

| Tab 1 SB 202 by Bean; Florida Association of Centers for Independent Living | | | | | | | |
|---|---|-----|-----|------------|--------------------|----------------|--|
| 557950 | A | S | FAV | CF, Sobel | Delete L.30 - 56 | 10/08 01:18 PM | |
| 741346 | A | S L | FAV | CF, Hutson | Delete L.65 - 128: | 10/08 01:18 PM | |
| Tab 2 SB 232 by Detert; Guardianship | | | | | | | |
| 795116 | A | S | FAV | CF, Detert | Delete L.1062: | 10/08 02:34 PM | |

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

CHILDREN, FAMILIES, AND ELDER AFFAIRS

Senator Sobel, Chair
Senator Altman, Vice Chair

MEETING DATE: Thursday, October 8, 2015

TIME: 9:00—11:00 a.m.

PLACE: 301 Senate Office Building

MEMBERS: Senator Sobel, Chair; Senator Altman, Vice Chair; Senators Dean, Detert, Garcia, Hutson, and Ring

| TAB | BILL NO. and INTRODUCER | BILL DESCRIPTION and SENATE COMMITTEE ACTIONS | COMMITTEE ACTION |
|-----|---|--|-------------------------|
| 1 | SB 202 Bean | Florida Association of Centers for Independent Living; Providing that certain volunteers for centers for independent living do not have to undergo level 2 background screening; requiring that a specified agreement be maintained; revising the maximum amount of specified funds for each state attorney which may be used to administer the personal attendant and employment assistance program and to contract with the state attorneys participating in the tax collection enforcement diversion program, etc. CF 10/08/2015 Fav/CS AED FP | Fav/CS Yeas 5 Nays 0 |
| 2 | SB 232 Detert | Guardianship; Renaming the Statewide Public Guardianship Office to the Office of Public and Professional Guardians; revising the duties and responsibilities of the executive director for the Office of Public and Professional Guardians; providing that a guardian has standing to seek judicial review pursuant to provisions if his or her registration is denied, etc. CF 10/08/2015 Fav/CS JU FP | Fav/CS Yeas 4 Nays 0 |
| 3 | Reports on Child Welfare: Mike Carroll, Secretary, Department of Children and Families Patricia Babcock, Director, Florida Institute on Child Welfare Megan Smernoff, Legislative Policy Analyst, OPPAGA | | Discussed |
| 4 | Review of Proposed Child Welfare Bill Language | | Discussed |

Other Related Meeting Documents

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

BILL: CS/ SB 202

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Bean

SUBJECT: Florida Association of Centers for Independent Living

DATE: October 8, 2015

REVISED: _____

| | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION |
|----|---------|----------------|-----------|---------------|
| 1. | Hendon | Hendon | CF | Fav/CS |
| 2. | _____ | _____ | AED | _____ |
| 3. | _____ | _____ | FP | _____ |

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 202 renames the James Patrick Memorial Work Incentive Personal Attendant Services Program as the James Patrick Memorial Work Incentive Personal Attendant Services and Employment Assistance Program. The bill expands the use of the program to include services to disabled adults to assist them secure and maintain employment. The bill changes an existing oversight group to an advisory committee and revises its membership. The Florida Association for Independent Living will continue to provide administrative support from funds set aside from the program.

The bill has no fiscal impact on state funds.

The bill has an effective date of July 1, 2016.

II. Present Situation:

Sections 413.402 and 413.4021, F.S., establish and provide a specific funding source for a personal care attendant program to provide personal care attendants to eligible persons with severe and chronic disabilities. The program was established as a pilot in 2002¹ and made permanent and statewide in 2005.² Currently, there are 16 Centers for Independent Living

¹ Chapter 2002-286, L.O.F.

² Chapter 2005-172, L.O.F.

operating in Florida.³ The most recent data show that the centers provided independent living services to 21,938 people from October 1, 2013 to September 30, 2014.⁴

Pursuant to s. 413.402, F.S., the Florida Endowment Foundation for Vocational Rehabilitation (also known as the Able Trust) is required to enter into an agreement with the Florida Association for Centers for Independent Living to administer the program. The administrative expenses of the association are paid from funds deposited with the Able Trust pursuant to the Tax Collection Enforcement Diversion Program⁵ and the Motorcycle Specialty License Plate program.⁶

Persons eligible to participate in the program must:

- Be at least 18 years of age, a legal resident of this state and significantly and chronically disabled;
- Require a personal care attendant for assistance with or support for at least two activities of daily living such as bathing and dressing and as defined in s. 429.02, F.S.;
- Require a personal care attendant in order to maintain substantial gainful employment; and
- Be able to acquire and direct a personal care attendant.

Training for program participants on hiring and managing a personal care attendant shall be provided by Florida Association for Centers for Independent Living. Additionally, the association coordinates with the Department of Revenue and the Florida Prosecuting Attorneys Association to select the judicial circuits in which to operate the program.

There are two funding sources for the Personal Care Attendant program:

- Tax Collection Enforcement Diversion Program; and
- Fees from the Motorcycle Specialty License Plate.⁷

Tax Collection Enforcement Diversion Program

In conjunction with the establishment of the Personal Care Attendant program, the Department of Revenue was directed, in cooperation with Association for Centers for Independent Living and state attorneys, to select judicial circuits in which to operate a tax collection enforcement diversion program (“tax diversion program”) to collect unpaid sales taxes from delinquent business owners.⁸ Fifty percent of the collections from the tax diversion program are deposited into the operating account of the Able Trust to be used to operate the Personal Care Attendant program and to contract with the state attorneys participating in the tax diversion program.⁹ Sixteen centers in all 20 circuits participate in the tax diversion program.¹⁰

³ See http://rehabworks.org/indep_living.shtml (last visited on September 24, 2015).

⁴ See E-mail from Tonya Cooper, Legislative Affairs Director, Florida Department of Education (September 24, 2015) (on file with the Senate Committee on Children, Families, and Elder Affairs).

⁵ Section 413.4021(1), F.S.

⁶ Section 320.08068(4)(d), F.S.

⁷ Sections 413.4021(1) and 320.08068(4)(d), F.S.

⁸ Section 413.4021, F.S.

⁹ Section 413.4021(1), F.S. The contract amount for each state attorney cannot exceed \$50,000.

¹⁰ See http://rehabworks.org/cil_map.shtml (last visited on September 24, 2015).

Motorcycle Specialty (Bikers Care) License Plate Fees

The Department of Highway Safety and Motor Vehicles (DHSMV) offers a specialty tax to any owner or lessee of a motorcycle who chooses to pay the additional cost.¹¹ DHSMV collects an annual use fee of \$20 from the sale of each motorcycle specialty license plate and distributes the fees to the Able Trust. The Able Trust is permitted to retain a maximum of 10 percent of the funds for administrative costs and distribute the remaining funds as follows:

- Twenty percent to the Brain and Spinal Cord Injury Program Trust Fund;
- Twenty percent to Prevent Blindness Florida;
- Twenty percent to the Blind Services Foundation of Florida;
- Twenty percent to the Able Trust to support the Personal Care Attendant program; and
- Twenty percent to Florida Association for Centers for Independent Living.¹²

Background Screening Requirements for Service Providers

Service providers are persons or entities who provide employment services, supported employment services, independent living services, self-employment services, personal assistance services, vocational evaluation or tutorial services, or rehabilitation technology services on a contractual or fee-for-service basis to vulnerable persons.¹³ Service providers must register with the Division of Vocational Rehabilitation, under the Department of Education. As a condition of registration, level 2 background screening pursuant to s. 435, F.S., must be conducted by the division on certain individuals and rescreening of these individuals must occur every five years following the initial screening.¹⁴

III. Effect of Proposed Changes:

Section 1 amends s. 413.402, F.S., to rename the James Patrick Memorial Work Incentive Personal Attendant Services Program as the James Patrick Memorial Work Incentive Personal Attendant Services and Employment Assistance Program. In addition to the provision of personal care attendants, other support and services necessary to maintain competitive employment or self-employment are available to eligible persons in the program.

