groups it continues to work with and engage in child welfare activities and meetings. The Department engages and consults with all collaborative partners. Planning, brainstorming, and sharing of information occurs year-round. Chapter 1 also provides an overview of the different councils that the Department works with and has established to capture stakeholder feedback, consultation, and suggestions.

2. How does the state identify and engage with communities that have been historically underserved?

Florida is a populous state with a unique geography that requires the Department to partner closely with a range of stakeholders and service providers to best meet the diverse, individual needs of children and families. A sample of these providers include those who are certified domestic violence centers, including specific providers who offer a linguistic and cultural program for underserved migrant families; the Department of Health; Lead Agencies in each of 20 circuits throughout the state; service providers who target migrant farmworker populations, especially in two specific rural Northeast and Southwest Florida counties, as well as service providers who serve residents whose native language is not English; behavioral health providers; and faith-based organizations,

The Statewide Human Trafficking Prevention Director and three Regional Human Trafficking Coordinators focus on statewide policy implementation and provide technical assistance to child protective investigators and case managers, community organizations, local law enforcement and local coalitions and task forces, which include community organizations, advocates, service providers,

philanthropists, law enforcement, and other partners. The Human Trafficking team gathers the input from community partners and presents the findings at the Services and Resources Committee of the Statewide Council on Human Trafficking quarterly. These discussions lead to policy recommendations, implementing new trainings, inviting newly identified partners, and organizing work groups for further exploration of areas of concerns. The team is working closely with the Office of Homelessness, Domestic Violence, Florida Department of Health, and Agency for Persons with Disabilities on identifying the needs of underserved populations and developing collaborative responses.

They also partner with local coalitions and school districts to develop awareness materials (posters, fliers, etc.) to be distributed to help inform the public of the hotline numbers for assistance to human trafficking victims and potential signs to recognize trafficking.

Collaborative work to engage partners continues throughout the planning, development and implementation of initiatives focused on child victims of commercial sexual exploitation.

Florida's leadership is dedicated to anti-trafficking as demonstrated through the leadership involved in the Statewide Council on Human Trafficking. The Council is sponsored by the Lt. Governor, the Attorney General is the chair and the Department's Secretary is vice-chair of the Statewide Council on Human Trafficking and chairs the Council's Services & Resources Committee. The Services & Resources Committee includes the Department of Health, Department of Juvenile Justice, and the Agency for Health Care Administration. One of the goals of the Services & Resources Committee is to identify how to increase education, awareness, and reporting on human trafficking for the general public. This committee has led efforts to increase funding for services for identified survivors and initiated current work to certify adult safe houses in Florida. The work was spearheaded by this committee and became law during the 2023 session.

Local community and regional task forces exist across the state. These groups are focused on educating the public as well as instructing how they might report incidents of potential trafficking. These task forces include members from law enforcement, the Department, Juvenile Justice, Department of Health, Child Protection, the legal community, and stakeholders with expertise in human trafficking. They are extremely effective in ensuing collaboration across agencies and provider networks, increasing outreach and prevention efforts, and connecting survivors to available resources.

3. What gaps exist in consultation?

a. To what extent are there other groups or entities with which the state consults that are not represented here?

Florida is committed to the inclusion of all stakeholder input and makes concerted efforts to provide opportunities for consultation and collaboration with all groups/entities related to child welfare. The Department has made significant and robust efforts to reach a wide array of stakeholders and partners who are well represented throughout. This engagement is evident through focus groups, parent engagement groups, youth groups and councils, foster parent networks, collaboration with community-based care lead agencies, substance abuse and mental health providers, FFPSA Steering and Implementation Committees, Behavioral Health committees and integrated, interagency collaboration,

community engagement within local areas, circuits and regions, and community Alliances and Children's Councils.

b. What is the impact on potential gaps in knowledge needed for a comprehensive CFSP?

The Department does not feel there are significant gaps in knowledge to provide a comprehensive CFSP due to the focused efforts that have been placed within our local and statewide areas to engage and receive input. As with any large state, there are opportunities to glean more robust information to be better informed and have stronger representation such as from our tribal communities and our survivors in certain areas such as human trafficking and proactively attempts to engage the input of these groups.

c. What are the barriers or challenges, if any, to engaging with particular stakeholder groups?

The availability of some groups who are already committed to multiple projects across agencies or stakeholders can be challenging, such as engagement with human trafficking survivors. Ensuring the engagement is focused, meaningful and purposeful is critical in ensuring no further unintentional system trauma is caused. The Department continues to engage the tribal communities and seeks to obtain a deeper understanding of how we can support any efforts within their communities through the CFSP.

4. **With which stakeholder groups did the agency consult? Did the stakeholder groups include all appropriate offices and agencies within the state agency, a wide array of state, local, Tribal, and community-based agencies, and organizations, across the state, and parents including birth, adoptive, and foster parents; families with member with a disability; children both in and outside the child welfare system; and service users from diverse groups?**

Yes - see state's response to this item above and in Items 29, 30, and 32.

- **What was the agency's process for understanding and documenting the major concerns and/or interests of these representatives?**

Some examples of processes the Department developed to understand, document and address concerns from representatives are:

1. Prevention Planning and Implementation: A committee was created to guide the planning and implementation of the prevention framework of FFPSA and other broader prevention planning in Florida. The team collected all feedback, held focus groups, and created workgroups to receive recommendations to guide decisions that were made.
2. DCF created a policy tracker to receive feedback on any policy changes or new policy being developed from key stakeholder groups prior to finalization and allow workshops for discussion and feedback.
3. Child and Family Well-Being Council created a platform to workshop and discuss concerns and areas of interest and uses subcommittees to work on specific items.
4. Maltreatment Index Project: Use of focus groups made up of cross-sectional stakeholders to include birth parents, relative caregivers, child welfare professionals, law enforcement

personnel, and educators. Concerns and potential solutions were captured for review and use in future planning efforts/projects.

- **What evidence does the state have to show that it addresses the major concerns to these representatives in the goals, objectives, and annual updates to the CFSP?**

  See stakeholder survey input within this Item (below) that addresses this.

- **What were representatives' perceptions of how the agency addressed their concerns (i.e., were their concerns heard? Could they see their concerns and recommendations reflected in the agency's CFSR/APSR or program improvement efforts?) and how often the agency engaged with them.**

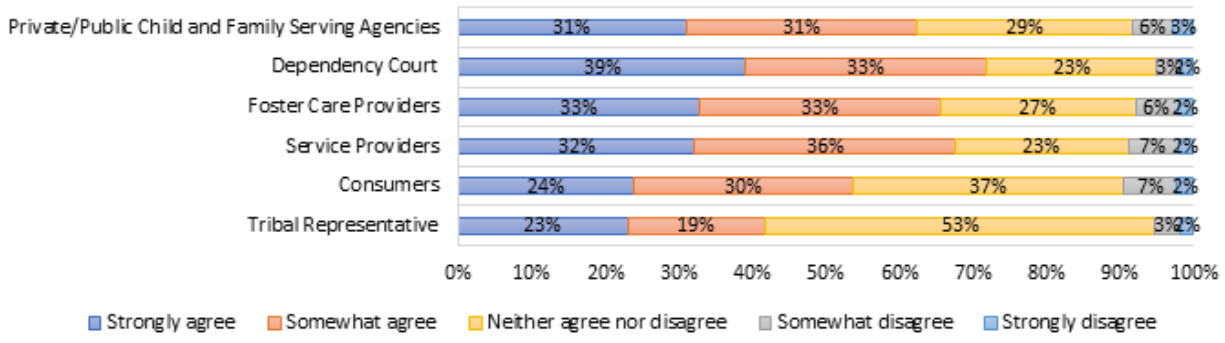
  See stakeholder survey input within this Item (below) that addresses this.

Stakeholder Survey Input: Florida's Child Welfare System of Care includes representation, engagement, and integration of voices of those with a vested interest in the child welfare system. This includes families, youth, and other partners such as legal and judicial communities, Tribes, Child Protective Investigators (CPIs), Case Managers (CMs), supervisors, and representatives from other federal programs.

The first question asked assessed how well Florida's Child Welfare System of Care engages in on-going consultation with various members of the community, as illustrated in Exhibit 14. Those that responded to these questions were frontline staff, CQI staff, leadership, parents, youth, and caregivers, judicial system staff, and community partners. The largest percentage of respondents (72 percent) strongly or somewhat agreed that the dependency court had continuous consultation from the Child Welfare System of Care. The smallest percentage (42 percent) strongly or somewhat agreed that tribal representatives were consulted on an on-going basis. When asked whether the Child Welfare System of Care in the respondent's circuit or county ensured that agency services were coordinated with the services or benefits of other federal or federally assisted programs, such as the Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC), Child Care Subsidy, and Housing Assistance, 63 percent strongly or somewhat agreed.

Exhibit 14: Community Ongoing Consulation

N=1,210



Item 32: Coordination of CFSP Services with Other Federal Program

Analyze:

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

State Response:

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for this item based on information from the statewide assessment and stakeholder interviews. Information from the statewide assessment and interviews with stakeholders showed that although Florida has coalitions with some federal or federally assisted programs serving the same population, there is no evidence of coordination of CFSP services with key public agencies such as TANF, Child Care, Department of Labor, and HUD. Stakeholders expressed concerns with navigating through the Medicaid process and with a change to Florida Medicaid that had resulted in limited access to primary care physicians.

For CFSR Round 4, Florida rates this item as a Strength based on the strong and extensive networks of collaboration at the federal, state, and local level. Many of the relationships are common to all areas. For example, Temporary Assistance for Needy Families, Medicaid, Child Care, Head Start, the Supplemental Nutrition Assistance Program, Housing and Urban Development programs, Social Security Administration, the Office of Juvenile Justice and Delinquency Prevention, quality improvement centers, federal demonstration grants, community-based child abuse prevention programs, local law enforcement agencies connected to child protective investigation activities (until 8/2023), local school boards who partner to ensure educational access and success, and local circuit and other courts work with Department, Lead Agencies, and Children's Legal Services staff.

This level of collaboration ensures coordination of services and system improvement efforts across the multiple agencies serving the same population of children and families. In addition to the formalized meetings, Child Welfare entities work closely with the Department of Juvenile Justice, Agency for Persons with Disabilities, and the Agency for Health Care Administration to ensure coordination of services. Within the Department of Children and Families, the Office of Child and Family Well-Being coordinates with the divisions of Substance Abuse and Mental Health and Economic Self Sufficiency as these programs serve many of the same clients. The Department has been working to develop a unified client identifier to better coordinate information systems across departments. This effort is described in greater detail in the state's Advanced Planning Document and the accompanying Data Quality Plan.

In addition, the Department has dedicated team members who work within each Circuit of the state to coordinator, collaborate, and continually build strong relationships to enhance the continuum of care in their areas. These Circuit Community Development Administrators engage and ensure strong collaborations exist with other federally or state funded agencies to ensure there is consistent identification and coordination of available supports from all agencies.

Other partnering entities include:

- WorkSource and Career Source Boards to connect to vocational supports and opportunities for families served.
- Local military bases and the family advocacy program divisions to ensure families in our military are connected to services available.
- Housing Continuums of Care (COCs) and HUD to connect families to all housing supports available. This includes any housing grants the county may have received as well through federal agencies.
- Early Learning Coalitions, Head Start and Early Start programs are key partners in prevention work and engagement work throughout on-going services provisions.

The Department's Offices of Economic Self Sufficiency (ESS) and Substance Abuse and Mental Health (SAMH) are consistently involved in all areas of the system of care. One example is engagement with Hope Florida connected to our CPI and on-going services teams for referrals, connected to Domestic Violence Centers, and expansion of Hope Navigation to our Department of Juvenile Justice partners, who we work in coordination with daily to identify families who may need this connection and support. SAMH is a critical partner as well and there are multiple ways we coordinate, such as through providing child care coordination for high utilizers of crisis services such as Baker Acts. The teams coordinate staffings for each child identified to ensure the child and families receive the level of care needed.

1. **What federal or federally assisted programs serving the same population does the state partner with to provide services, and services are provided?**

Florida continues to proactively seek ways to enhance this strength. The Department coordinates services and benefits of other federal or federally assisted programs serving the same population in a variety of ways, including using formalized agreements (MOU's or MOA's) with a variety of entities, participating in various statewide councils, committees, and advisory boards, conducting regular collaborative meetings with stakeholders, and facilitating formal and informal engagement of stakeholders. Examples include but are not limited to Temporary Assistance for Needy Families, Medicaid, Child Care, Head Start, the Supplemental Nutrition Assistance Program, Housing and Urban Development programs, Social Security, Office of Juvenile Justice and Delinquency Prevention, quality improvement centers, federal demonstration grants, and community-based child abuse prevention programs.

The Health Care Oversight and Coordination Plan is one example of coordination of services and benefits for child welfare between the Agency for Health Care Administration, the Department, and Sunshine Health's Child Welfare Specialty Plan. The Sunshine Health Child Welfare Specialty Plan provides specialized health care and behavioral health services to children and youth in the child welfare system. Other examples of the Department and Lead Agency responsiveness to the community are detailed in Florida's 2024 APSR.

The Department works with the Department of Health (DOH) regarding services and various health issues for children involved with child welfare. The Children's Medical Services (CMS) Program in the Department of Health is a significant partner across the state. CMS develops, maintains, and coordinates the services of multidisciplinary child protection teams (CPT) throughout Florida. The teams provide specialized diagnostic assessment, evaluation, coordination, consultation, and other supportive services. In addition, there is strong coordination with DOH regarding anti-trafficking initiatives such as joint training efforts, violence reduction activities and outreach, and efforts to improve identification of victims to ensure connection to services.

The Department participates in several workgroups and committees within the Department of Education, including the State Secondary Transition Interagency Committee for students with disabilities and the Project AWARE State Management Team for student mental health services. Additionally, the Department collaborates with the Bureau of Exceptional Education and Student Services to host quarterly conference calls with the School District Foster Care Liaisons throughout the state. The Department has a cross-agency collaboration through the Human Trafficking Services and Resources Committee as well as through the State Health Improvement Plan (SHIP) to improve outreach, training, identification, and services to support anti-trafficking efforts in Florida.