This section establishes eligibility requirements for participation in the program. A person must be:

- At least 18 years of age, a legal resident of this state and significantly and chronically disabled.
- Determined by a physician, psychologist, or psychiatrist, to require a personal care attendant for at least two activities of daily living as defined in s. 429.02, F.S.
- Require a personal care attendant and may require other support and services to accept an offer of imminent employment, commence working or maintain competitive employment.

The Florida Association for Centers for Independent Living must provide training to program participants on the hiring and managing of a personal care attendant and other skills needed to

¹¹ Section 320.08068(2), F.S.

¹² Section 320.08069(4), F.S.

¹³ Section 413.20(20), F.S.

¹⁴ Section 413.208(1), F.S.

effectively access and manage the support and services provided in the program. The association must provide financial services to ensure the financial integrity of the program. The association must also provide administrative support to the revised Advisory and Oversight Committee to oversee the program.

The bill changes the set aside from funds deposited in the Able Trust that are directed to the association to provide administrative support to the program. Current law provides that the association receive 12 percent of the funds paid to participants in the program for administrative oversight. The bill changes this to up to 12 percent of the funds deposited in the Able Trust for the program. In addition, the association must prepare a budget to be approved by the Advisory and Oversight Committee.

The bill renames the Advisory and Oversight Committee and makes changes to its membership. The representative of the Medicaid program within the Agency for Health Care Administration and the representative of the Able Trust are deleted. The bill adds a member of the Florida Independent Living Council appointed by the Speaker of the House of Representatives, a financial management professional appointed by the Governor, an ex-officio member from the Able Trust, and an ex-officio member from the Florida Association of Centers for Independent Living. The appointing authority for the program participant is changed to the President of the Senate.

Section 2 amends s. 413.4021, F.S., to increase the amount available to contract with the state attorneys participating in the tax collection enforcement diversion program to not more than \$75,000 per state attorney.

Section 3 amends s. 320.08068, F.S., to change the name of the entity receiving 20 percent of the funds distributed to the Able Trust from the sale of specialty motorcycle licenses to the James Patrick Memorial Work Incentive Personal Attendant Services and Employment Assistance Program.

Section 4 provides an effective date of July 1, 2016.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

SB 202 expands the scope of services to disabled persons to include employment assistance to eligible program participants. The potential savings from increased employment of individuals with severe and chronic disabilities may be seen in reduced long-term care costs.

The bill also increases the amount of funds available to contract with Offices of the State Attorney participating in the tax collection enforcement diversion program from \$50,000 to not more than \$75,000 for each office.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 413.402, 413.4021, and 320.08068.

IX. Additional Information:**A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

The committee substitute removes the bill's exemption from background screening for volunteers at a center for independent living. The CS revises the funding methodology for the administrative services provided by the Florida Association of Centers for Independent Living from 12 percent of expenditures to up to 12 percent of the program revenues. The association must have its budget for administrative services approved by the program's advisory committee. The CS renames the advisory committee and revises its membership.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.



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The Committee on Children, Families, and Elder Affairs (Sobel)
recommended the following:

Senate Amendment (with title amendment)

Delete lines 30 - 56

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete lines 3 - 6

and insert:

for Independent Living; amending s. 413.402, F.S.;



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LEGISLATIVE ACTION

| Senate | . | House |
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| Comm: FAV | . | |
| 10/08/2015 | . | |
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The Committee on Children, Families, and Elder Affairs (Hutson) recommended the following:

Senate Amendment (with title amendment)

Delete lines 65 - 128
and insert:
Attendant Services and Employment Assistance Program and shall
remit sufficient funds monthly to meet the requirements of
subsection (5).

(1) As used in this section, the term "competitive
employment" means employment in the public or private sector in
which the employee earns comparable wages and benefits,



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11 commensurate with his or her qualifications and experience, and
12 works in comparable conditions to those experienced by the
13 general workforce in that industry or profession.

14 (2) The program shall ~~to~~ provide personal care attendants
15 and other support and services necessary to enable ~~to~~ persons
16 eligible under subsection (3) who have significant ~~severe~~ and
17 chronic disabilities to obtain or maintain competitive
18 employment, including self-employment of all kinds and who are
19 eligible under subsection (1). ~~Effective July 1, 2008, The~~
20 ~~Florida Association of Centers for Independent Living shall~~
21 ~~receive 12 percent of the funds paid to or on behalf of~~
22 ~~participants from funds to be deposited with the Florida~~
23 ~~Endowment Foundation for Vocational Rehabilitation pursuant to~~
24 ~~ss. 320.08068(4)(d) and 413.4021(1) to administer the program.~~
25 ~~For the purpose of ensuring continuity of services, a memorandum~~
26 ~~of understanding shall be executed between the parties to cover~~
27 ~~the period between July 1, 2008, and the execution of the final~~
28 ~~agreement.~~

29 (3)(1) ~~In order to be eligible to participate in the~~
30 ~~program, a person must:~~

31 (a) Be at least 18 years of age, be a legal resident of
32 this state, and be significantly and chronically disabled.~~+~~

33 (b) As determined by a physician, psychologist, or
34 psychiatrist, require a personal care attendant for assistance
35 with or support for at least two activities of daily living as
36 defined in s. 429.02.~~as determined by a physician,~~
37 ~~psychologist, or psychiatrist;~~

38 (c) Require a personal care attendant and, as needed, other
39 support and services ~~in order to accept an offer of employment~~



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and commence working or to ~~a job or~~ maintain competitive
substantial gainful employment.; ~~and~~

(d) Be able to acquire and direct the support and services
provided pursuant to this section, including the services of a
personal care attendant.

(4)(2) (a) The Florida Association of Centers for
Independent Living shall provide program participants with
appropriate training to program participants on the hiring and
management of managing a personal care attendant and on other
self-advocacy skills needed to effectively access and manage the
support and services provided under this section. and,

(b) In consultation ~~cooperation~~ with the Advisory and
Oversight Committee established in subsection (6), the Florida
Association of Centers for Independent Living shall oversight
~~group described in paragraph (b),~~ adopt new and revised and
~~revise the~~ policies and procedures governing the operation of
~~the personal care attendant program and the training program~~
required in paragraph (a), provide technical assistance to
program participants, provide administrative support services
for the program, including the implementation of appropriate
internal financial controls to ensure program integrity, and
provide administrative support for the Advisory and Oversight
Committee ~~The oversight group shall include, but need not be~~
~~limited to, a member of the Florida Association of Centers for~~
~~Independent Living, a person who is participating in the~~
~~program, and one representative each from the Department of~~
~~Revenue, the Department of Children and Families, the Division~~
~~of Vocational Rehabilitation in the Department of Education, the~~
~~Medicaid program in the Agency for Health Care Administration,~~



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~~the Florida Endowment Foundation for Vocational Rehabilitation,~~
~~and the Brain and Spinal Cord Injury Program in the Department~~
~~of Health.~~

(5) The James Patrick Memorial Work Incentive Personal
Attendant Services and Employment Assistance Program shall
reimburse the Florida Association of Centers for Independent
Living monthly for payments made to program participants and for
costs associated with program administration and oversight in
accordance with the annual operating budget approved by the
Advisory and Oversight Committee established pursuant to
subsection (6). Such costs may not exceed 12 percent of the
funds deposited with the Florida Endowment Foundation for
Vocational Rehabilitation pursuant to ss. 320.08068(4)(d) and
413.4021(1).

(6) The Advisory and Oversight Committee for the James
Patrick Memorial Work Incentive Personal Attendant Services and
Employment Assistance Program is established for the purpose of
providing program oversight, advising the Florida Association of
Centers for Independent Living on policies and procedures, and
approving the program's annual operating budget for
administration and oversight.

(a) The committee shall consist of the following members:

1. The director of the Division of Vocational
Rehabilitation or his or her designee;

2. The executive director of the Department of Revenue or
his or her designee;

3. The secretary of the Department of Children and Families
or his or her designee;

4. The director of the advisory council on brain and spinal



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cord injuries or his or her designee;

5. A program participant, appointed by the President of the Senate;

6. A member of the Florida Independent Living Council, appointed by the Speaker of the House of Representatives;

7. A financial management professional, appointed by the Governor; and

8. Two ex officio, nonvoting members, one of whom designated by the chair of the Florida Endowment Foundation for Vocational Rehabilitation, and the other designated by the chair of the Florida Association of Centers for Independent Living.

(b) The appointed members shall serve for a term concurrent with the term of the official who made the appointment and shall serve at the pleasure of such official.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete lines 11 - 17

and insert:

Services and Employment Assistance Program; defining a term; requiring the program to provide additional support and services; revising eligibility requirements; expanding the kinds of training required; requiring the association, in consultation with the Advisory and Oversight Committee, to adopt and revise certain policies and procedures and to provide technical assistance and support under certain circumstances; requiring the program to reimburse the Florida Association of Centers for Independent Living



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127 for certain costs approved by the Advisory and
128 Oversight Committee; prohibiting such reimbursement
129 from exceeding a certain amount; establishing the
130 Advisory and Oversight Committee for the James Patrick
131 Memorial Work Incentive Personal Attendant Services
132 and Employment Assistance Program; providing the
133 committee's purpose; providing for committee
134 membership;

By Senator Bean

4-00252-16

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A bill to be entitled

An act relating to the Florida Association of Centers for Independent Living; amending s. 413.208, F.S.; providing that certain volunteers for centers for independent living do not have to undergo level 2 background screening; amending s. 413.402, F.S.; requiring that a specified agreement be maintained; renaming the James Patrick Memorial Work Incentive Personal Attendant Services Program as the James Patrick Memorial Work Incentive Personal Attendant Services and Employment Assistance Program; expanding the program's scope, support, and services; defining a term; revising eligibility requirements; expanding the kinds of training required; requiring the association, in consultation with an advisory group, to adopt and revise certain policies and procedures; replacing an existing oversight group with an advisory group; amending s. 413.4021, F.S.; revising the maximum amount of specified funds for each state attorney which may be used to administer the personal attendant and employment assistance program and to contract with the state attorneys participating in the tax collection enforcement diversion program; amending s. 320.08068, F.S.; making a technical change; conforming a provision to changes made by the act; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Page 1 of 6

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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Section 1. Paragraph (b) of subsection (2) of section 413.208, Florida Statutes, is amended to read:

413.208 Service providers; quality assurance; fitness for responsibilities; background screening.—

(2)

(b) Level 2 background screening pursuant to chapter 435 is not required for the following persons:

1. A licensed physician, nurse, or other professional who is licensed by the Department of Health and who has undergone fingerprinting and background screening as part of such licensure if providing a service that is within the scope of her or his licensed practice.

2. A relative of the vulnerable person receiving services. For purposes of this section, the term "relative" means an individual who is the father, mother, stepfather, stepmother, son, daughter, brother, sister, grandmother, grandfather, great-grandmother, great-grandfather, grandson, granddaughter, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepson, stepdaughter, stepbrother, stepsister, half-brother, or half-sister of the vulnerable person.

3. A person who volunteers at a center for independent living designated in the state plan for independent living developed pursuant to Title VII(A) of the Rehabilitation Act of 1973, as amended, and who assists on an intermittent basis for less than 10 hours per month, if an employee of the service provider maintains constant visual contact with the volunteer.

Section 2. Section 413.402, Florida Statutes, is amended to read:

Page 2 of 6

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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413.402 James Patrick Memorial Work Incentive Personal Care
Attendant Services and Employment Assistance Program.—The
 Florida Endowment Foundation for Vocational Rehabilitation shall
~~maintain enter into an agreement, no later than October 1, 2008,~~
 with the Florida Association of Centers for Independent Living
 to administer the James Patrick Memorial Work Incentive Personal
 Attendant Services and Employment Assistance Program. The
program shall ~~to~~ provide personal care attendants and other
support and services necessary to enable ~~to~~ persons eligible
under subsection (2) who have severe and chronic disabilities of
any kind to obtain or maintain competitive employment, including
self-employment. Twelve ~~all kinds and who are eligible under~~
subsection (1). ~~Effective July 1, 2008, The Florida Association~~
of Centers for Independent Living shall receive 12 percent of
the funds paid to or on behalf of participants from funds to be
deposited with the Florida Endowment Foundation for Vocational
Rehabilitation pursuant to ss. 320.08068(4)(d) and 413.4021(1)
shall be paid to the Florida Association of Centers for
Independent Living to administer the program. For the purpose of
~~ensuring continuity of services, a memorandum of understanding~~
~~shall be executed between the parties to cover the period~~
~~between July 1, 2008, and the execution of the final agreement.~~

(1) As used in this section, the term "competitive
employment" means employment in the public or private sector in
which the employee earns comparable wages and benefits,
commensurate with his or her qualifications and experience, and
works in comparable conditions to those experienced by the
general workforce in that industry or profession.

(2)(1) In order to be eligible to participate in the

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program, a person must meet the following requirements:

(a) Be at least 18 years of age, be a legal resident of
 this state, and be significantly and chronically disabled. ~~+~~

(b) As determined by a physician, psychologist, or
psychiatrist, require a personal care attendant for assistance
 with or support for at least two activities of daily living as
 defined in s. 429.02. ~~as determined by a physician,~~
~~psychologist, or psychiatrist,~~

(c) Require a personal care attendant and, as needed, other
support and services in order to accept an offer of employment,
commence working, or a job or maintain competitive substantial
gainful employment. ~~and~~

(d) Be able to acquire and direct the support and services
provided pursuant to this section, including the services of a
 personal care attendant.

(3)(2)(a) The Florida Association of Centers for
Independent Living shall provide program participants with
appropriate training to program participants on the hiring and
management of managing a personal care attendant and on other
self-advocacy skills needed to effectively access and manage the
support and services provided under this section. and,

(b) In consultation cooperation with the advisory group
established in oversight group described in paragraph (c), the
Florida Association of Centers for Independent Living shall (b),
adopt new and revised and revise the policies and procedures
governing the operation of the personal care attendant program
and the training program required by paragraph (a).