The Department and the Division of Early Learning (DEL), within the Department of Education, has in place an Interagency Agreement to coordinate the administration of state programs, the transfer of funds, licensing and training functions and other purposes. DEL is the state Lead Agency, for the Child Care and Development Block Grant and for oversight and administration of the School Readiness program. The Department is responsible for the administration of the Temporary Assistance for Needy Families (TANF) Block Grant Funds that are provided by the federal government pursuant to Title 42 U.S.C. ss. 601-617 and for ensuring healthy and safe environments for children in childcare settings. The Department is the lead agency responsible for administering the Social Services Block Grant pursuant to Title 42 U.S.C. ss. 1397. TANF and SSBG funding is transferred to DEL from the Department for direct and indirect costs to support childcare services for families referred to local Early Learning Coalitions for childcare assistance help. And DEL transfers to the Department CCDF funding to support coordination of licensing and training functions as it relates to employees of childcare and childcare facilities statewide.

The Office of Child and Family Well-Being and regional liaisons engaged in different collaborative efforts with stakeholders and partners to establish a foundation for annual legislative reporting requirements. Stakeholders and partners included, but were not limited to, staff from other divisions within the Department, Lead Agency providers, local sheriff liaisons, members of the FCC who provide leadership for multiple strategic initiatives and workgroups, youth from Florida Youth SHINE, parents, relative caregivers, Florida foster parents, members of the Quality Parenting Initiative, Guardian Ad Litem, and the Dependency Court Improvement Program.

Region liaisons collaborate with various stakeholders and partners to implement the CFSP and provide updates with input from across the local child welfare spectrum that included federally assisted programs throughout the State of Florida. The planning, reviewing, and drafting of the APSR began in mid-January. Each Region worked with their local staff, including child welfare professionals, community partners, stakeholders, and those with lived experience to provide an update on areas of strength and needs, review if changes or modification of goals were needed, and to share the great

work occurring to support goals identified. The updating of the APSR is shared throughout the child welfare community, through various councils. The involvement of organizations as outlined above in the Department's planning and other activities is described within the APSR.

Title V, Section 503, Infant Plan of Safe Care, P.L. 114-198, Comprehensive Addiction and Recovery Act of 2016 (CARA) went into effect on July 22, 2016. This federal legislation made several changes to the Child Abuse Prevention and Treatment Act (CAPTA). Implementing the changes required the creation of a Florida team of cross-system partners.

Florida's multidisciplinary and multi-agency teams continue to work on the following long-term goals over the 2020-2024 plan period:

- Maintain a statewide leadership group to coordinate the multiple systems involved.
- Develop best practices for implementation of the CAPTA/CARA requirements to address the needs of infants born with and identified as being affected by substance use or withdrawal symptoms resulting from prenatal drug exposure, or Fetal Alcohol Spectrum (FAS).
- Determine and implement best practices for the completion of a Plan of Safe Care and determine under what circumstances specific agencies would have the responsibility to develop and monitor the plan.
- Strengthen the behavioral health providers' ability to work effectively with pregnant women. Improve the amount and quality of screenings for substance use during pregnancy.

Included on the statewide leadership group are the OCFW and the Department's Substance Abuse and Mental Health Program Office (SAMH), DOH, AHCA, Healthy Families, Healthy Start, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Florida Hospital Association, Early Steps, behavioral health care providers and associations, and the University of Florida (UF).

Also, Florida works closely with partners to coordinate services to ensure that any systemic issues are resolved or minimized. Florida's Department of Revenue, Child Support Program has been a partner with the Department for many years to develop and align practices in support of children involved in the child welfare system. One such joint initiative underway involves paternity establishment and securing amended birth certificates for children known to both Child Welfare and Child Support Programs from the Department of Health, Bureau of Vital Statistics free of charge. The children's birth certificates are amended when paternity is established.

The Department works closely with the U.S. Department of Justice, Office on Violence Against Women, regarding Domestic Violence administration of grants such as the STOP (Services, Training, Officers and Prosecutors) to provide technical assistance and program enhancement opportunities to the state. The Office of Domestic Violence has strong coordination across the courts, law enforcement, domestic violence centers, and other stakeholders, to build a robust response to domestic violence.

2. How does the state ensure that services under the CFSP are coordinated with services and benefits of other federal or federally assisted programs that service the same population?

The Department is composed of four (4) program offices that provide a variety of services to individuals, families, and children. These program offices are the Office of Child and Family Well Being, Office of Substance Abuse and Mental Health, Office of Economic Self-Sufficiency, and the Quality and Innovation Office. Each of these program areas meets the critical needs of the populations it serves and often attends to families with multiple complex needs. With mutually served customers and the understanding that addressing their comprehensive needs results in improved and sustained outcomes, the Department recognizes the importance of systems integration as a core competency. To improve the communication and engagement between program offices and to enhance partnerships with state and local stakeholders, the Department developed a care navigation model. The Department's use of care navigators occurs through the Hope Florida - A Pathway to Prosperity initiative and collaborations statewide across agencies and organizations, as well as local social service providers to provide services and supports to children and families as quickly as possible when a need is identified and assessed. The goal of care navigation and the Hope Florida initiative is to stabilize households and families by coordinating with federal, state, and local programs for assistance before the family needs more intensive supports and services.

The Florida Interagency Coordinating Council for Infants and Toddlers (FICCIT) is authorized and required by Part C of the Individuals with Disabilities Education Act (IDEA) as amended by Public Law 105-17 to assist public and private agencies in implementing a statewide system of coordinated, comprehensive, multidisciplinary, interagency programs providing appropriate early intervention services to infants and toddlers with disabilities and risk conditions and their families, such as Early Steps Early Steps | Florida Department of Health (floridahealth.gov). The Department of Health is the Lead Agency for this council, as well. Representatives from the Department are members and active participants.

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

The Interstate Compact on the Placement of Children (ICPC) office collaborates with partners, other states, and stakeholders. The use of lead ICPC liaisons within individual Lead Agencies allows a single point of contact for both the Lead Agency and the ICPC office, which streamlines communication and increases the efficiency of the ICPC process. The office collaborates with the regions through monthly conference calls, quarterly face-to-face meetings, through the use of the National Electronic Interstate Compact Enterprise (NEICE), and through daily emails.

B. What evidence does the state have that the services are coordinated?

The Department ensures services are coordinated across programs, agencies, and providers by first prioritizing coordination of programs as a requirement in the work we do and the processes we build into the way we do business.

One example is through the use of Multi-Disciplinary teaming models, which are a priority of the Department and the Legislature and is a way that coordination across departments and agencies is demonstrated. Each program office as well as our sister agencies are active members on these teams and data is collected for consistency and efficacy of these models. For example, Local Review Teams (LRT) are led by Department team members who are responsible for ensuring representation is active and elevating concerns if there are gaps in participation. Data is collected monthly for these teams to include who was in attendance and the action item status for the families.

Additional examples:

Children who are dually served by the Department and the Department of Juvenile Justice require a coordinated response and the state is required to provide quarterly reports and create and implement an action plan that is tracked for updates by executive leadership and the Legislature. The Departments have developed specialized team members to work with dually served youth on probation to ensure consistent and focused interventions are provided to these children. These specialists are mandated to participate on the Department's Multi-Disciplinary Team staffings that are required by statute throughout the life of a child's experience in out of home care (at any critical juncture, placement move, etc., as outlined in Senate Bill 80).

Children who are identified as high risk in the behavioral health system of care based on repeat entry into crisis units, are provided a behavioral health child-care coordinator to ensure the child and family are receiving wrap around services to prevent further crisis by providing the appropriate level of care to meet the child's needs. These services often include connecting families immediately to CAT teams, therapeutic levels of care when recommended, respite care, or other intensive in-home models that are being implemented (such as Multi-Systemic Therapy; Family Functional Therapy; Brief Strategic Family Therapy; Family Intervention Teams; etc.). These data components are tracked to ensure coordination across all agencies and programs involved.

C. To what extent does the state experience challenges, i.e., geographic, economic or others, in trying to coordinate services across systems?

The Department faces challenges similar to those previously expressed across the system of care such as ensuring consistent services availability in rural areas of the state; developing a robust evidence-based services network due to the extensive costs to stand up and sustain these programs to fidelity, particularly within rural areas; ensuring staffing levels are adequate to support service delivery to meet the identified needs; and ensuring processes and protocols are sustained through staffing changes and funding shifts. Coordination of services takes consistent focus, meaningful attention, and constant relationship building to be successful. While there remain opportunities, the Department's Moments of Impact Plan prioritizes integration and accountability as well as a culture of "we", which are weaved into all we do across programs.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: Standards Applied Equally

Analyze:

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

State Response:

In CFSR Round 3, Florida received an overall rating of Strength for this item on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and from stakeholder interviews indicated that Florida's foster and adoptive parent licensing, recruitment, and retention system standards are applied equally across the state. The statewide assessment indicated that Florida uses a Unified Home Study for purposes of approving and licensing caregiver homes. The Lead Agencies and child placing agencies complete the training and unified home study in their areas, and state licensing specialists monitor the licensing process quarterly. Stakeholders confirmed consistent compliance with the licensing standard across the state.

For CFSR Round 4, Florida rates this time as a Strength based on the on-going partnership with Child Placing Agencies (CPA) and Child-Caring Agencies (CCA) to ensure foster homes and group homes provide children, who require temporary placement, with care and supervision that is consistent with the level of care identified to meet each individual child's needs. Applying core licensing standards within each level of foster home licensure and setting types for child caring agencies, allows for children to reside in a safe and nurturing environment.

1. **What are the state's standards that are applied to all licensed or approved foster family homes or childcare institutions receiving title IV-B or IV-E funds?**

The Department's licensing standards are comprised of general licensing standards in addition to specific licensing standards for each level of licensure for foster homes and setting types for child caring agencies that support the care and supervision of the population served. The Department hosted roundtable meetings from October 2022 through January 2023 with stakeholders such as foster parents, child-caring agencies, child-placing agencies, youth with lived experience, and licensing specialists, to review the licensing standards outlined in the Department's policies.

The policies are governed by state statutes and Florida Administrative Code (F.A.C) and although child welfare licensing is privatized into Community Based Care Lead Agencies (lead agencies), the Department is the licensing authority who oversees the process in each region. In addition, the Department employs Statewide Licensing and Regulation Specialists to provide guidance to the regional offices.

Foster home licensing including CCA, and CPA, are governed by s. 409.175, F.S., and Chapters 65C-15, 65C-45, and 65C-46, F.A.C., respectively. Chapter 65C-30, F.A.C., outlines the definition for licensed

settings. Each F.A.C. provides a uniformed licensing standard that is applied statewide. The foster home licensing requirements are in line with National Model Foster Family Home Licensing Standards[40] and child caring agencies are aligned with Family First Prevention Services Act (FFPSA)[41], to include adequate background screenings for all caregivers, staff, and household members, documentation of demographics and documentation of tasks such as training.

Individuals interested in opening their home to provide care to children may contact the lead agency directly or the Department. Florida's Foster Information Center (FFIC) is an additional resource that is available to the public to contact when inquiring to become a foster parent. Providers seeking to be licensed as a child caring agency may contact the Department or the lead agency to inquire about the licensing process. The Department or lead agency follows up with the requestor to share details and requirements of the licensing process.

2. How do the state's standards vary by caregiver type (e.g., foster parent vs. adoptive parent vs. licensed kinship provider) or institution type (e.g., group home vs. other types of childcare institutions, including private child placement agencies)?

Foster Home

The lead agencies are responsible for the recruitment and maintenance of licensed foster home providers and the placement of children. The Department is responsible for licensing the lead agency as a CPA and issuing all foster home licenses. The lead agencies and other licensed CPAs are responsible for conducting home studies, assessments of the family to include background screenings, and compiling documentation of the family's compliance with Florida's standards for initial licensing and relicensing. Licensing staff throughout the state conduct interviews, inspect homes, and document their assessments in Florida's standardized Unified Home Study (UHS). The CPAs submit the UHS and other documentation to the Department's regional licensing offices with a recommendation for licensure, re-licensure, denial, closure, or revocation.

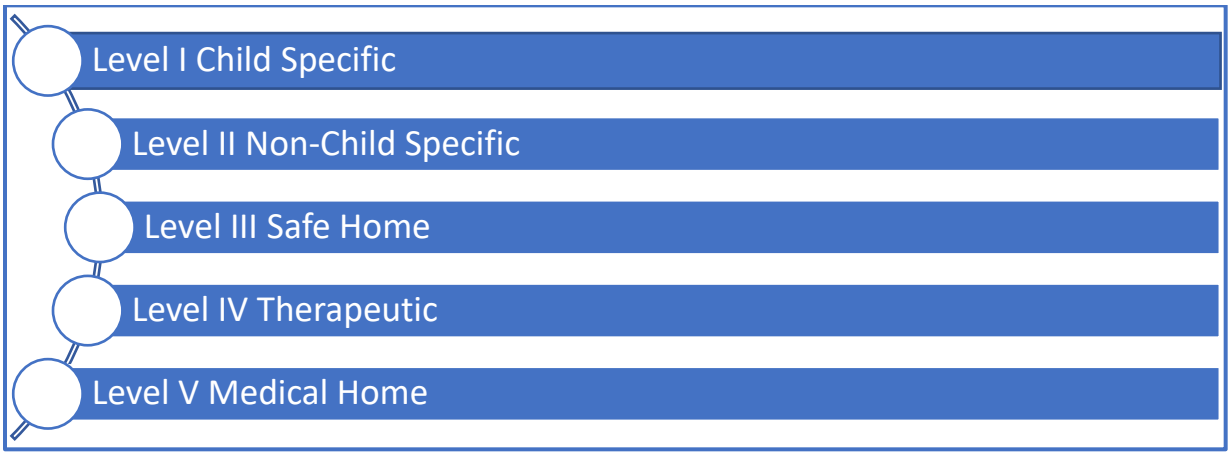
Florida uses an Attestation Model that allows individual lead agencies who have demonstrated a licensing accuracy rate of 90 percent or more to enter into a memorandum of agreement with the Department's regional offices. The lead agencies attest that all licensing and relicensing files comply with state law and code. At minimum, annually as a part of the agency's re-licensure, the Department conducts a complete file review of foster homes. Some of the reviews transpire during each quarter, with an annual summary reflecting the overall outcome of the reviews.

The UHS guides the assessment of the foster or adoptive home and must be approved before any child is placed in a home. The UHS becomes a part of the Comprehensive Child Welfare Information System (CCWIS) electronic record of each provider. In CCWIS, the UHS may be reviewed by placement personnel which can be helpful in placement matching decisions. Relative and non-relative caregivers are offered an opportunity to become licensed as a Level I foster home.