(c) An advisory group is established to make
recommendations on the development and revision of policies and

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117 procedures related to the provision of services pursuant to this
 118 section. The membership of the advisory group must

119 ~~(b) The oversight group shall include, but need not be~~
 120 limited to, a member of the Florida Association of Centers for
 121 Independent Living, a person who is participating in the
 122 program, and one representative each from the Department of
 123 Revenue, the Department of Children and Families, the Division
 124 of Vocational Rehabilitation in the Department of Education, the
 125 Medicaid program in the Agency for Health Care Administration,
 126 the Florida Endowment Foundation for Vocational Rehabilitation,
 127 and the Brain and Spinal Cord Injury Program in the Department
 128 of Health.

129 Section 3. Subsection (1) of section 413.4021, Florida
 130 Statutes, is amended to read:

131 413.4021 Program participant selection; tax collection
 132 enforcement diversion program.—The Department of Revenue, in
 133 coordination with the Florida Association of Centers for
 134 Independent Living and the Florida Prosecuting Attorneys
 135 Association, shall select judicial circuits in which to operate
 136 the program. The association and the state attorneys' offices
 137 shall develop and implement a tax collection enforcement
 138 diversion program, which shall collect revenue due from persons
 139 who have not remitted their collected sales tax. The criteria
 140 for referral to the tax collection enforcement diversion program
 141 shall be determined cooperatively between the state attorneys'
 142 offices and the Department of Revenue.

143 (1) Notwithstanding ~~the provisions of~~ s. 212.20, 50 percent
 144 of the revenues collected from the tax collection enforcement
 145 diversion program shall be deposited into the special reserve

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146 account of the Florida Endowment Foundation for Vocational
 147 Rehabilitation, to be used to administer the James Patrick
 148 Memorial Work Incentive Personal Care Attendant Services and
 149 Employment Assistance Program and to contract with the state
 150 attorneys participating in the tax collection enforcement
 151 diversion program in an amount of not more than \$75,000 ~~\$50,000~~
 152 for each state attorney.

153 Section 4. Paragraph (d) of subsection (4) of section
 154 320.08068, Florida Statutes, is amended to read:

155 320.08068 Motorcycle specialty license plates.—

156 (4) A license plate annual use fee of \$20 shall be
 157 collected for each motorcycle specialty license plate. Annual
 158 use fees shall be distributed to The Able Trust as custodial
 159 agent. The Able Trust may retain a maximum of 10 percent of the
 160 proceeds from the sale of the license plate for administrative
 161 costs. The Able Trust shall distribute the remaining funds as
 162 follows:

163 (d) Twenty percent to the Florida Endowment Foundation for
 164 Vocational Rehabilitation to support the James Patrick Memorial
 165 Work Incentive Personal Care Attendant Services and Employment
 166 Assistance Program pursuant to s. 413.402.

167 Section 5. This act shall take effect July 1, 2016.



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| Senate | . | House |
| Comm: FAV | . | |
| 10/08/2015 | . | |
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The Committee on Children, Families, and Elder Affairs (Sobel)
recommended the following:

Senate Amendment (with title amendment)

Delete lines 30 - 56

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete lines 3 - 6

and insert:

for Independent Living; amending s. 413.402, F.S.;



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LEGISLATIVE ACTION

| Senate | . | House |
|------------|---|-------|
| Comm: FAV | . | |
| 10/08/2015 | . | |
| | . | |
| | . | |
| | . | |

The Committee on Children, Families, and Elder Affairs (Hutson) recommended the following:

Senate Amendment (with title amendment)

Delete lines 65 - 128
and insert:
Attendant Services and Employment Assistance Program and shall
remit sufficient funds monthly to meet the requirements of
subsection (5).

(1) As used in this section, the term "competitive
employment" means employment in the public or private sector in
which the employee earns comparable wages and benefits,



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11 commensurate with his or her qualifications and experience, and
12 works in comparable conditions to those experienced by the
13 general workforce in that industry or profession.

14 (2) The program shall ~~to~~ provide personal care attendants
15 and other support and services necessary to enable ~~to~~ persons
16 eligible under subsection (3) who have significant ~~severe~~ and
17 chronic disabilities to obtain or maintain competitive
18 employment, including self-employment of all kinds and who are
19 eligible under subsection (1). ~~Effective July 1, 2008, The~~
20 ~~Florida Association of Centers for Independent Living shall~~
21 ~~receive 12 percent of the funds paid to or on behalf of~~
22 ~~participants from funds to be deposited with the Florida~~
23 ~~Endowment Foundation for Vocational Rehabilitation pursuant to~~
24 ~~ss. 320.08068(4)(d) and 413.4021(1) to administer the program.~~
25 ~~For the purpose of ensuring continuity of services, a memorandum~~
26 ~~of understanding shall be executed between the parties to cover~~
27 ~~the period between July 1, 2008, and the execution of the final~~
28 ~~agreement.~~

29 (3)(1) ~~In order to be eligible to participate in the~~
30 ~~program, a person must:~~

31 (a) Be at least 18 years of age, be a legal resident of
32 this state, and be significantly and chronically disabled. ~~+~~

33 (b) As determined by a physician, psychologist, or
34 psychiatrist, require a personal care attendant for assistance
35 with or support for at least two activities of daily living as
36 defined in s. 429.02. ~~as determined by a physician,~~
37 ~~psychologist, or psychiatrist;~~

38 (c) Require a personal care attendant and, as needed, other
39 support and services in order to accept an offer of employment



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40 and commence working or to a job or maintain competitive
41 substantial gainful employment. ~~and~~

42 (d) Be able to acquire and direct the support and services
43 provided pursuant to this section, including the services of a
44 personal care attendant.

45 ~~(4)(2)~~ (a) The Florida Association of Centers for
46 Independent Living shall provide program participants with
47 appropriate training to program participants on the hiring and
48 management of managing a personal care attendant and on other
49 self-advocacy skills needed to effectively access and manage the
50 support and services provided under this section. ~~and,~~

51 (b) In consultation ~~cooperation~~ with the Advisory and
52 Oversight Committee established in subsection (6), the Florida
53 Association of Centers for Independent Living shall oversight
54 group described in paragraph (b), adopt new and revised and
55 revise the policies and procedures governing the operation of
56 the personal care attendant program and the training program
57 required in paragraph (a), provide technical assistance to
58 program participants, provide administrative support services
59 for the program, including the implementation of appropriate
60 internal financial controls to ensure program integrity, and
61 provide administrative support for the Advisory and Oversight
62 Committee ~~The oversight group shall include, but need not be~~
63 ~~limited to, a member of the Florida Association of Centers for~~
64 ~~Independent Living, a person who is participating in the~~
65 ~~program, and one representative each from the Department of~~
66 ~~Revenue, the Department of Children and Families, the Division~~
67 ~~of Vocational Rehabilitation in the Department of Education, the~~
68 ~~Medicaid program in the Agency for Health Care Administration,~~



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~~the Florida Endowment Foundation for Vocational Rehabilitation,~~
~~and the Brain and Spinal Cord Injury Program in the Department~~
~~of Health.~~

(5) The James Patrick Memorial Work Incentive Personal
Attendant Services and Employment Assistance Program shall
reimburse the Florida Association of Centers for Independent
Living monthly for payments made to program participants and for
costs associated with program administration and oversight in
accordance with the annual operating budget approved by the
Advisory and Oversight Committee established pursuant to
subsection (6). Such costs may not exceed 12 percent of the
funds deposited with the Florida Endowment Foundation for
Vocational Rehabilitation pursuant to ss. 320.08068(4)(d) and
413.4021(1).

(6) The Advisory and Oversight Committee for the James
Patrick Memorial Work Incentive Personal Attendant Services and
Employment Assistance Program is established for the purpose of
providing program oversight, advising the Florida Association of
Centers for Independent Living on policies and procedures, and
approving the program's annual operating budget for
administration and oversight.

(a) The committee shall consist of the following members:

1. The director of the Division of Vocational
Rehabilitation or his or her designee;

2. The executive director of the Department of Revenue or
his or her designee;

3. The secretary of the Department of Children and Families
or his or her designee;

4. The director of the advisory council on brain and spinal



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cord injuries or his or her designee;

5. A program participant, appointed by the President of the Senate;

6. A member of the Florida Independent Living Council, appointed by the Speaker of the House of Representatives;

7. A financial management professional, appointed by the Governor; and

8. Two ex officio, nonvoting members, one of whom designated by the chair of the Florida Endowment Foundation for Vocational Rehabilitation, and the other designated by the chair of the Florida Association of Centers for Independent Living.

(b) The appointed members shall serve for a term concurrent with the term of the official who made the appointment and shall serve at the pleasure of such official.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete lines 11 - 17

and insert:

Services and Employment Assistance Program; defining a term; requiring the program to provide additional support and services; revising eligibility requirements; expanding the kinds of training required; requiring the association, in consultation with the Advisory and Oversight Committee, to adopt and revise certain policies and procedures and to provide technical assistance and support under certain circumstances; requiring the program to reimburse the Florida Association of Centers for Independent Living



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127 for certain costs approved by the Advisory and
128 Oversight Committee; prohibiting such reimbursement
129 from exceeding a certain amount; establishing the
130 Advisory and Oversight Committee for the James Patrick
131 Memorial Work Incentive Personal Attendant Services
132 and Employment Assistance Program; providing the
133 committee's purpose; providing for committee
134 membership;

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Against

10/2/15
Meeting Date

202
Bill Number (if applicable)

Topic INDEP. LIVING

Name GORDON PALMER

Job Title _____

Address 411 STONEHOUSE RD.
Street

Phone 250-878-7044

TCM FL 32301
City State Zip

Email palmtree411@hotmail.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10-8-2015
Meeting Date

FOV
202
Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Brian Pitts

Job Title Trustee

Address 1119 Newton Ave S
Street

Phone 727/897-9291

St. Petersburg FL 33705
City State Zip

Email justice2jesus@yahoo.com

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Justice-2-Jesus

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

FOR

10/8/2015
Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

513 202
Bill Number (if applicable)

Topic SB 202 and Amendment 74/346

Amendment Barcode (if applicable)

Name Jim DeBeaugrine

Job Title Consultant

Address 1778 Vineyard Way
Street
Tallahassee FL 32317
City State Zip

Phone 850-508-8908
Email jim-debeaugrine@comcast.net

Speaking: ☒ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Fla. Assn. of Lawyers for Independent Living

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Oct 8 2015

Meeting Date

For

SB 202

Bill Number (if applicable)

741346

Amendment Barcode (if applicable)

Topic SB 202

Name STEPHEN WISE

Job Title _____

Address 4361 CHARLESTON LN
Street

Phone 904-771-0579

JACKSONVILLE FL 32210
City State Zip

Email SRWISE@ATT.NET

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing FACIL

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

The Florida Senate COMMITTEE VOTE RECORD

COMMITTEE: Children, Families, and Elder Affairs
ITEM: SB 202
FINAL ACTION: Favorable with Committee Substitute
MEETING DATE: Thursday, October 8, 2015
TIME: 9:00—11:00 a.m.
PLACE: 301 Senate Office Building

[illegible]

CODES: FAV=Favorable
UNF=Unfavorable
-R=Reconsidered

RCS=Replaced by Committee Substitute
RE=Replaced by Engrossed Amendment
RS=Replaced by Substitute Amendment

TP=Temporarily Postponed
VA=Vote After Roll Call
VC=Vote Change After Roll Call

WD=Withdrawn
OO=Out of Order
AV=Abstain from Voting

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

BILL: CS/ SB 232

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Detert

SUBJECT: Guardianship

DATE: October 8, 2015

REVISED: _____

| | ANALYST | STAFF DIRECTOR | REFERENCE | ACTION |
|----|---------|----------------|-----------|---------------|
| 1. | Crosier | Hendon | CF | Fav/CS |
| 2. | | | JU | |
| 3. | | | FP | |

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Technical Changes

I. Summary:

CS/SB 232 expands and renames the Statewide Public Guardianship Office within the Department of Elder Affairs (DOEA) as the Office of Public and Professional Guardians. In its new capacity, the office is given the additional responsibility of administering professional guardians who have not previously been closely regulated by the state. The newly titled office remains housed within the DOEA.

The executive director of the new Office of Public and Professional Guardians remains an appointee of the Secretary of the DOEA, but with expanded responsibilities. The bill establishes the additional duties and responsibilities of the executive director and requires the annual registration of professional guardians.

The Office of Public and Professional Guardians is directed to adopt rules to establish standards of practice for public and professional guardians, receive and investigate complaints, establish procedures for disciplinary oversight, conduct hearings, and take administrative action pursuant to ch. 120, F.S.

II. Present Situation:

Guardianship

Guardianship is a concept whereby a “guardian” acts for another, called a “ward,” whom the law regards as incapable of managing his or her own affairs due to age or incapacity. Guardianships

are generally disfavored due to the loss of individual civil rights, and a guardian may be appointed only if the court finds there is no sufficient alternative to guardianship.

There are two main forms of guardianship: guardianship over the person or guardianship over the property, which may be limited or plenary.¹ For adults, a guardianship may be established when a person has demonstrated that he or she is unable to manage his or her own affairs. If the adult is competent, this can be accomplished voluntarily. However, in situations where an individual's mental competence is in question, an involuntary guardianship may be established through the adjudication of incompetence which is based on the determination of a court appointed examination committee.²

Florida courts have long recognized the relationship between a guardian and his or her ward as a classic fiduciary relationship.³ A fiduciary relationship exists between two persons when one of them is under a duty to act for or to give advice for the benefit of another upon matters within the scope of that relationship.⁴ The most basic duty of a fiduciary is the duty of loyalty: a fiduciary must refrain from self-dealing, must not take unfair advantage of the ward, must act in the best interest of the ward, and must disclose material facts.⁵ In addition to the duty of loyalty, a fiduciary also owes a duty of care to carry out its responsibilities in an informed and considered manner.

Section 744.362, F.S., imposes specific duties upon a guardian consistent with the basic duties of a fiduciary including protecting and preserving the property of the ward's overall physical and social health. A guardian must file with the court an initial guardianship report,⁶ an annual guardianship report,⁷ and an annual accounting of the ward's property.⁸ The reports provide evidence of the guardian's faithful execution of his or her fiduciary duties.⁹

At the heart of a court's interpretation of a fiduciary relationship is a concern that persons who assume trustee-like positions with discretionary power over the interests of others might breach their duties and abuse their position. Section 744.446, F.S., explicitly states that the "fiduciary relationship which exists between the guardian and the ward may not be used for the private gain of the guardian other than the remuneration for fees and expenses provided by law." In the event of a breach by the guardian of the guardian's fiduciary duty, the court must take the necessary actions to protect the ward and the ward's assets.¹⁰

¹ See generally, Section 744.102(9), F.S.

² See generally, Section 744.102(12), F.S.