[40] *Children's Bureau. (2019).* National Model Foster Family Home Licensing Standards. *U.S. Department of Health and Human Services, Administration for Children and Families.*
[41] *Children's Bureau. (2018). Public Law 115-123, the Family First Prevention Services Act: Implementation of Title IV-E Plan Requirements. U.S. Department of Health and Human Services, Administration for Children and Families.*

Previously, the Department licensed foster homes under three categories: Traditional Foster Homes, Therapeutic Foster Homes, and Medical Foster Homes. In 2019, the Department implemented an additional licensure level for relatives, fictive kin, and non-relatives. In addition, the Department grouped foster homes by levels of licensure according to the characteristics of children served as depicted in Table below.

Foster Home Levels of Licensure



Under level I licensure, the child or children are placed with a relative or non-relative with an approved placement home study, followed by an assessment of the caregiver and home through the completion of the licensure process. All efforts are made to license the family within 60 business days of the caregiver's expressed interest in becoming a foster parent. During the home study assessment, the licensing specialist must identify, what, if any non-safety requirements may need to be waived for the specific home of the family. Attempts must be made to remedy any requirement the family is not able to meet. If the family is unable to meet one of the requirements identified in Chapter 65C-45, F.A.C. , and the agency is unable to assist, a waiver of the requirement may be submitted to the Department's Office of Licensing for review and approval. When requesting a waiver, a justification for why the requirement cannot be met must be included. The lead agency is responsible for assessing each home annually, to include any changes in the household to determine if a new waiver is required, with final approval from the Department. In addition, the licensing agency must assess the home through observations and engagement with the foster parent to ensure the waivable items are applied and safety is not of concern. All waivers are captured in CCWIS. The waiving of licensing requirements is only applicable to Level I foster homes. All other levels of licensure must meet the requirements outlined in

Chapter 65C-45, F.A.C. Waivable items are outlined in Chapter 65C-45.005, F.A.C. . Examples of waivable items consist of the following:

- Home inspection completed by the Department of Health or Department.
- Evacuation and disaster preparedness plan.
- Requirement to place children in a licensed early education or child-care program.
- A working telephone in the home.
- Children must have their own bed.
- Waterproof mattress covers.
- A first aid kit and a fire extinguisher.

Level II foster homes accept children who have no relationship with the foster parent and do not meet the criteria for placement in Levels I, III, IV, and V. Level III foster homes serve children who are victims of human trafficking. Foster parents complete specialized training in human trafficking to guide the child in their recovery and assist them with integrating back into the community. Level IV foster homes provide care to children who exhibit serious emotional behaviors or disturbances. Foster parents providing care for this population are required to receive additional training on mental health and are required to become Medicaid providers. Level V foster homes serve children with medically complex needs. Treatment is provided by the foster parent who completed training through the Department of Health.

In 2021, the Department expanded the Level II non-child specific standards to develop a specialized setting known as Enhanced Level II Foster Homes, that focuses on the care and supervision of teens and large sibling groups. Enhanced level II foster parents must complete specialized training that includes training in Trust Based Relational Intervention (TBRI) or CORE Teen. TBRI is an intervention model for a wide range of childhood behaviors and CORE Teen provides caregivers with multiple exposures to training about trauma to help them understand the reason behind behaviors, and with the skills and tools to effectively manage behaviors of children in their homes.

Child Caring Agency

The Department is responsible for oversight of child-caring agencies and child-placing agencies. Previously, the Department licensed child-caring agencies under eight different sub-types. Since the implementation of FFPSA in 2021, the Department expanded the sub-types to include At-Risk homes and Qualified Residential Treatment Programs (QRTP), as depicted in Table 2.

Table 2: Child-Caring Agency Sub-types

Child Caring Agencies	
Emergency Shelter	Runaway Shelter
Wilderness Camps	Unaccompanied Children Home
Traditional Homes	Residential Home
Maternity Home	Safe House
At-Risk Home	Qualified Residential Treatment Program

The Department's policy is aligned with the national requirements (Foster home licensing including CCA, and CPA, are governed by s. 409.175, F.S., and Chapters 65C-15, 65C-45, and 65C-46, F.A.C., respectively. Chapter 65C-30, F.A.C., outlines the definition for licensed settings) under FFPSA for safe houses, maternity homes, at-risk homes, and qualified residential treatment programs, in addition to the national safety requirements for all child-caring agencies. Although the Department licensed maternity homes and safe houses prior to FFPSA, licensing standards were revised to ensure these homes were of quality and aligned with FFPSA. Revisions to the licensing requirements for maternity homes include enhanced service delivery requirements and specialized training for staff. In addition, the Department implemented the Residential Group Care Accountability System, which requires children residing in the home, case managers, staff, and licensing specialists to complete an annual survey on the services delivery and licensing requirements of the child caring agency. The results of the surveys are utilized to guide the regional licensing teams with ensuring child caring agencies provide quality care and are aligned with all licensing standards.

Regional licensing teams are required to complete physical inspections of the facilities and homes being considered as child caring agencies. Licensure of these facilities and homes include review and approval of policies and procedures, menus, ensuring staff meet the required qualifications, background screenings, and trainings to provide supervision and care to children, and review of child files to ensure children receive appropriate services as outlined in their service plan or treatment plan.

Lead agencies saw an increase in safe houses refusing to admit and/or discharging survivors of human trafficking for common characteristics associated with current or historical trauma-related behaviors and coping mechanisms related to being trafficked. To ensure children receive adequate service delivery to support their integration back into the community, the Department amended the licensing requirements to now require safe house providers to outline exclusionary criteria for admission and discharge determination criteria that cannot be related to current or historical trauma-related behaviors and coping mechanisms unless it can be determined that such behavior will create an imminent risk to the safety or stability of other residents in the home. Prior to a discharge determination, the safe house must complete a re-evaluation of the child's service plan and MDT staffing with the case management agency and lead agency's human trafficking liaison to determine. To assist with Florida's placement array, the Department implemented Tier I and Tier II safe houses to assist with stepping children down to a lower level of care when deemed appropriate. Tier 1 safe houses serve as a step-down option from Tier 2 safe houses or as a less restrictive initial placement as recommended by the Human Trafficking Screening Tool, safe house assessment, or MDT staffing. Tier 1 safe houses have less restrictive policies compared to Tier 2 safe houses as it relates to schooling options, use of cell phones, outside activities, and other practices to enhance normalcy. Tier 2 safe houses serve as the intensive housing option for children and youth recommended for a safe house placement.

Licensing requirements for At-Risk homes include specialized training for staff, educating all children placed in the home on the prevention of human trafficking using a curriculum that was approved by the Department, development of admission criteria using the definition of "at-risk for human trafficking" as outlined in 65C-46, F.A.C., and delivery of service requirements.

The Department partnered with its sister state agency, the Agency for Health Care Administration (AHCA), for the licensure of QRTP. Providers seeking to become a QRTP will receive a license from AHCA

and a child-caring agency credential from the Department. Since the implementation of QRTP, Florida has established 5 facilities with a total of 50 beds. Community providers and stakeholders have expressed concerns for the lack of placement availability for children that present with high end needs surrounding their behaviors, but not meeting the criteria for a facility that requires a mental health diagnosis. To support Florida's placement array, the Department is seeking to expand QRTP placements solely under the Department's umbrella for children who present with behaviors and meet the criteria under a QRTP.

Variation of Licensing Standards

The Department requires all caregivers seeking to become a foster parent or adoptive parent to meet the same general licensing standards outlined in 65C-45, F.A.C. Foster parents can provide care and supervision to children with specific needs but are required to meet additional requirements that align with the population being served. These specialized levels of care vary in that they require additional pre-service training hours and specialized training. Although not permissible for Level II – V foster homes, licensing requirements for Level I foster homes (relative, fictive kin, non-relatives) may be waived when the requirement is a non-safety standard.

All child placing agencies must meet the same licensing standards. Foster home licensing including CCA, and CPA, are governed by s. 409.175, F.S., and Chapters 65C-15, 65C-45, and 65C-46, F.A.C., respectively. Chapter 65C-30, F.A.C., outlines the definition for licensed settings, which include agencies conducting private adoptions/placements. The Department requires child-placing agencies providing child welfare services in accordance with Section 402.40(2)(b), F.S., to ensure persons providing child-welfare services or supervisors providing oversight of child welfare programs, to receive child welfare training and certification as outlined in Chapter 65C-33, F.A.C.

Child caring agencies must meet the same general licensing standards as outlined in 65C-46, F.A.C. Providers seeking to become licensed as one of the specialized settings must require staff to complete additional training hours that cover topics geared to the population being served. Each setting type is intended to serve specific populations; therefore, the policies for admission criteria will vary. Although each child caring agency must develop a service plan or treatment plan for each child placed, the basic service requirements differ in accordance with the population served. The criteria for aftercare must include at least one documented contact with the discharged child or his or her family within the first 30 days following discharge. For QRTP homes, a minimum of two contacts per month for at least six months are required for aftercare.

The Department partnered with Casey Family Programs and other stakeholders in May of 2022 to review foster home licensing policy related to s. 409.175, F.S., 65C-45, F.A.C., and CFOP 170-11, Chapter 12 to address any complexities. The review revealed that Florida's foster care licensing policy is comprehensive and complies with federal law and standards and external research revealed that it is even cited positively by other states.[42] The review further revealed that licensing requirements are located in multiple chapters of statewide child welfare policies, which leads to inconsistency, conflict, and confusion amongst the different stakeholders within Florida's child welfare system; variances

[42] *Florida Child and Family Well-Being Policy Review Project: Summary of Observations and Opportunities. (August 2022). Carter, M. D. & Worthington, K.*

between them create fractures in how the system operates.[43] The lead agency expressed that the use of pre-service training curriculum types such as Pride requirements often conflict with licensing standards requirements. For example, Pride requires a home visit with the prospective foster parent prior to the training, whereas the Department's licensing standard is the opposite. The Department resolved the issue by hosting trainings with regions to ensure consistent interpretation and implementation of policy statewide.

The Office of Licensing traveled throughout the state in 2022, to meet with each regional licensing team to process map the licensing structure for foster homes, child caring agencies, and child placing agencies. This allowed the Department to identify inconsistencies in practice, future policy changes, and CCWIS enhancements to implement a uniformed licensing approach. The Department began to implement changes in January 2023 which will continue over the next year.

3. How does the State monitor the licensing and relicensing processes?

The Department and lead agencies use the licensing module to generate reports within the Child Welfare Information System to monitor the expiration of licenses, home study completion, upload of documents, corrective action plans, overcapacity waivers, and for data reporting on the length of time to licensure and completion of licensure.

4. If the state has a waiver process (e.g., for relative caregivers, or to allow large sibling groups to be placed together), what is the state's process for granting waivers? Who grants waivers? What are the reasons for granting waivers, and are waivers specific to the child or to the home? How are waivers tracked? How often is the process for granting waivers reviewed? How many waivers were granted in the past 3 years and for what reasons (e.g., how many were for safety-related reasons)?

In addition to the waiver process for non-safety licensing requirements, the Department's policies allow for foster homes to place children in a home that exceeds its licensed capacity. Waivers must be approved by the Office of Licensing when placement in a licensed family foster home will exceed the total number of dependent children in a family foster home of six or more (placing a seventh child requires a placement capacity waiver) or when the total number of children in a family foster home, including both dependent children and the family's own children, is eight or more (placing a ninth child requires a placement capacity waiver). A foster home may exceed foster home capacity limitations when any of the following justifications are met:

- To allow a parenting youth in foster care to remain with his or her child.
- To allow siblings to remain together.
- To allow a child with an established meaningful relationship with the family to remain with the family; or

[43] *Florida Child and Family Well-Being Policy Review Project: Summary of Observations and Opportunities. (August 2022). Carter, M. D. & Worthington, K.*

- To allow a family with special training or skills to provide care to a child who has a severe disability.

Capacity waivers are also required when the number of children in the home will exceed more than 2 under the age of 24 months.

An assessment must be completed to identify the needs of the children in the home and the caregiver's ability to meet their needs. All attempts to place the children in a setting that does not require an over capacity waiver must be outlined in the assessment, as well as supports that will be provided to the family upon placement, and reasons for denying the waiver request, where applicable. When assessing for the appropriateness of an over-capacity waiver, the following factors must be considered, but are not limited to:

- The foster parent's ability to accommodate additional children being placed in the home (will all children have appropriate sleeping space as defined in 65C-45, F.A.C.).

- Any physical, developmental, emotional, or mental needs of the children residing in the home, and those that may be placed in the home.

- Any child placement agreements for children in the home, including behavior modification plans that have been implemented.

- The complexities of the cases of the children in the home and the caregiver's ability to ensure appropriate access to services for the children.

- Previous caregiving experiences.

At minimum, the following questions must be addressed with each over-capacity waiver assessment:

- Have there ever been concerns due to investigation or foster care referral that resulted in placement restrictions on the home?

- Has a multidisciplinary team (MDT) staffing occurred? If so, did the team agree with this specific placement?

- Include detail on how the foster parents can manage the additional children. The details may include information on whether one parent stays at home, child-care arrangement needs, other supports, etc.

All over-capacity assessments and waiver requests must be submitted to the Office of Licensing manager. The initial over-capacity assessment approval shall not exceed 30 days, and subsequent approvals for the same child or children may be approved for 90-day extensions. An assessment and home visit are required within 7 days from the initial approval of the over-capacity waiver. The Department began tracking over capacity waivers in 2022, with 273 waivers approved.

5. What is the state's QA process to monitor the application of the standards?
Lead agencies are responsible for reviewing application packets submitted by supervising agencies over foster homes to ensure all licensing requirements are met as outlined in policy. The reviews may be

completed onsite or online. Lead agencies attest to the compliance of each packet. Random file reviews are conducted by the Department throughout the licensing year to ensure all attestation packets are compliant. An annual summary is shared with the lead agencies at the time of the child placing agency's licensure renewal. All corrective action plans are monitored (reviewed and meetings held to discuss) monthly by the Department.

The Department and lead agencies use reports generated from the licensing module within the Child Welfare Information System to monitor the expiration of licenses, home study completion, upload of documents, corrective action plans, overcapacity waivers, and for data reporting on the length of time to licensure and completion of licensure.

On-going monitoring to ensure homes are of quality consists of site visits to the agency or home because of a corrective action plan, a complaint, or at time of relicensure. Licensing specialists conduct quarterly visits for both foster homes and child caring agencies. On-going communication with licensed providers allows for the licensing specialist to provide technical assistance and ensure the home like environment continues to be safe and appropriate for children. Additional quality assurance monitoring includes the implementation of the Residential Group Care Accountability System for child caring agencies required under s. 409.996(25), F.S.., and contract oversight reviews by the lead agencies which includes a survey that is distributed by the licensing teams to stakeholders and providers prior to licensure.