³ *Lawrence v. Norris*, 563 So. 2d 195, 197 (Fla. 1st DCA 1990).

⁴ *Doe v. Evans*, 814 So. 2d 370, 374 (Fla. 2002).

⁵ *Capital Bank v. MVP, Inc.* 644 So. 2d 515, 520 (Fla. 3d DCA 1994).

⁶ Section 744.362, F.S.

⁷ Section 744.367, F.S.

⁸ Section 744.3678, F.S.

⁹ Section 744.368(1), F.S.

¹⁰ Section 744.446(4), F.S.

Professional Guardians

In Florida, a “professional guardian” means any guardian who has, at any time, rendered services to three or more wards as their guardian.¹¹ A professional guardian must register annually with the Statewide Public Guardianship Office.¹² Currently, there are 465 professional guardians registered with the Statewide Public Guardianship Office.¹³ Professional guardians must receive a minimum of 40 hours of instruction and training. Each professional guardian must receive a minimum of 16 hours of continuing education every 2 years after the initial educational requirement is met. The instruction and education must be completed through a course approved or offered by the Statewide Public Guardianship Office.¹⁴

Professional guardians are subject to a level 2 background check,¹⁵ an investigation of the guardian’s credit history,¹⁶ and are required to demonstrate competency to act as a professional guardian by taking an examination approved by DOEA.¹⁷ These requirements do not apply to a professional guardian or the employees of that professional guardian when that guardian is a:

- Trust company;
- State banking corporation;
- State savings association authorized and qualified to exercise fiduciary powers in this state; or
- National banking association or federal savings and loan association authorized and qualified to exercise fiduciary duties in this state.¹⁸

Public Guardianship Act

The Public Guardianship Act is recognized in s. 744.701, F.S. The Legislature created the Statewide Public Guardianship Office in 1999 to provide oversight for all public guardians.¹⁹ The executive director of the Statewide Public Guardianship Office, after consultation with the chief judge and other judges within the judicial circuit may establish one or more office of public guardian within a judicial circuit.²⁰ A public guardian may serve an incapacitated person if there is no family member or friend, other person, bank, or corporation willing and qualified to serve as guardian.²¹ A person serving as a public guardian is considered a professional guardian for purposes of regulation, education, and registration.²² Public guardianship offices are in all 20 judicial circuits in the state.²³

¹¹ Section 744.102(17), F.S.

¹² Section 744.1083(1) and (2), F.S.

¹³ Children and Families, and Elder Affairs Committee staff telephone conversation with the Department of Elder Affairs on March 9, 2015.

¹⁴ Section 744.1085(3), F.S.

¹⁵ Section 744.1085(5), F.S.

¹⁶ Section 744.1085(4), F.S.

¹⁷ Section 744.1085(6), F.S.

¹⁸ Section 744.1085(10), F.S.

¹⁹ Chapter 99-277 L.O.F.

²⁰ Section 744.703(1), F.S.

²¹ Section 744.704(1), F.S.

²² Section 744.102(17), F.S.

²³ Children, Families, and Elder Affairs Committee staff meeting with the Department of Elder Affairs on February 2, 2015.

Determining Incapacity

The process to determine incapacity and the appointment of a guardian begins with a petition filed in the appropriate circuit court. A petition may be executed by an adult and must be served on and read to the alleged incapacitated person. The notice and copies of the petition must be provided to the attorney for the alleged incapacitated person, and served on all next of kin identified in the petition. The notice must include:

- The time and place for the court hearing to inquire into the capacity of the alleged incapacitated person;
- That an attorney has been appointed to represent that person; and
- That, if he or she is determined to be incapable of exercising certain rights, a guardian will be appointed to exercise those rights on his or her behalf.²⁴

In the hearing on the petition alleging incapacity, the partial or total incapacity of the person must be established by clear and convincing evidence.²⁵ The court must enter a written order determining incapacity after finding that a person is incapacitated with respect to the exercise of a particular right or all rights. A person is determined to be incapacitated only with respect to those rights specified in the court's order.²⁶ When an order determines that a person is incapable of exercising delegable rights, the court must consider whether there is an alternative to guardianship which will sufficiently address the problems of the incapacitated person. If an alternative to guardianship will not sufficiently address the problems of the incapacitated person, a guardian will be appointed.²⁷

If a petition for appointment of a guardian has been filed, an order appointing a guardian must be issued contemporaneously with the order adjudicating the person incapacitated.²⁸ If a petition for the appointment of a guardian has not been filed at the time of the hearing on the petition to determine incapacity, the court may appoint an emergency temporary guardian.²⁹

Court Proceedings

The court retains jurisdiction over all guardianships and shall review the appropriateness and extent of a guardianship annually.³⁰ At any time, any interested person, including the ward, may petition the court for review alleging that the guardian is not complying with the guardianship plan or is exceeding his or her authority under the guardianship plan and is not acting in the best interest of the ward. If the petition for review is found to be without merit the court may assess costs and attorney fees against the petitioner.³¹

²⁴ Section 744.331(1), F.S.

²⁵ Section 744.331(5)(c), F.S.

²⁶ Section 744.331(6), F.S.

²⁷ Section 744.331(6)(b), F.S.

²⁸ Section 744.344(3), F.S.

²⁹ Section 744.344(4), F.S.

³⁰ Section 744.372, F.S.

³¹ Section 744.3715, F.S.

A guardian, or an attorney who has rendered services to the ward or to the guardian on the ward's behalf, is entitled to a reasonable fee.³² Fees and costs incurred are generally awardable from the guardianship estate, unless the court finds the requested compensation substantially unreasonable.³³

A ward has the right to be restored to capacity at the earliest possible time.³⁴ The ward, or any interested person filing a suggestion of capacity, has the burden of proving the ward is capable of exercising some or all of the rights which were removed. Immediately upon the filing of the suggestion of capacity, the court shall appoint a physician to examine the ward. The physician must examine the ward and file a report with the court within 20 days.³⁵ All objections to the suggestion of capacity must be filed within 20 days after formal notice is served on the ward, guardian, attorney for the ward, if any, and any other interested persons designated by the court.³⁶ If an objection is timely filed, or if the medical examination suggests that full restoration is not appropriate, the court must set the matter for hearing.³⁷ The level of proof required to show capacity is not presently spelled out in the statute.

In a study and work group report by the Florida Developmental Disabilities Council, dated February 28, 2014, Palm Beach County court personnel performed a limited review of a random sample of 76 guardianship files for persons over the age of 18. Among these, over two thirds were of persons with age-related disabilities. After reviewing the files, the senior auditor for the circuit reported that there were no cases where the guardianship plan recommended the restoration of any rights of the incapacitated persons.³⁸

Media Reports

Beginning on December 6, 2014, the Sarasota Herald Tribune published a series of articles titled "The Kindness of Strangers – Inside Elder Guardianship in Florida," which detailed abuses occurring in guardianships. The paper examined guardianship court case files and conducted interviews with wards, family, and friends in the system.³⁹ The paper concluded that "Florida has cobbled together an efficient way to identify and care for helpless elders, using the probate court system to place them under guardianship." However, critics say this system often ignores basic individual rights and most often plays out in secret, with hearings and files typically closed to the public.⁴⁰ The paper also concluded that "monitoring elders and tapping their assets is a growth business: In 2003, there were 23 registered professional guardians in Florida, according to the [DOEA]. Today there are more than 440 – an increase greater than 1,800 percent in 11 years."⁴¹

³² Section 744.108(1), F.S.

³³ Section 744.108(8), F.S.

³⁴ Section 744.3215(1)(c), F.S.

³⁵ Section 744.464(2)(b), F.S.

³⁶ Section 744.464(2)(c),(d)

³⁷ Section 744.464(2)(e), F.S.

³⁸ Florida Developmental Disabilities Council, *Restoration of Capacity Study and Work Group Report*, February 28, 2014 (on file with the Senate Committee on Children, Families and Elder Affairs).

³⁹ Barbara Peters Smith, *The Kindness of Strangers – Inside Elder Guardianship in Florida*, HERALD TRIBUNE (December 6, 2014), available at <http://extra.heraldtribune.com/2014/12/06/well-oiled-machine/> (last visited April 14, 2015).

⁴⁰ *Id.* at 2.

⁴¹ *Id.*

2015 Legislation (HB5)

In the 2015 legislative session, the Legislature passed and the Governor signed HB 5 which allows for appointment of the office of criminal conflict and civil regional counsel as emergency court monitors, allows compensation for guardians and other certain individuals to be awarded by the court without receiving expert testimony, requires notice requirements for filing a petition for appointment of an emergency temporary guardian, adds for-profit corporate guardians existing under the laws of Florida as qualified to act as a guardian if certain requirements are met and requires a court that does not use a rotation system for appointment of a professional guardian to make specific findings of act stating why the person was selected as guardian in the particular guardianship case.

III. Effect of Proposed Changes:

The bill renames the Statewide Public Guardianship Office and significantly expands its duties. The office is renamed the Office of Public and Professional Guardians and, as its name implies, now has oversight for both public and professional guardians. While public guardians, who provide services for indigent people, have been regulated by the state, professional guardians have not been as closely regulated.

This bill establishes the regulation and supervision of professional guardians by giving the DOEA the authority to discipline professional guardians for misconduct.

Legislative Intent (Section 4)

The bill amends the legislative intent language in s. 744.1012, F.S., to include that alternatives to guardianship and less intrusive means of assistance should always be explored before an individual's rights are removed through an adjudication of incapacity.

The legislative intent is amended to include the finding that private guardianship is inadequate where there is no willing and responsible family member or friend, other person, bank, or corporation available to serve as guardian for an incapacitated person and such person does not have adequate income or wealth for the compensation of the private guardian. The bill amends the legislative intent by establishing the Office of Public and Professional Guardians, to permit the establishment of public guardians to provide services for incapacitated persons when no private guardian is available. The public guardian must be provided only to those persons whose needs cannot be met through less restrictive means of intervention.

Office of Public and Professional Guardians (Section 8)

The bill creates the Office of Public and Professional Guardians within the DOEA. The executive director of the Office of Public and Professional Guardians has oversight responsibilities over all public and private guardians. The executive director must review the standards and criteria for the education, registration, and certification of public and professional guardians in Florida.

The executive director's oversight responsibilities for professional guardians, include, but are not limited to:

- Establish standards of practice for public and professional guardians;
- Review and approve the standards and criteria for the education, registration, and certification of public and professional guardians in Florida;
- Develop a guardianship training program curriculum that may be offered to all public and private guardians;
- Develop and implement a monitoring tool to use for periodic monitoring activities of professional guardians; however, this monitoring tool may not include a financial audit as required to be performed by the clerk of the circuit court under s. 744.368, F.S.;
- Develop procedures for the review of an allegation that a professional guardian has violated an applicable statute, fiduciary duty, standard of practice, rule, regulation, or other requirement governing the conduct of professional guardians;
- Establish disciplinary proceedings, conduct hearings, and take administrative action under ch. 120, F.S.

Regulation of Professional Guardians (Section 10)

The bill provides that each professional guardian is required to demonstrate competency to act as a professional guardian by taking an examination approved by DOEA.

Discipline of Professional Guardians (Section 11)

The bill creates s. 744.2004, F.S., and directs the Office of Public and Professional Guardians to establish standards and procedures in rule by October 1, 2016, with a draft of the standards and procedures to be provided to the Governor, the Legislature and the department secretary for review by August 1, 2016, to:

- Review, and if appropriate, investigate allegations that a professional guardian has violated an applicable statute, fiduciary duty, standard of practice, rule, regulation, or other requirement governing the conduct of professional guardians;
- Initiate an investigation no later than 10 business days after the Office receives a complaint;
- Complete and provide initial investigative findings and recommendations, if any, to the professional guardian and person filing the complaint within 60 days;
- Coordinate to the greatest extent possible with the clerks of the court to avoid duplication of duties;
- Establish disciplinary proceedings, conduct hearings, and take administrative action pursuant to ch. 120, F.S. Disciplinary actions may include, but are not limited to:
 - Requiring professional guardians to participate in additional educational courses;
 - Imposing additional monitoring of the guardianships being served by the professional guardian; and
 - Suspending and revoking the guardian's registration. If the final determination from a disciplinary proceeding is to suspend or revoke the guardian's registration, the determination must be provided to any court that oversees any guardianship to which the professional guardian is appointed.
- The court may only appoint a professional guardian that is registered by the department.

Access to Records by the Office of Public and Professional Guardians (Section 20)

Under current law, any confidential or exempt information provided to the Statewide Public Guardianship Office (renamed by the bill to the Office of Public and Professional Guardians) continues to be held confidential or exempt as otherwise provided by law. Current law also provides that all records relating to the medical, financial, or mental health of vulnerable adults as defined in ch. 415, F.S., persons with a developmental disability as defined in ch. 393, F.S., or persons with a mental illness as defined in ch. 394, F.S., are confidential and exempt from s. 119.07(1), F.S., and Art. I, s. 24(a) of the Florida Constitution.

The bill provides the Office of Public and Professional Guardians access to records held by an agency or the court and its agencies which are necessary as part of an investigation of a guardian as a result of a complaint filed with the Office.

Joining Forces for Public Guardianship (Section 22)

The bill provides the purpose of the Joining Forces for Public Guardianship matching grant program is to assist counties in establishing and funding community-supported public guardianship programs.

Credit and criminal investigations (Section 26)

The office of Public and Professional Guardians shall adopt rules by October 1, 2016, that details the acceptable methods for completing an electronic fingerprint criminal history record check and for completing a credit investigation for professional guardians and each employee of a professional guardian who has a fiduciary responsibility to the ward.

Organizational Changes (Remaining Sections)

The remaining sections of the bill make technical changes and relocate what is currently part II, Venue, to part I, General Provisions, retitles part II as Public and Professional Guardians and makes other conforming changes to carry out the intent of the act.

Effective Date (Section 37)

The bill is effective upon becoming a law.

IV. Constitutional Issues:**A. Municipality/County Mandates Restrictions:**

The mandate restrictions do not apply because the bill does not affect counties and municipalities.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Professional guardians will be regulated by the DOEA.

C. Government Sector Impact:

The Department of Elder Affairs will see increased costs associated with regulating private guardians. The department would need budget and FTEs to perform the duties required by the bill. There would also be increased costs to the department's general counsel's office as the professional guardians will be able to challenge decisions by the department under ch. 120, F.S. The department currently provides education to professional guardians statewide. There are approximately 456 such guardians that would be regulated under this bill. The number of wards represented by these guardians is unknown as this time and would need to be considered when estimating the cost of regulation.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The Office of Public and Professional Guardians is directed to adopt rules concerning professional guardians to establish standards of practice, procedures for investigations and disciplinary oversight, including conducting hearings and taking administrative action pursuant to ch. 120, F.S.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 20.415, 400.148, 415.1102, 744.1012, 744.1083, 744.1085, 744.201, 744.202, 744.2025, 744.7021, 744.344, 744.703, 744.704, 744.705, 744.706, 744.707, 744.708, 744.709, 744.7081, 744.7082, 744.712, 744.713, 744.714, 744.715, 744.3135, 744.331, and 744.524.