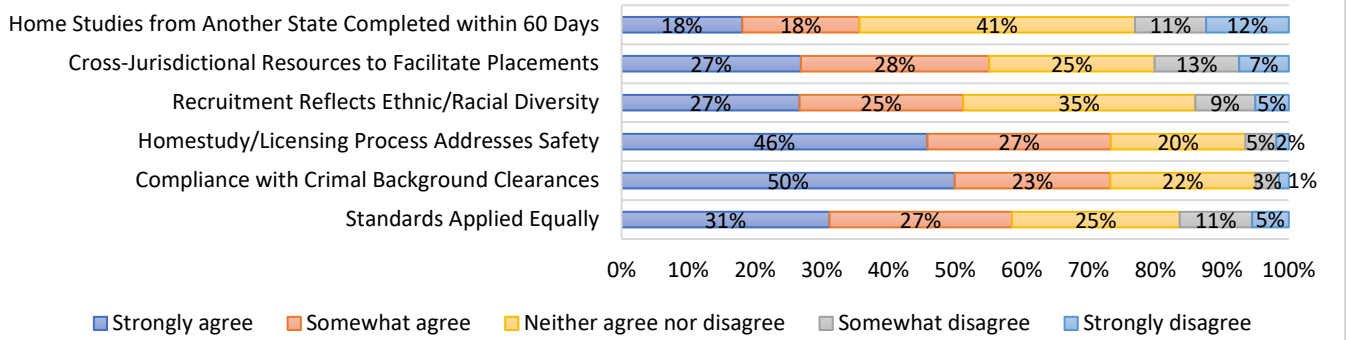
The Department conducts monthly statewide licensing conference calls. Participants include the Department's statewide licensing specialist, the Department's regional licensing specialists, Lead Agency licensing specialists, and other CPA licensing staff. During those calls, the licensing field discusses current issues that impact licensing, recruitment, and retention of both foster and group homes. The Department hosts statewide calls with the CCA providers, lead agencies, and regional licensing teams to address licensing requirements to ensure on-going standards are met.

The Department will continue to partner with the community care network to ensure alignment of licensing standards with national requirements and allow for the identification of new areas in need of improvement.

Stakeholder Survey Input: Florida's Child Welfare System of Care relied on foster parents, including relative caregivers, to provide a temporary home for children and youth who cannot be safely supported in their homes. It is a fundamental responsibility to maintain a pool of out-of-home caregivers and adoptive parents who can provide safe environments that meet the unique and diverse needs of the children in care. Those that answered these questions were frontline staff, CQI staff, licensing staff, leadership, parents, youth, and caregivers, judicial system staff, and trainers and curriculum developers.

Exhibit 15, outlines the responses to licensing specific questions. The largest percentage of respondents (73 percent) strongly or somewhat agreed with both statements, 1) Florida's Child Welfare System of Care ensured compliance with federal requirements regarding criminal background clearances related to licensing of foster care and adoptive homes, and 2) Florida's Child Welfare System of Care ensured the home study/licensing process included provisions that addressed the safety of foster care and adoptive placements for children. The smallest percentage of respondents (36 percent) strongly or somewhat agreed that all home study requests received from another state to facilitate a permanent foster or adoptive case placement were completed within 60 days.

Exhibit 15: Licensing Activities
N=1,492



Item 34: Requirements for Criminal Background Checks

Analyze:

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

State Response:

In Round 3 CFSR review, Florida received an overall rating of Area Needing Improvement for this item based on information from the statewide assessment and stakeholder interviews. The information in the statewide assessment and collected during interviews with stakeholders showed that completion of initial criminal background checks was a fundamental aspect of placement and licensing decisions for relative and non-relative caregivers and childcare institutions. Florida conducted additional checks on an on-going basis as well as abuse-and neglect record checks and scans of local law enforcement information. However, neither the statewide assessment nor stakeholders addressed processes for addressing the safety of foster care and adoptive placements for children already in care when a safety concern is identified during a new background check.[44]

For CFSR Round 4, Florida rates this item as a Strength based that the Department requires all foster parents, adoptive parents, and child-caring agency staff to complete background screenings prior to a child being placed in the home or facility. Background screenings are a fundamental aspect of licensing and placement in non-licensed settings such as homes of relative and non-relative caregivers. Criminal record checks on any relative guardian and any other adult living in the home of a relative guardian must be completed before the relative guardian may receive kinship guardianship assistance payments on behalf of the child.

Adoptive parents must complete screenings in accordance with, Chapter 65C-16, F.A.C., while foster parents must complete screenings as outlined in Chapter 65C-45, F.A.C., and child caring agencies complete screenings pursuant to Chapter 65C-46, F.A.C., sections 39.0138, F.S., 409.175, 435, and 63 are also used for caregivers and staff accordingly. All adult household members are screened. Children 12 and over complete screenings with the Department of Juvenile Justice. The background screening results are typically received within two to three weeks. Background screenings are assessed prior to licensure and annually by the Department to maintain a license or employment. Florida's screening requirements align with the national model licensing standards and the Family First Prevention Services Act (FFPSA).

Florida's background screenings (Background Screening Homepage) include State criminal checks (FCIC), National criminal checks (NCIC), local criminal checks, a sex offender search, 911 call out history, civil

[44] See full details of Florida's CFSR Round 3 activities in Appendix I.

checks, abuse and neglect checks, juvenile justice checks (ages 12-26), and out-of-state abuse and neglect checks if the individual resided in another state within the past 5 years.

Background Screening Checks

Background Screening	Administered by:	What does this look for?	How is screening obtained?
Statewide Criminal History Record Check (FDLE)	Florida Department of Law Enforcement (FDLE)	Includes arrests, dispositions, and incarcerations for the State of Florida and Juvenile Justice checks up to age 26.	Applicants submit fingerprints to a designated Live Scan vendor for processing.
National Criminal History Record Check (FBI)	Federal Bureau of Investigation (FBI)	Includes arrests, dispositions, and incarcerations for all 50 states and US territories and Juvenile Justice checks up to age 26.	
Florida Sexual Offenders and Predators Search	FDLE Sexual Offenders and Predators Public Website & Dru Sjodin National Sex Offender Public Website	Provides public information and photos on individuals registered as sexual offenders and predators in Florida (FDLE site) and for all 50 states and US territories (Dru Sjodin).	Searches obtained through public sites: https://offender.fdle.state.fl.us/offender/sops/home.jsf or https://www.nsopw.gov/
Local Criminal History Record Search & *911 Call Outs	Local Law Enforcement Agencies	Local criminal history record checks including any criminal activity and law enforcement responses to the requested address. **911 call outs refer to law enforcement responses to the home which may include those that did not result in criminal charges.*	Follow local protocol to request records, i.e., though local sheriff's office or police station, etc. *Local requests shall consist of records from the county in which the individual currently resides. Local law enforcement responses to the home shall be requested for the address in which the employee currently resides.*
Civil Court Records Check	Clerk of Courts (county-based)	Provides records of involvement related to criminal and civil court cases, traffic citations, probate, municipal infractions and more. This includes any records regarding domestic violence complaints and orders of protection.	Follow county protocol to request civil records. *This information can be found online on the Clerk of Court website for the county in question.*
Florida Abuse and Neglect Registry Check (All employees and household members ages 12+)	Department of Children and Families	Any abuse and neglect records for the individual through a search of the Child Welfare Information System.	Initial screening obtained through Clearinghouse. Resubmissions obtained through DCF BGS Department

Background Screening	Administered by:	What does this look for?	How is screening obtained?
Out of State Abuse and Neglect Records Check	State specific. Protocol varies for each state regarding the release of records for foster/adoptive parents and for employment purposes.	*If the individual resided in any other state during the five (5) years prior to hire, requests for abuse and neglect history must be made for those states.	Requests are made directly to the applicable state(s) to request abuse and neglect history records.
Juvenile Record Check (Ages 12-17)	Department of Juvenile Justice	Provides delinquency records.	Through FDLE or Department of Juvenile Justice (DJJ)

The Department's background screening unit completes screenings for foster care/case management/child care/substance abuse and programs contracted to provide services for the Department. The number of screenings completed each month range from a low of 7,611 in November 2020 to a high of 18,381 in August 2022.

Foster parents and child caring agency staff complete FCIC/NCIC screenings through fingerprint submission at Live Scan locations throughout the state and the results are entered into the Care Provider Background Screening Clearinghouse (Clearinghouse)((s. 435.12, F.S.). The Clearinghouse provides a single data source for background screening results for persons screened for employment or licensure that provide services to children, the elderly, and disabled individuals. The Clearinghouse allows the results of criminal history checks to be shared among specific agencies when a person has applied to volunteer, be employed, be licensed (including foster parents), or enter a contract that requires a state and national fingerprint-based criminal history check. The results of the screening are entered into the Clearinghouse where the provider accesses results. The volunteer or applicant's screening results are deemed "Eligible" or "Not Eligible" based on the results of their screenings under the Level 2 background screening standards found in s. 435.04, F.S.. Licensing teams document any lack of compliance with screenings in the Child Welfare Information System, which automatically sends a notification within the system to discontinue federally funded payments.

At licensure and re-licensure, licensing workers with the Lead Agencies are responsible for monitoring the Child Welfare Information System to identify when individuals should be screened and/or rescreened. All screening results are uploaded in the Child Welfare Information System using a specific naming convention. The regional licensing teams are responsible for reviewing and cross walking all screenings with the participants identified in the home study to ensure screenings were completed prior to issuance of a license. As indicated above, if a background screening is not completed at the time of a request for an initial license, the license is not issued. When a home or facility is due for renewal and screenings are not in compliance, the children remain in the home and the funding source is changed to no longer allow for federally funded payments. Lead agencies are then alerted and required to complete all screenings for the foster parent immediately. Further assessment is completed to determine if the children residing in the home at the time of re-licensure are required to be moved from the home for

safety reasons. If the provider is a child-caring agency, the employee is required to leave the facility until the screenings are in compliance. Providers who fail to maintain compliance with background screenings are assessed a corrective action plan or other disciplinary actions by their licensing worker. (s.409.175(6)(e), F.S.) There was a total of 13,254 providers with a child caring agency or foster home license active at any point in calendar year 2022. Of these, 331 (2.5 percent) had one or more periods of non-compliance while actively licensed in calendar year 2022.

Persons currently licensed as out-of-home caregivers and any adult household members are re-screened at least annually as a part of the application for re-licensing. Annual screening for re-licensure is limited to a local criminal records check, an abuse and neglect records check clearance through the Child Welfare Information System, local records check, sex offender search, and 911 calls to the home. The state and national criminal records checks are completed every five years through fingerprint submission which are retained. This retention allows the Department to receive immediate notification when an individual is arrested. For Level II-V licensed Foster Care, fingerprints are retained for a period of 5 years. For Level I foster care, the fingerprints are not retained.

The background screening team is responsible for notifying the regional licensing team when there is an arrest so that they can conduct an immediate follow up with the foster parent or staff to determine if administrative action is required. Child caring agencies are required to maintain a standardized log that is submitted to the regional licensing team annually or upon request. The log must be updated each time new staff is hired, and notification must be provided to the licensing team for confirmation that the staff met the screening requirements prior to working with children. New household members must be screened prior to moving into the home. Children who turn 18 while placed in a licensed setting must be screened upon their 18th birthday.

Pursuant to s. 435.07, F.S., the Department has issued 30 exemptions since April 9, 2021, from disqualification for disqualifying offenses revealed pursuant to background screenings for a subset population for all individuals screened through the Department, such as case managers and foster parents.

On-going monitoring for safety is completed by all child welfare professionals working with caregivers and children in the system of care. A face-to-face home visit is completed every 30 days by case managers to monitor child safety. Licensing specialists complete quarterly visits to all foster homes to assess the home environment and to validate that licensing standards are met. The Department conducted a statewide review of each region's practice for completing site visits to child caring agencies and learned that there were no consistent practices across regions. As a result, a uniformed practice (visits quarterly instead of annually) was implemented to require quarterly visits to all child caring agencies. The Department tracks the number of children not abused or neglected during in-home services. This trend report is located on the Office of Child and Family Well-Being Dashboard.

Florida's performance for the percentage of children visited each month did achieve the federal target of 95 percent. The most recent fiscal year performance is:

- 2022 requirement: 95 percent – Florida achieved 95.36 percent (237,038/248,578).
    - Florida did achieve the federal goal of achieving at least 50 percent of the number of monthly visits made by caseworkers to children in out-of-home care occurring in the child's residence.

Source: Child Welfare Information System Data Repository as of 12/8/2022.

The minimum standard for caseworker contacts is established in Chapter 65C-30, F.A.C.

Additional safety monitoring includes a review of all reports of abuse and neglect and licensing violations that are brought to the Department and lead agency's attention. Allegations of abuse and neglect are addressed by the child protective investigator in partnership with the licensing team to determine if there are safety concerns and administrative action towards the license. Reports of licensing violations are addressed by the licensing teams with the Department and lead agencies. All reports and outcomes are reviewed prior to initial licensing, throughout the licensing period, and again at re-licensure. It is Florida's expectation that no child removed from his/her home shall be allowed, directed, or otherwise put in a position to sleep or spend any significant, extended period of time in a Department, Community Based Care Lead Agency or Case Management office, hotel/motel, or other unapproved or unlicensed placements. The only exception is in the case of extraordinary circumstances necessary to protect the safety and security of the child. If it is foreseen that such events may occur due to extraordinary circumstances necessary to protect the safety and security of the child, the Lead Agency Chief Executive Officer must immediately notify the Regional Family Well-Being Director to review the situation and work collaboratively to resolve the placement issue.

Most components of the Department's case review system are directed in statute, particularly Chapter 39, F.S., Proceedings Relating to Children, which defines processes and timeframes for case planning requirements relating to hearings and proceedings consistent with federal requirements. All children under the supervision of Florida's child welfare system (in-home and out-of-home care, non-judicial or judicial case) are required to have a case plan that specifies services to address the identified danger threats and diminished caregiver protective capacities that result in children being unsafe to ensure the safety, permanency, and well-being of each child. Section 39.6011, F.S., requires case plan development within 60 days of the child's removal from the home. The case plan for each child must be developed in a face-to-face conference with the parent of the child, any court-appointed GAL, and if appropriate, the child and the temporary custodian of the child. The plan must be clearly written in simple language, addressing identified problems and how they are being resolved. The case plan, all updates, and attachments are filed with the court and served on all parties. The case plan can be amended at any time to change the permanency goal, employ the use of concurrent planning, add, or remove tasks the parent must complete to substantially comply with the plan, provide appropriate services for the child, and update the child's health, mental health, and education records. The state ensures the case planning process (pursuant to Chapter 39, F.S.) is in place that includes addressing the safety of foster and adoptive placements for children. See items 20-24 for more detail.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

Analyze:

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families

who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

State Response:

In CFSR Round 3, Florida received an overall rating of Area Needing Improvement for Item 35 based on information from the statewide assessment and stakeholder interviews. Information in the statewide assessment and collected during stakeholder interviews showed that each of the CBC agencies develops individualized plans aimed at recruiting foster families who reflect the ethnic and cultural needs of foster children in their local system of care. These recruitment plans become part of regional and statewide plans that are intended to fulfill specific foster and adoptive home goals using prior year data. However, the effectiveness of this approach to recruitment could not be demonstrated. Despite these efforts, stakeholders noted significant home shortages and retention challenges.[45]

For CFSR Round 4, Florida rates performance for this item as a Strength based on Florida's unique community-based care system in that each lead agency has the responsibility to recruit and retain an adequate number of foster homes to meet their individual community's needs.

1. **What is the state's process for recruiting foster and adoptive parents (e.g., what data and information are used to develop the plan and determine whether the plan and determine whether the plan addresses statewide needs; how the plan is monitored, including whether recruitment targets are met; how often the plan is reviewed and revised to reflect need statewide?**

Recruitment of foster and adoptive homes continues to improve in Florida. The lead agencies develop recruitment plans that are individualized to recruit foster families in their local system of care. The agencies employ an array of methods and techniques to recruit foster and adoptive families who reflect the ethnic and cultural needs of foster children.

Recruitment plans are intended to fulfill specific foster and adoptive home recruitment goals developed by each lead agency. Specific foster and adoptive home goals are developed in a process that begins in April-May of each year. For adoptive home recruitment, the Office of Child and Family Well-Being Data Reporting Unit develops preliminary recommendations for goals based on prior year out-of-home care information (see Adoption Targets in the Foster and Adoptive Parent Diligent Recruitment Plan, Appendix B to the Florida's 2024 APSR. Adoption goals are then negotiated by the regions with the local CBCs, taking into consideration such details as judicial characteristics and increases in out-of-home care. The final agreed adoption goals are amended into each lead agency's contract, to include the requirement to recruit adoptive families for children with special needs, and families that reflect the racial and ethnic diversity of children waiting for adoptive homes. The Department contracts with Family First to assist with adoption recruitment. Strategies consist of a campaign marketing plan, On-going analysis of campaign, complete digital media platforms and programs, feature stories about adoptive and foster parents, campaign toolkit in all six regions, State Employee Communications Plan, conferences and trainings, CBC adoption and foster care awareness events, church adoptive and foster

[45] See full details of Florida's CFSR Round 3 activities in Appendix I.

family awareness events, biannual meetings, and annual outreach. Recruitment efforts are tracked by lead agencies using the Child Welfare Information System (CCWIS) and internal tracking mechanisms. Although it is not a recruitment tool, the Family Match model, created by Adoption-Share, utilizes data analytics and predictive models to assist adoption staff in their decisions regarding matching children available for adoption with prospective adoptive parents registered on the site. Lead agencies are not mandated to use this model and continue to use their existing adoption recruitment methodologies to effectively and efficiently gain families to provide a permanent and safe home.

Foster home recruitment goals are derived locally by each lead agency using a methodology that includes the out-of-home care trends from the prior year. Trends include the racial and ethnic diversity of children in out of home care. Using this information, lead agencies review the number of current licensed caregivers in CCWIS and evaluate the data to determine if there is a need to target families who meet the ethnic and racial diversity of children in out of home care. The methodology and target are shared with, and approved by, the Department's regional licensing office. The Department compares the lead agency's recommended recruitment target of foster homes with the number of children placed in out of home care, in a foster home using an over capacity waiver, and in other settings (group homes, incarceration, hospital). Lead agencies utilize various recruitment strategies for foster homes as depicted in Table 1, and track recruitment efforts using internal mechanisms such as an electronic system and CCWIS. Lead agencies have the autonomy to determine the most efficient method to recruit foster homes and create a recruitment and retention plan to support those efforts. They are responsible for assessing the effectiveness of recruitment strategies used each year by comparing it to the targeted goal, number of families that were successfully licensed to serve specific populations to determine if alternate methods to recruit are appropriate. In the past, the Department's contract oversight unit would review placement resources to determine if the strategies were effective. The Department eliminated the contract oversight unit in 2021. Although not required, lead agencies are encouraged to submit all recruitment and retention plans to the Department's regional licensing teams to review and provide guidance when necessary. Under s. 39.523, F.S., the Department is required to collect recruitment strategies every six months from the lead agencies and posts the recruitment efforts on the Department's dashboard.

Lead Agency Recruitment Strategies from May 2022 to September 2022

CBCs Recruitment Strategies for Family Foster Care						
Rank of Community-Based Care Agencies' five most effective recruitment strategies: 1= the most effective recruitment strategy and 5= the least effective						
	1	**2**	**3**	**4**	**5**	**"Other"**
NWF Health Network-East	Social Media & Printed Marketing	Word of Mouth/Financial Reward	Foster Parent Associations/ Support Groups	Quality Parenting Initiatives	Faith-Based Outreach	N/A
Brevard Family Partnership	Faith-Based Outreach	Social Media & Printed Marketing	Word of Mouth/Financial Reward	Foster Parent Associations/ Support Groups	Quality Parenting Initiatives	N/A

ChildNet-Broward	Faith-Based Outreach	Foster Parent Associations/Support Groups	Social Media & Printed Marketing	Social Media & Printed Marketing	Quality Parenting Initiatives	N/A
ChildNet-Palm Beach	Faith-Based Outreach	Social Media & Printed Marketing	Word of Mouth/Financial Reward	Foster Parent Associations/ Support Groups	Quality Parenting Initiatives	N/A
Children's Network of SW Florida	Social Media & Printed Marketing	Faith-Based Outreach	Open House/ Informational Meetings	Engagement with local businesses	Word of Mouth/ Financial Reward	
Citrus Health Network	Word of Mouth/ Financial Reward	Social Media & Printed Marketing	Engagement with local businesses	Faith-Based Outreach	Foster Parent Associations/ Support Groups	1. Engagement with civic organizations 2. Warmline response to inquiries 3. Dedicated foster parent support staff 4. On-going multimedia campaign efforts.
Community Partnership for Children	Social Media & Printed Marketing	Faith-Based Outreach	Word of Mouth/Financial Reward	TV Commercial	Quality Parenting Initiatives	
Communities Connected for Kids	Faith-Based Outreach	Social Media & Printed Marketing	Word of Mouth/Financial Reward	Quality Parenting Initiatives	Foster Parent Associations/Support Groups	FFIC
Family Support Services Suncoast	Social Media & Printed Marketing	Faith-Based Outreach	Foster Parent Associations/ Support Groups	Social Media & Printed Marketing	Engagement with local businesses	Direct marketing via phone call and e-mail to prospective foster parents who have made initial inquiries, but have not yet attended an orientation
Children's Network-Hillsborough	Word of Mouth/ Financial Reward	Social Media & Printed Marketing	Faith-Based Outreach	Foster Parent Associations/ Support Groups	Foster Parent Associations/ Support Groups	N/A
Embrace Families	Social Media & Printed Marketing	Partner agencies	Other	Word of Mouth/ Financial Reward	Foster Parent Associations/ Support Groups	

NWF Health Network-West	Word of Mouth/ Financial Reward	Faith-Based Outreach	Social Media & Printed Marketing	Foster Parent Associations/ Support Groups	Other	N/A
Family Integrity Program	Word of Mouth/ Financial Reward	Faith-Based Outreach	Social Media & Printed Marketing	Engagement with local businesses	Foster Parent Associations/ Support Groups	N/A
Family Support Services of North Fla	Social Media & Printed Marketing	Word of Mouth/Financial Reward	Faith-Based Outreach	Engagement with local businesses	Foster Parent Associations/ Support Groups	N/A
Heartland for Children	Social Media & Printed Marketing	Word of Mouth/Financial Reward	HFC Website - new landing page	Faith-Based Outreach	Engagement with local businesses	
Kids Central, Inc.	Social Media & Printed Marketing	Word of Mouth/Financial Reward	Faith-Based Outreach	Foster Parent Associations/ Support Groups	Engagement with local businesses	N/A
Kids First of Florida, Inc.	Word of Mouth/Financial Reward	Social Media & Printed Marketing	Faith-Based Outreach	Quality Parenting Initiatives	Foster Parent Associations/ Support Groups	N/A
Partnership for Strong Families	Info Nights	Word of Mouth/Financial Reward	Social Media & Printed Marketing	Faith-Based Outreach	Foster Parent Associations/ Support Groups	Website Engagement
Safe Children Coalition	Targeted social media advisement/posting	Inform of need during Virtual Informational Meetings	Highlight current needs in Foster Parent Newsletter and in Professional Parent private Facebook group	offer incentive to refer.	Attend in person community events such as farmer's markets, fall festivals, baseball games, etc.	

*Source: Self Reporting by Lead Agencies.

The foster home estimator tool was implemented in 2021. The tool uses historical data to project the number of homes likely to be needed in the next year and categorize that number by geographical area and child characteristics like age, large sibling groups, and any additional child needs. The estimator considers that some homes will close their licenses and that some child characteristics can be more difficult to match to homes than others. While the tool is voluntary, each lead agency only utilized the tool during the first year of implementation. Lead agencies shared that the tool did not yield the appropriate population they were seeking within their catchment area. The Department has paused the

use of the tool to determine if an updated assessment is required to understand the reason for the tool's inefficiency. Lead agencies continue to use their individualized methodologies to identify the number of licensed beds required to meet the needs of children with specific characteristics.

2. How does the state ensure that the pool of available foster and adoptive families meet the ethnic and racial diversity and unique needs of children in the state for whom foster and adoptive homes are needed?

The Department has partnered with several programs to improve recruitment and retention of foster and adoptive home initiatives, and this has provided a more customer-friendly licensing process. Partnership with the Quality Parenting Initiative has been vital to streamlining licensing requirements by providing a website and ongoing trainings to assist foster parents in meeting the licensing requirements and being the advocate of foster parents; recruitment and retention of foster homes for siblings, teens, and children with special needs by linking foster parents with individuals with lived experiences, education, and ongoing support on their website for trainings. Along with the statewide recruitment plan, the Department has collaborated with the Quality Parenting Initiative, Lead Agencies, foster parents and other partners throughout the state to develop recruitment strategies that can be implemented in the various systems of care. This collaboration has made active recruiting efforts through Fostering Success. Fostering Success focuses on addressing key concerns to recruit quality teen foster homes. They used youth with lived experience to share their stories on what a quality foster parent for teens looks like. The Department, in partnership with Casey Family Programs, the Capacity Building Center for States, Lead Agencies, foster parents, adoptive parents, and various stakeholders, convened a workgroup to address Florida's Placement Array. The work group focused on three objectives (RETAIN AN ADEQUATE NUMBER OF QUALITY PLACEMENT OPTIONS TO MEET THE NEEDS OF CHILDREN, INCREASE THE STABILITY AND WELL-BEING OF CHILDREN IN CARE, AND IMPROVE CAREGIVER SUPPORT AND ADVOCACY**)** to support the recruitment and retention of foster homes.

Additional initiatives taken by the Department included the participation in the Federal Intelligent Recruitment Grant awarded to four of Florida's lead agencies and directed by the Department. The project (also known as FIRP) was a collaborative between Kids Central, Inc., Big Bend Community Based Care, Inc., Heartland for Children, Our Kids of Miami-Dade/Monroe, Inc., and the Department. The goal was to improve the availability of quality foster families by implementing intelligent and targeted recruitment techniques through strategic marketing approaches in different markets around the state. The project's intent was to improve permanency outcomes for children in care. Lead agencies focused on the implementation of marketing plans, researching practices and policies that could affect permanency outcomes, engagement in recruitment activities in the local systems of care, and evaluation of efforts to achieve the objectives of the project. Upon conclusion of the project, the following points were identified:

- "Quality, not quantity" of foster families is most important to successful licensing, placement, and retention. The experience of having the right resource family, rather than many, has a positive impact on improved parenting capacity, on workload for staff, on retention, and on ensuring that families are engaged in the process for the right reasons.

- Despite continued pressure on the child welfare system in Florida due to the opioid crisis, youth in the FIRP target population experienced permanency outcomes far better than those of the comparison group and, notably, national findings
- Resource family quality and parenting capacity are critical components to reducing time in care for teens, to prevention of escalation of placement, to reducing the number of moves in foster care, achievement of normalcy, etc.
- It is imperative to emphasize the importance of moving from a traditional recruitment approach to the use of strategic segmented marketing. The shift in practice requires staff to rely less on one-on-one community-based efforts and move to one where initial engagement occurs primarily over the phone or through internet-based (web, email, social media) engagement.

The Department conducted a focus group from October 2022 through January 2023 to gather information about recruitment and retention from various stakeholders, such as foster parents, child-caring agencies, child-placing agencies, youth with lived experience, and adoption and licensing specialists, to review recruitment strategies and the effectiveness.

The Department surveyed lead agencies on recruitment in February 2023. There was a total of 31 responses amongst the 19-lead agency contracted providers. Seven lead agencies provided multiple responses. Survey results for ethnic and racial diversity and limitations to recruitment reflect that 27 responses agree that their methodology captured the ability to recruit foster and adoptive parents that reflect the ethnic and racial diversity of children in out of home care or those available for adoption. When asked to select factors that limit the ability to recruit prospective foster/adoptive parents in their catchment area, 10 reported rural areas, 1 reported limited pre-service training classes offered, 12 report criminal history, 15 reported individuals were only interested in adoption, 14 reported only being interested in adopting children that were unavailable in their area.

The Department continues to partner with lead agencies to improve the quality, capacity, and retention of placements for children in Florida's child welfare system. The Department's licensing teams continue to partner with the lead agencies to review the recruitment methodology (the formula used to determine the number of homes to recruit), recruitment and retention plans (which outline the detailed plan when using an identified strategy) and collect recruitment strategies (the methods used to recruit, such as social media), every six months.

3. What evidence does the state have to demonstrate that the diversity of the current pool of available foster and adoptive homes meets the ethnic and racial diversity and unique needs of the children in the state for whom foster and adoptive homes are needed.

The Department continues to improve the pool of available foster/adoptive homes that meet the ethnic and racial diversity and unique needs of children in the state. The Department surveyed lead agencies on recruitment in February 2023. There was a total of 31 responses amongst the 19-lead agency contracted providers. Seven lead agencies provided multiple responses. Survey results for ethnic and racial diversity and limitations to recruitment reflect that 27 responses agree that their methodology captured the ability to recruit foster and adoptive parents that reflect the ethnic and racial diversity of children in out of home care or those available for adoption. When asked to select factors that limit the

ability to recruit prospective foster/adoptive parents in their catchment area, 10 reported rural areas, 1 reported limited pre-service training classes offered, 12 report criminal history, 15 reported individuals were only interested in adoption, 14 reported only being interested in adopting children that were unavailable in their area.

The chart below indicates a need for more families to serve children in ethnic and diverse populations. To address this need, the Department is aiming to improve foster care capacity by implementing multiple targeted recruitment campaigns for foster parents. In addition to direct marketing through lead agencies, the Department has contracted for statewide marketing campaigns and is working with other agencies to support these initiatives. For example, the Department is collaborating with the Florida Department of Health to address homes for medically complex youth in need of foster placement. An additional example includes the Department's collaboration with 4Kids of South Florida to increase foster parents in the major metropolitan areas of Broward and Miami-Dade counties.

Racial Makeup of Youth in Foster Care vs. Foster Parents						
	White	**Hispanic**	**African American**	**Native American**	**Other**	**Total**
Children and Young Adults (0-21)	8,743	3,649	6,808	0	1,740	20,941
Foster Parents	2,335	557	1,195	2	471	4,560
Source: FSFN ad-hoc as of 8-9-2023 is more accurate for the foster parent data. Children and Young Adults in Out-of-Home Care or Receiving In-Home Services Listing - OCWDRU Report #1077 6-30-23 as of 8-9-23 for the child data.						

4. If potential foster and adoptive families do not reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed, what is the state's process for addressing gaps?

CBC Lead Agencies are responsible for assessing the effectiveness of recruitment strategies used each year by comparing it to the targeted goal and the number of families that were successfully licensed to serve specific populations. Some Lead Agencies have identified a gap in recruiting families to better reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed. To address this gap, Lead Agencies modified recruitment methods by identifying new target areas of families who meet the state's a foster and adoptive home needs. This was achieved by using data from the Florida Department of Health that shows which counties and zip codes have a high count of ethnic and racial diversity. An additional method used by the Lead Agency to identify ethnic and diverse families is collaborating with college sororities and Urban League to assist with recruiting families in the areas the organizations serve.

The regional licensing team also assist the Lead Agency by providing recommendations on recruitment for foster and adoptive families. The Department was recently awarded funding to support the recruitment of homes. Florida's Foster Information Center (FFIC) is leading the initiative to increase foster home families in partnership with the Lead Agency.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

Analyze:

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

State Response:

In Round 3 of the CFSR, Florida received an overall rating of Area Needing Improvement for this item based on information from the statewide assessment and stakeholder interviews. Information provided in the statewide assessment and collected during interviews with stakeholders showed that the state's use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children was not occurring effectively statewide.[46]

For Round 4 CFSR, Florida rates this item as a Strength based on the use of cross-jurisdictional resources for permanent placement. The Department works in partnership with the Community Based Care Lead Agency (Lead Agency) to achieve permanency for children in out-of-home care. There are circumstances that require the Department and lead agencies to use cross-jurisdictional resources to assist families that relocate outside the jurisdiction of their case management agency and to recruit adoptive families.

1. **What is the state's process for using cross-jurisdictional resources to facilitate timely adoptive or permanent placements <u>within the state</u> for waiting children? What tools and resources (beyond the computer system) do you use? How does the state know whether its tools and resources are effective?**

Within the state, lead agencies use the Out of County Services (OCS) process to request a home study in areas outside of their catchment area. Through a statewide memorandum of agreement, each lead agency is committed to partnering to complete the request and providing supervision as appropriate. The lead agencies have encountered barriers to the current process and are currently working to revise the memorandum of agreement to enhance the collaborative approach, address case assignment, and review the process for completing required forms. The lead agencies use the Child Welfare Information System to enter information and assign OCS cases.

2. **What is your process for using cross-jurisdictional resources to facilitate timely adoptive or permanent placements <u>outside the state</u> for waiting children? What tools and resources (beyond the computer system) do you use, such as exchanges, national recruitment, or agreements with border states? How does the state know whether its tools and resources are effective?**

The Department is an active participant in the Interstate Compact for the Placement of Children (ICPC). Florida utilizes the National Electronic Interstate Compact Enterprise (NEICE). As one of the original pilot

[46] See full details of Florida's CFSR Round 3 activities in Appendix I.

states, Florida has participated in the technical advancement of the system since inception. Results from the pilot showed a significant decrease in processing time for ICPC cases and nationwide implementation began in 2015. Florida also utilizes NEICE at the case management level for direct entry by the local agencies which provides real-time communication and document exchange for quicker processing. The Florida ICPC central office receives and disseminates all incoming and outgoing ICPC requests. Cases are sent and received via the NEICE to reduce processing time and eliminate the need for mailing. Cases in ICPC central office are assigned to Coordinators by state, allowing staff to gain specialized knowledge on their respective states. This has helped our staff develop a rapport with their counterparts in other states and provide specialized state specific guidance to our local agencies. Florida also utilizes a border agreement with the State of Georgia to expedite placement with parents and relatives of neighboring counties. The Department has a border agreement with Alabama to expedite placements as well.

The Department and lead agencies have several means for ensuring cross jurisdictional resources are available, including the Florida Adoption Information Center, monthly Statewide Adoption meetings, One Church One Child program, and the Florida Adoption Exchange website.

The Adoption Information Center of Florida is a free service center that provides adoption information and referral services to potential adoptive parents and assists in the recruitment of families throughout the state of Florida. The Adoption Information Center answers questions regarding the public, private, and inter-country adoption process and connects potential adoptive parents with their local community adoption agencies.

Explore Adoption is the State of Florida's adoption initiative aimed at promoting the benefits of public adoption. Explore Adoption urges families to consider creating or expanding their families by adopting a child who is older, has special needs, or is part of a sibling group. Through public education, expanded partnerships, and social media, Explore Adoption invites individuals to learn more about the children immediately available for adoption and the adoption recruiters throughout the State of Florida and their local community.

3. What evidence does the state have to show that cross-jurisdictional resources are effective in the facilitation of timely adoptive or permanent placements for waiting children statewide?

Data from the APHSA State Report shows in 2021, Florida sent 1,983 ICPC requests for parent, relative, foster, or adoption. Of those requests, only 28 percent were completed within 60 days, and 61 percent within 120 days, resulting in 441 placements.

Data from the APHSA State Report shows in 2021, Florida received 1,713 ICPC requests for parent, relative, foster, or adoption. Of those requests, 39 percent were completed within 60 days, and 72 percent within 120 days, resulting in 332 placements.

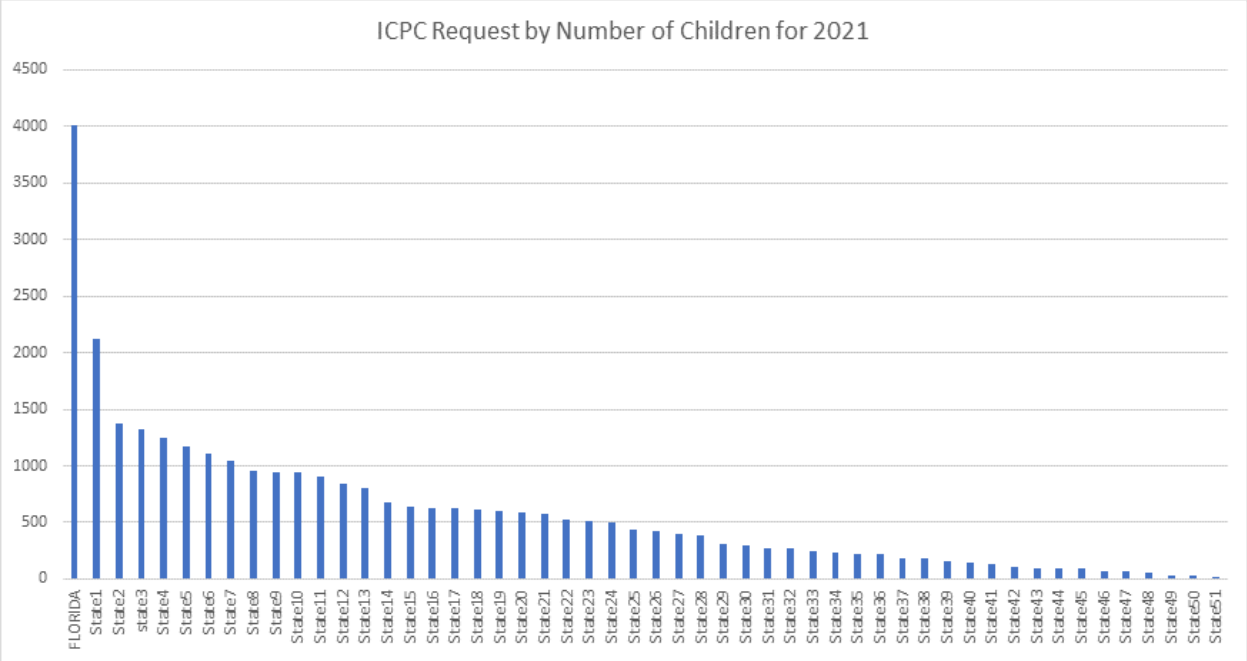
ICPC regulations permit each state to identify when the start date begins. Florida's start date is the day the local office receives the ICPC request. Although Florida statute requires a home study to be completed within 30 days, the approval of the home study is rendered when all trainings are complete and background screening results are satisfactory. The Department continues to explore methods to increase the percentage of home studies that are completed within 60 days.

4. **What is the state's process for sending ICPC home study requests to other states?**

The Florida ICPC central office receives and disseminates all incoming and outgoing ICPC requests. Cases are sent and received via the NEICE to reduce processing time and eliminate the need for mailing. Cases in ICPC central office are assigned to coordinators who are grouped by state, allowing staff to gain specialized knowledge on their respective state collaborators. This has helped our staff develop a rapport with their counterparts in other states and facilitated specialized state-specific guidance for our local agencies. Florida also utilizes a border agreement with the states of Georgia and Alabama to expedite placement with parents and relatives in neighboring counties.

The Department's ICPC unit, and Circuit ICPC units throughout the state process interstate placement requests to send children to, and receive children from, other states. AAICPC reports Florida's ICPC traffic to be among the highest in the United States and is managed through a statewide ICPC database. Data provided by APHSA shows Florida is by far the largest user of the ICPC.

ICPC Request by Number of Children for 2021



5. **What has been the state's experience with ICPC home study requests to other states? How many requests have been responded to within the 60-day federal requirement? How many requests have resulted in a placement of a child?**

The Department is an active participant in the Interstate Compact for the Placement of Children (ICPC), with one of the highest numbers of requests for placement across state lines in the country. In addition, Florida utilizes the National Electronic Interstate Compact Enterprise (NEICE) to improve the efficiency of conducting and processing ICPC home studies. As one of the original pilot states, Florida has participated in the technical advancement of the system since its inception. Results from the pilot showed a significant decrease in processing time for ICPC cases and nationwide implementation began in 2015.

Florida also uses NEICE at the case management level for direct entry by the local agencies which provides real-time communication and document exchange for quicker processing. The Florida ICPC central office has continuously collaborated with its partners to further enhance the NEICE system. Some enhancements that have been implemented include automated alerts/reminders for individual cases, as well as additional reporting functions. These enhancements have provided further oversight and timeliness of interstate placements, with further enhancements planned for release in the near future.

Data from the APHSA State Report shows in 2021, Florida sent 1,983 ICPC requests for parent, relative, foster, or adoption. Of those requests, only 28 percent were completed within 60 days, and 61 percent within 120 days, resulting in 441 placements.

6. **What is the state's process for responding to ICPC home study requests from other states?**

Florida uses NEICE at the case management level for direct entry by the local agencies which provides real-time communication and document exchange for quicker processing. The Florida ICPC central office receives and disseminates all incoming and outgoing ICPC requests. Cases are sent and received via the NEICE to reduce processing time and eliminate the need for mailing. Cases in ICPC central office are assigned to Coordinators by state, allowing staff to gain specialized knowledge on their respective states. This has helped our staff develop a rapport with their counterparts in other states and provide specialized state specific guidance to our local agencies. Florida also uses a border agreement with the state of Georgia and Alabama to expedite placement with parents and relatives of neighboring counties.

7. **For what percentage of cases did the state complete ICPC requests for home studies within the 60-day federal requirement? How many requests resulted in a placement for a child?**

Data from the APHSA State Report shows in 2021, Florida sent 1,983 ICPC requests for parent, relative, foster, or adoption. Of those requests, only 28 percent were completed within 60 days, and 61 percent within 120 days, resulting in 441 placements.

Data from the APHSA State Report shows in 2021, Florida received 1,713 ICPC requests for parent, relative, foster, or adoption. Of those requests, 39 percent were completed within 60 days, and 72 percent within 120 days, resulting in 332 placements.

Appendix A: Stakeholders Participant Listing

The state data profile and other appendices can be requested from the state or the Children's Bureau.

Appendix B: Training

The Core is a five-week curriculum consisting of an orientation, 10 classroom-based modules, five labs, and four structured field days, and ends with a readiness assessment. Completing the curriculum and assessment is the first step in Pre-Service training and includes fundamental child welfare topics. These topics include child development, family functioning, child abuse and neglect, the impact of trauma, trauma-informed care, family-centered practice, and the underlying concepts and components of Florida's Child Welfare Practice Model. The labs specifically focus on developing interviewing techniques and communication skills that can be used with children, families, adults, and groups. The descriptions of each module are provided in Appendix C.

Child Protective Investigators (CPIs) complete the **Child Protective Investigators Specialty** following Core, which consists of four-six weeks of classroom, labs, and courtroom testimony experiences and ends with a readiness assessment. This curriculum focuses on how to conduct family-centered investigations. It includes how to: pre-commence an investigation, commence an investigation, assess for danger threats, develop a safety plan, take court action, assess for risk, and determine if further intervention is necessary through case management or prevention services.

Case Managers (CMs) complete the **Case Management Specialty** after the Core curriculum, consisting of four-six weeks of classroom, labs, and field days. All case management, including Independent Living Case Managers, Adoption Specialists, Independent Living Specialists, and Licensing Specialists, complete this curriculum. The curriculum covers the fundamentals of case management, including safety management, the court process, how to meet the needs of children in out-of-home care, assessment, case planning, permanency options, engaging the family to motivate change, and achieving a safe case closure.

Licensing Specialists complete the **Foster Care Licensing Specialty** as an additional one-and-a-half-week-long training following Core and Case Management training for Foster Care Licensing Specialists. The curriculum teaches recruiting, supporting, assessing, and retaining foster homes through the licensing and relicensing processes.

Course Name	Course Description	Course Hours
I. Core Curriculum		
Orientation	The module covers the major responsibilities of the Department of Children and Families (DCF) are mandated by the Florida Legislature.	2 hours
Florida's Child Protection System	This module provides an overview of the key legal constructs driving Florida's Child Welfare System, our guiding principles, the major roles, and responsibilities of child welfare professionals, and the ethical standards for a Child Welfare Professional.	3 hours
Florida's Child Welfare Practice Model	This module covers Florida's Child Welfare Practice Model.	3 hours

Child Development	In this module, participants will learn about child maturation; the child's developmental stages; the child's need for protection, nurturing and well-being.	6 hours
Trauma and the Child	This module explains the short and long-term impacts of traumatic events on the child. It also acknowledges the multi-generational nature of trauma and discusses how parents who were traumatized as children continue to experience the effects throughout their adult lives.	6 hours
Family Conditions	In this module, participants will learn about family systems and some of the family dynamics that impact family functioning. Please note that domestic violence and substance abuse are covered in Module 6, Maltreatments.	9 hours
Understanding Child Maltreatment	In this module, participants will learn about maltreatment of children based on Florida law and Department's processes.	24 hours
Assessing and Analyzing Family Functioning	In this module, participants learn to key points in assessing the six domains of information collection.	6 hours
Safety and Risk	In this module, participants will explore how these concepts create an unsafe environment for children and we will explore whether a non-maltreating parent has the sufficient protective capacities to protect against the danger.	12 hours
Safety Planning	This module covers what must occur once either present danger is identified during the assessment or when the Investigation Family Functioning Assessment determines that a child is unsafe: safety planning and management.	5 hours
Core Readiness Assessment	Preparation Test	1 hour
II. Case Management Specialty Track		
Introduction to Case Management	The purpose of this module is to provide the framework for practice by understanding of the Child Welfare Practice Model and exploring the basic functions of a Case Manager.	4 hours
Case Transfer	The purpose of this module is to provide an in-depth review of the processes and procedures surrounding case transfer.	4.5 hours
Safety Management	This module provides an overview of how Case Managers monitor and manage Safety Plans within the Child Welfare Practice.	6 hours
Court Proceedings and Staffing	This module provides an overview of the court process in dependency cases and statutory guidance on each petition and hearing in the dependency process. In addition, this module provides an overview of case management staffing.	4-6 hours
Out-of-Home Care	This module provides an overview of Case Manager's responsibilities when children are placed out of the home.	9 hours
Family Engagement Standards – Preparation and Introduction	This module provides an overview of the family engagement standards: Preparation and Introduction.	3 hours
Family Engagement Standard – Exploration	This module provides an overview of the Family Engagement Standard, Exploration.	15 hours

Evaluating Family Progress	This module focuses on the Case Manager's primary mission of supporting and assessing caregiver progress in achieving change and achieving child well-being, including the child's need for permanency.	3 hours
III. Foster Care Licensing Pre-Service Specialty Track		
Overview of Licensing	This module provides an overview of the purpose and goals of foster care licensing and the role of the Licensing Specialist. As this module serves as a foundation for the licensing course, we will cover many of these elements in greater detail in upcoming modules.	4-5 Hours
Recruitment and Initial-Licensing in the Level II Home	The purpose of this module is to provide an overview of the licensing process and how to respond to issues related to licensing approval.	8-10 hours
Licensing Level I Foster Homes	This module focuses solely on Level 1: Child Specific Foster Homes for relatives, non-relatives, and fictive kin.	1.5 Hours
Placement	The purpose of this module is to provide an overview of the placement in the traditional foster home.	11 hours
Collaboration and Partnership for Children	The purpose of this module is to provide an overview of several important roles a foster parent plays and the steps a Licensing Specialist should take to support foster parents. These roles include participating as a professional member of the team, working with birth parents, trauma-sensitive care, creating and maintaining normalcy, and preparing for transitions.	8-10 hours
Retention and Re-Licensing	The purpose of this module is to provide an overview of the placement, retention, and re-licensing processes.	5 hours
Resolving Foster Parent Concerns	The purpose of this module is resolve concerns identified in a foster home and to address foster parent concerns and motivation.	5 - 6 hours
IV. Child Protective Investigations Specialty Track		
Introduction to Child Protective Investigations Family-Centered	The purpose of this module is to provide the framework for practice and understanding of the Child Welfare Practice Model.	4.5 hours
Assessment of Hotline (Screen-In) to Assignments	The purpose of this module is to identify and apply the pre-commencement activities and procedures when a hotline intake is assigned for investigation.	6 hours
Commencement of the Investigation: Initial Contact and Present Danger	The purpose of this module is to define the purpose, process and procedures that occur during the commencement phase of an investigation as it relates to present danger.	18 hours
Present Danger Assessment	The purpose of this module is to identify the necessary actions that must be completed to assess present danger, establish a present danger safety plan, and utilize Children's Legal Services for removal/separation action.	18 hours

The Family Functioning Assessment – Investigation and Safety Planning	The purpose of this module is to provide participants with the requisite knowledge to effectively utilize the Family Functioning Assessment (FFA)-Investigations to make safety determinations.	24 hours
Developing in-Home or Out-of-Home Safety Plan	The purpose of this module is for participants to understand how to develop in-home or out of home safety plans, how to analyze their effectiveness, and when to consult with Children's Legal Services (CLS).	12 hours
Closing an Investigation – Family Functioning Assessment– Investigation and Case Transfer	The purpose of this module is to review the child maltreatment index, familiarize participants with the utilization of the risk assessment and the investigations case closing process.	18 hours

Appendix C: New Pre-Service Curricula

Key components of the new pre-service training include:

Foundations: The Foundation curriculum is to educate newly hired Child Welfare professionals on the "what" and "why" of child welfare. The curriculum covers the main concepts, history of child welfare, Florida's Practice model, high-level information, and includes six modules; four eModules, two field days, and two Virtual Reality experiences. The graphic below illustrates the sequence and the breakdown of the new curriculum.

Foundation Exam: The Foundation Exam is for trainees to test and examine their understanding and retention of child welfare concepts from the curriculum. The workgroup recommended the exam be introduced in an earlier stage of the training so learners can focus on practicing the skills during the specialty tracks. FCB will administer and track the exam. Trainees must receive a percentage score of 80 percent to pass. If one fails, the trainee will have another chance to take the exam a second time within three days. Figure XX shows the Foundations Pre-service Learner Journey.

Specialty Tracks (CPI, CM, and Licensing) focus on investigation, casework, licensing practices, and professional skills for staff across child welfare to promote child well-being, permanency, and family stability. The competency-based specialty tracks will increase the ability of trainees to learn Departmental and local policies and practice them before being assigned cases. Through their research and collaborative discussions, the Department recognizes experiential learning tools such as Virtual Reality (VR) and Simulation as serving as realistic training opportunities for new hires. Through the implementation of these resources into the training curriculum, new hires will be able to demonstrate a variety of critical reasoning, decision-making and practice skills in a safe environment and trainers will be better able to observe, address, or correct a participant's skills. These curricula will include simulation practices to prepare learners for the job and show the fundamental aspects of the job.

REAL ACADEMY Simulation: REAL Academy uses Administrative Tethering™ (AT) to strengthen the attachment of front-line professionals to policy, law, and practice. AT bonds front-line professionals to their supervisors, organizational leadership, and, most importantly, the families and children they serve. AT provides a diagnostic tool to frame adjustments required for the trainer/management approach to retain, maintain, adapt, and improve professional skills serving the mission of "keeping children safe and families intact when possible." The simulations will include:

- Creating the case and logical mappings informing competencies (to align with law, policy, and practice in pre-service).
- Providing opportunities to practice family engagement and situational leadership.
- Writing behavioral-based case plans with the family and all partners.

Accenture Virtual Reality: The focus of the Foundation curriculum is to educate newly hired Child Welfare professionals on what and why of the child welfare system. The Accenture Virtual Experience Solution (AVEnueS) is a virtual reality (VR) training experience specifically designed for Child Welfare professionals. AVEnueS will help trainees with skill refinement, promoting alertness, and becoming cognizant to signals and complex dynamics while observing family-based scenarios. The platform employs immersive storytelling and interactive voice-based scenarios to completely transform how workers hone their data-gathering and decision-making skills. AVEnueS provide a foundation for building

a workforce highly skilled in assessing complex situations and engaging with families for effective outcomes.

- **Scenario 1** is designed to help users build their safety assessment and decision-making skills. The scenario begins with a hotline call containing an allegation of neglect about seven-year-old Sophia and her baby sister. The user's job is to visit this home to interview Sophia's mother, Monica, and her mother's boyfriend, Lance, to assess the safety of the home. At the end of the visit, the user must decide if it is safe to leave these children in the home, or if they must be placed in foster care.

- **Scenario 2** is the natural next step in the agency's work with Sophia. The user returns to the home to develop a Safety Plan with Monica and Lance. The user's job is to engage the family and enable them to design a Safety Plan that addresses the remaining safety concerns in the home. Finally, the user decides: are Monica and Lance capable of sticking to a set of behaviors that will keep these children safe?

Graded Observations are conducted to establish the standard and quality of child welfare practices after completion of the specialty track. The observers (e.g., field support consultants and trainers) will provide feedback, developmental points of areas needing growth, and actions to improve child welfare practices. Trainers or support staff will observe each trainee twice to ensure they are competent as Child Welfare professionals in their respective areas. Following the completion of specialty tracks and the successful completion of graded observations, FCB will deem learners provisionally certified.

Transition Phase is to support the newly hired Child Welfare professionals in their transition from the classroom to the field with guaranteed initial caseload protection followed by gradual increases based on the individual's child welfare competency. During this phase, trainees will receive additional support to develop practice strategies when facing barriers.

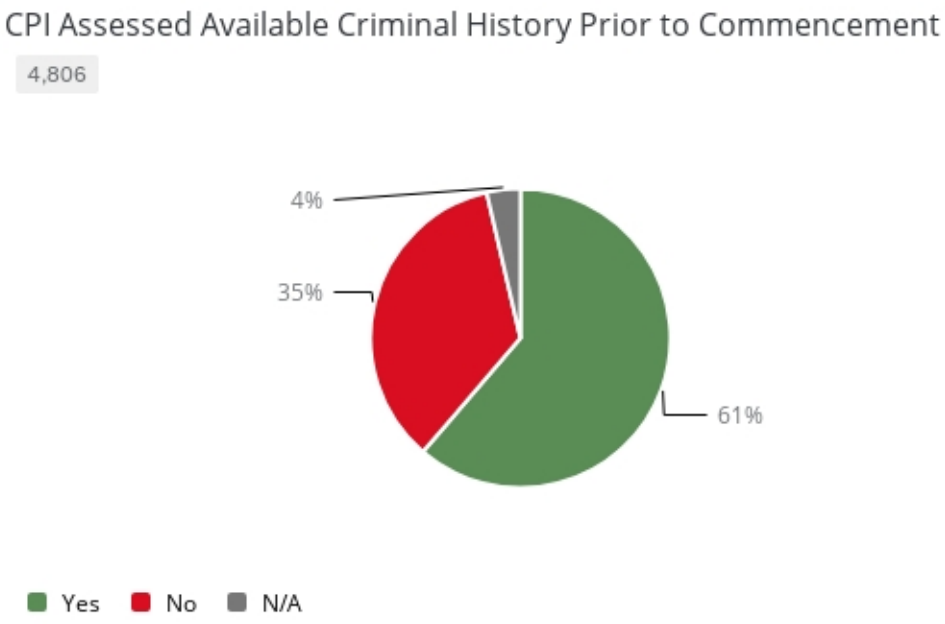
Pillars is a newly designed concept to provide learning and development opportunities for Child Welfare professionals after being deemed provisionally certified by the FCB. Full certification will require the completion of the following training at targeted intervals following the attainment of provisional status. Then, they must complete the training shown data tables below and additional FCB requirements to be fully certified. These trainings are identified based on the Institute research, Life of Case reviews, the pre-service workgroup survey composed of a sampling of all child welfare partners, and more significant Department initiatives, such as a focus on mental health and well-being.

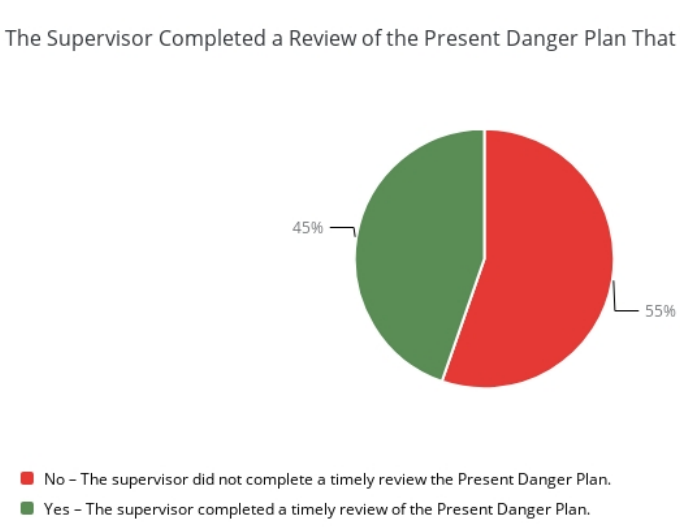
Within 2-3 months, provisionally certified staff will complete the Analysis of Criminal History/Background Checks training to address performance gaps supported by quality review data over the last two years. The staff must complete a three-part series on safety planning during this period. Part One will focus on interviewing and determining safety and risk, also identified as a gap by data referenced in Item #3. Part Two will focus on Impending Danger and Safety Analysis with a FFPSA focus. Part Three (only mandatory for Case Managers) will focus on Conditions for Return. A training is required four to six months into the interim period which includes Documentation Training focusing on the FFA. Based on the provided feedback, all provisionally certified staff must complete Time Management, Domestic Violence, Substance Misuse, Motivational Interviewing, Crucial Conversations, Cultural Competency, Situational Awareness, and Mental Health First Aid after six months on the job.

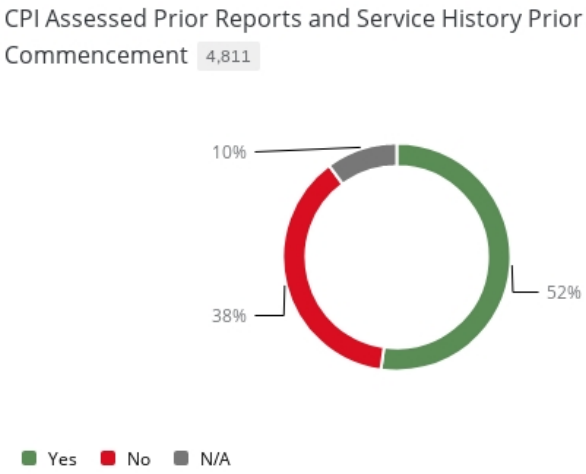
Appendix D: Training Data

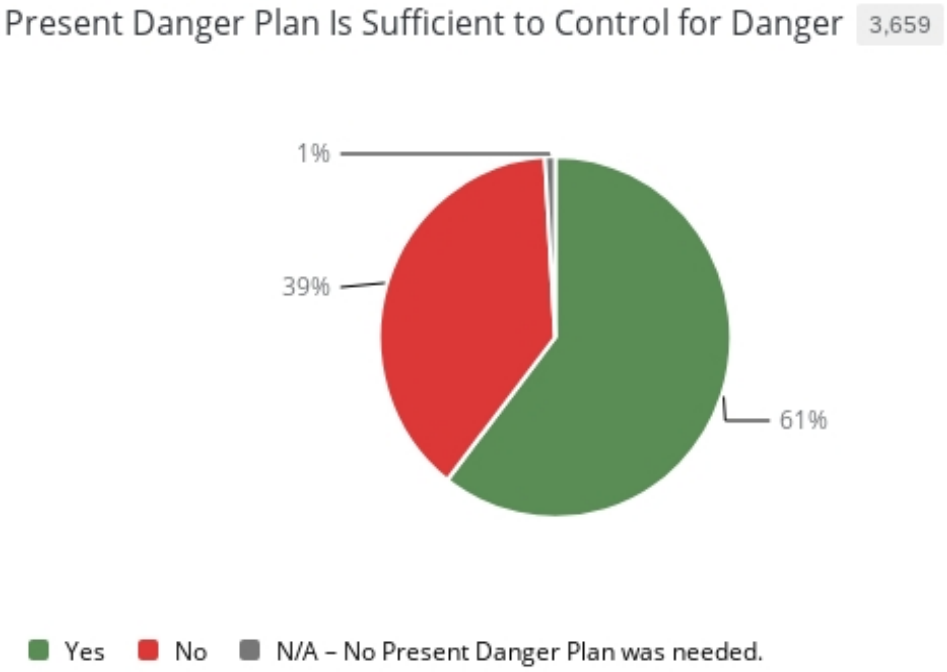
CPI Assessed Prior Reports and Service History Prior to Commencement

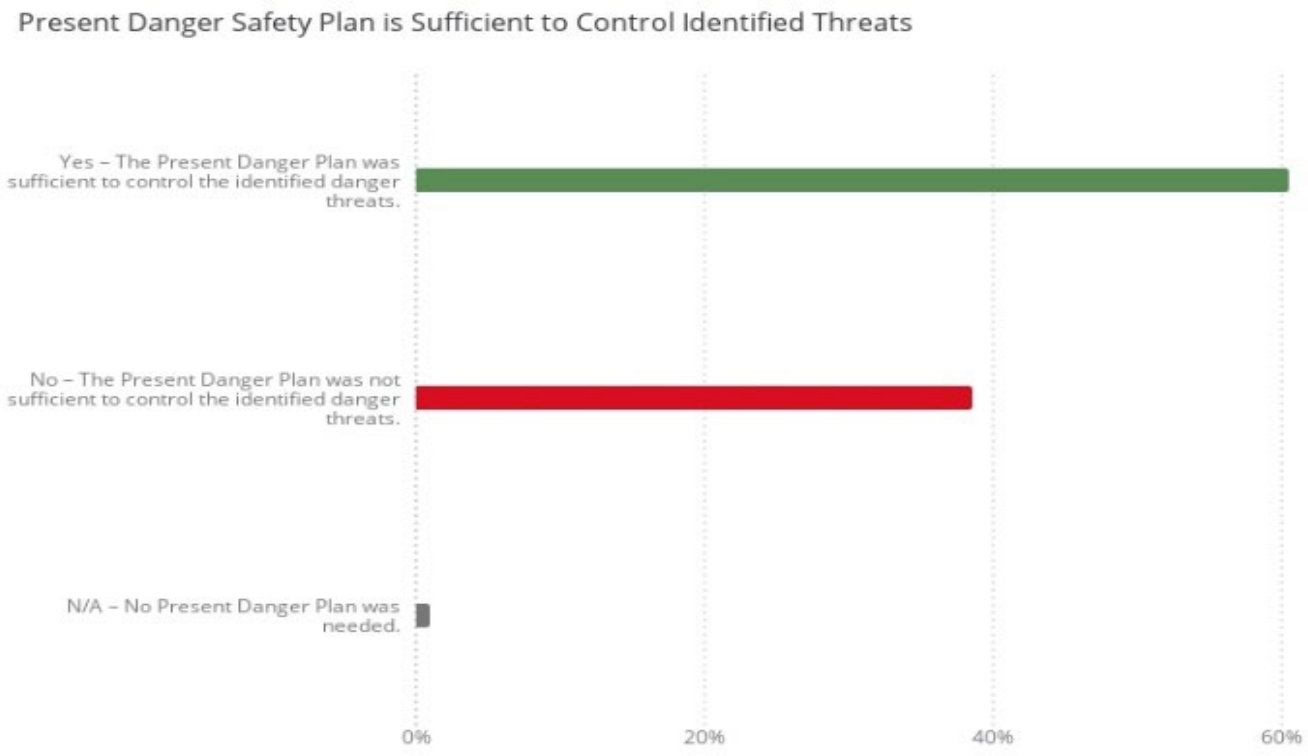
Assessing for Present Danger and Creating Present Danger Plan

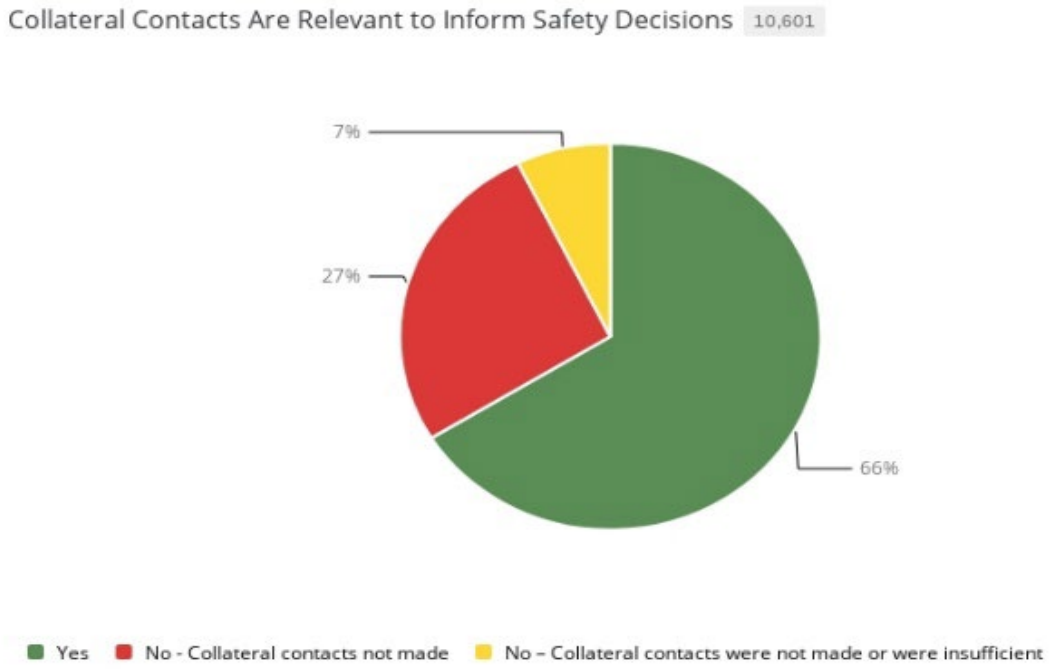




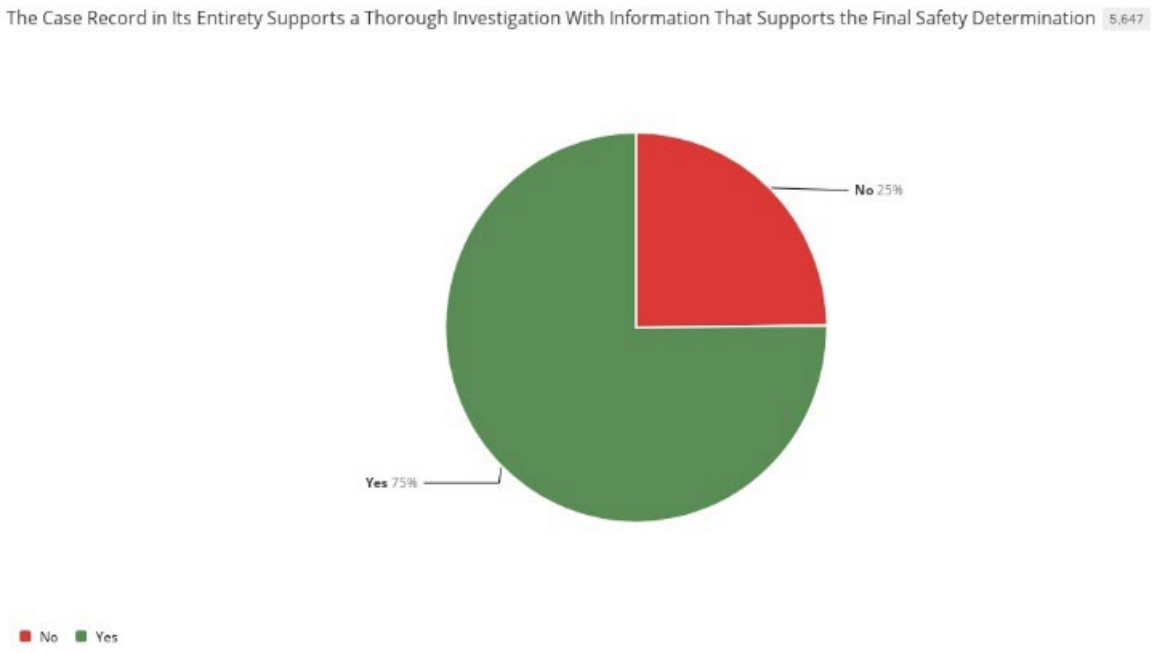



Present Danger Plan Is Sufficient to Control for Danger
3,659
1%
39%
61%
Yes
No
N/A – No Present Danger Plan was needed.

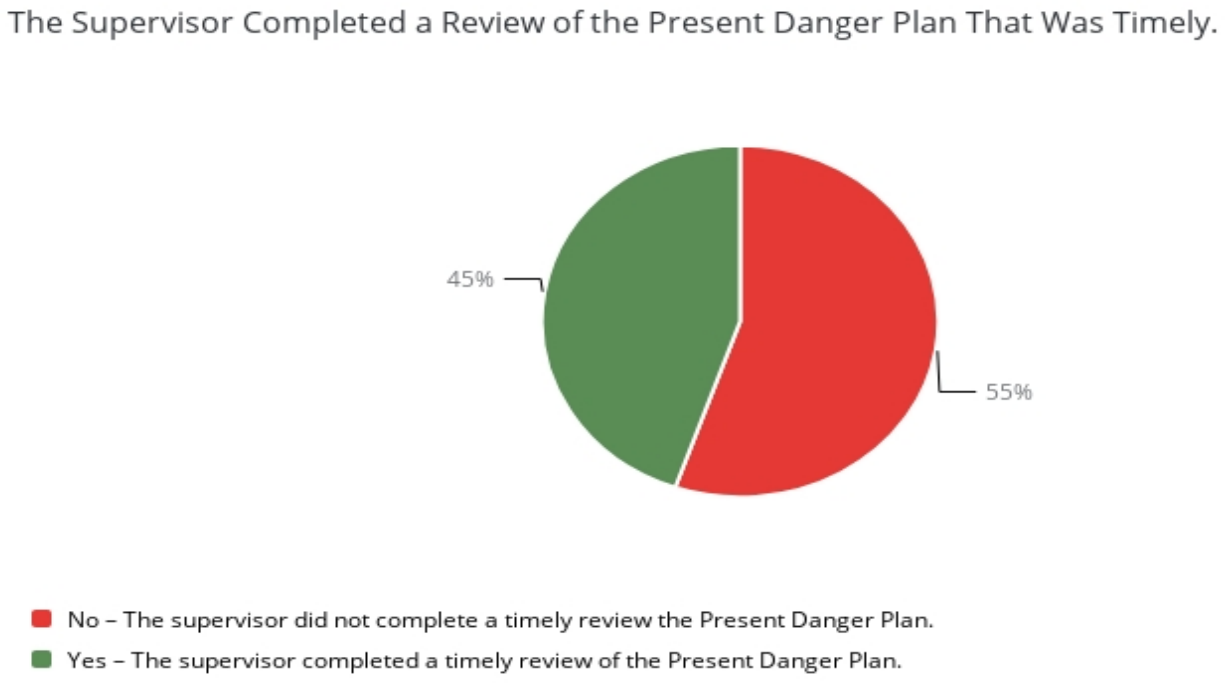

Present Danger Safety Plan is Sufficient to Control Identified Threats
Yes – The Present Danger Plan was sufficient to control the identified danger threats.
No – The Present Danger Plan was not sufficient to control the identified danger threats.
N/A – No Present Danger Plan was needed.
0%
20%
40%
60%



Information Collection Sufficiency



Supervisory Consultation



Appendix E1: Life of Case Reviewer Guides/Sample Quarterly Quality Meetings

The state data profile and other appendices can be requested from the state or the Children's Bureau.

Appendix E2: Ongoing Services Life of Case Reviewer Guide

The state data profile and other appendices can be requested from the state or the Children's Bureau.

Appendix F: Stakeholder Self-Assessment Survey

The state data profile and other appendices can be requested from the state or the Children's Bureau.

Appendix G: Regional Assessments

The state data profile and other appendices can be requested from the state or the Children's Bureau.

Appendix H: Judicial, Court, and Attorney Measures of Performance (JCAMP)

The state data profile and other appendices can be requested from the state or the Children's Bureau.

Appendix I: Florida's CFSR Round 3 Program Improvement Plan Progress Report

The state data profile and other appendices can be requested from the state or the Children's Bureau.