This bill creates section 744.2004 of the Florida Statutes.

This bill repeals the following sections of the Florida Statutes: 744.701, 744.702, 744.7101, and 744.711.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

The committee substitute corrects a cross-reference.

B. Amendments:

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.



795116

LEGISLATIVE ACTION

| Senate | . | House |
|------------|---|-------|
| Comm: FAV | . | |
| 10/08/2015 | . | |
| | . | |
| | . | |
| | . | |

The Committee on Children, Families, and Elder Affairs (Detert) recommended the following:

Senate Amendment

Delete line 1062
and insert:
s. 744.2002 ~~s. 744.1083~~, and posts and maintains a bond or
insurance policy

By Senator Detert

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1 A bill to be entitled
 2 An act relating to guardianship; providing directives
 3 to the Division of Law Revision and Information;
 4 amending s. 744.1012, F.S.; revising legislative
 5 intent; renumbering s. 744.201, F.S., relating to
 6 domicile of ward; renumbering and amending s. 744.202,
 7 F.S.; conforming a cross-reference; renumbering s.
 8 744.2025, F.S., relating to change of ward's
 9 residence; renumbering and amending s. 744.7021, F.S.;
 10 renaming the Statewide Public Guardianship Office to
 11 the Office of Public and Professional Guardians;
 12 revising the duties and responsibilities of the
 13 executive director for the Office of Public and
 14 Professional Guardians; conforming provisions to
 15 changes made by the act; renumbering and amending s.
 16 744.1083, F.S.; providing that a guardian has standing
 17 to seek judicial review pursuant to ch. 120, F.S., if
 18 his or her registration is denied; removing a
 19 provision authorizing the executive director to
 20 suspend or revoke the registration of a guardian who
 21 commits certain violations; removing the requirement
 22 of written notification to the chief judge of the
 23 judicial circuit upon the executive director's denial,
 24 suspension, or revocation of a registration;
 25 conforming provisions to changes made by the act;
 26 conforming a cross-reference; renumbering and amending
 27 s. 744.1085, F.S.; conforming provisions to changes
 28 made by the act; removing an obsolete provision;
 29 conforming a cross-reference; creating s. 744.2004,

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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30 F.S.; requiring the Office of Public and Professional
 31 Guardians to establish certain procedures by a
 32 specified date; requiring the office to establish
 33 disciplinary proceedings, conduct hearings, and take
 34 administrative action pursuant to ch. 120, F.S.;
 35 requiring the Department of Elderly Affairs to provide
 36 certain written information in disciplinary
 37 proceedings; requiring that certain findings and
 38 recommendations be made within a certain time;
 39 requiring the office, under certain circumstances, to
 40 make a specified recommendation to a court of
 41 competent jurisdiction; requiring the office to report
 42 determination or suspicion of abuse to the Department
 43 of Children and Families' central abuse hotline under
 44 specified circumstances; requiring the Department of
 45 Elderly Affairs to adopt rules; renumbering and
 46 amending s. 744.344, F.S.; making technical changes;
 47 renumbering and amending s. 744.703, F.S.; conforming
 48 provisions to changes made by the act; renumbering ss.
 49 744.704 and 744.705, F.S., relating to the powers and
 50 duties of public guardians and the costs of public
 51 guardians, respectively; renumbering and amending ss.
 52 744.706 and 744.707, F.S.; conforming provisions to
 53 changes made by the act; renumbering s. 744.709, F.S.,
 54 relating to surety bonds; renumbering and amending s.
 55 744.708, F.S.; conforming provisions to changes made
 56 by the act; renumbering and amending s. 744.7081,
 57 F.S.; requiring that the Office of Public and
 58 Professional Guardians be provided financial audits

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upon its request as part of an investigation;
 conforming provisions to changes made by the act;
 renumbering and amending s. 744.7082, F.S.; conforming
 provisions to changes made by the act; renumbering and
 amending s. 744.712, F.S.; providing legislative
 intent; conforming provisions; renumbering and
 amending ss. 744.713, 744.714, and 744.715, F.S.;
 conforming provisions to changes made by the act;
 amending s. 744.3135, F.S.; requiring the office to
 adopt rules by a certain date; conforming provisions
 to changes made by the act; repealing s. 744.701,
 F.S., relating to a short title; repealing s. 744.702,
 F.S., relating to legislative intent; repealing s.
 744.7101, F.S., relating to a short title; repealing
 s. 744.711, F.S., relating to legislative findings and
 intent; amending ss. 400.148 and 744.331, F.S.;
 conforming provisions to changes made by the act;
 amending ss. 20.415, 415.1102, 744.309, and 744.524,
 F.S.; conforming cross-references; making technical
 changes; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. The Division of Law Revision and Information is
 directed to add ss. 744.1096-744.1098, Florida Statutes, created
 by this act, to part I of chapter 744, Florida Statutes.

Section 2. The Division of Law Revision and Information is
 directed to rename part II of chapter 744, Florida Statutes,
 entitled "VENUE," as "PUBLIC AND PROFESSIONAL GUARDIANS,"

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consisting of ss. 744.2001-744.2109, Florida Statutes.

Section 3. The Division of Law Revision and Information is
 directed to remove part IX of chapter 744, Florida Statutes.

Section 4. Section 744.1012, Florida Statutes, is amended
 to read:

744.1012 Legislative intent.—The Legislature finds that:

(1) That ~~That~~ Adjudicating a person totally incapacitated and in
 need of a guardian deprives such person of all her or his civil
 and legal rights and that such deprivation may be unnecessary.

(2) The Legislature further finds that ~~It is desirable to~~
 make available the least restrictive form of guardianship to
 assist persons who are only partially incapable of caring for
 their needs and that alternatives to guardianship and less
restrictive means of assistance, including, but not limited to,
guardian advocates, should always be explored before an
individual's rights are removed through an adjudication of
incapacity.

(3) By recognizing that every individual has unique needs
 and differing abilities, ~~the Legislature declares that~~ it is the
 purpose of this act to promote the public welfare by
 establishing a system that permits incapacitated persons to
 participate as fully as possible in all decisions affecting
 them; that assists such persons in meeting the essential
 requirements for their physical health and safety, in protecting
 their rights, in managing their financial resources, and in
 developing or regaining their abilities to the maximum extent
 possible; and that accomplishes these objectives through
 providing, in each case, the form of assistance that least
 interferes with the legal capacity of a person to act in her or

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his own behalf. This act shall be liberally construed to accomplish this purpose.

(4) Private guardianship may be inadequate when there is no willing and responsible family member or friend, other person, bank, or corporation available to serve as guardian for an incapacitated person, and such person does not have adequate income or wealth for the compensation of a private guardian.

(5) Through the establishment of the Office of Public and Professional Guardians, the Legislature intends to permit the establishment of offices of public guardians for the purpose of providing guardianship services for incapacitated persons when no private guardian is available.

(6) A public guardian will be provided only to those persons whose needs cannot be met through less restrictive means of intervention.

Section 5. Section 744.201, Florida Statutes, is renumbered as section 744.1096, Florida Statutes.

Section 6. Section 744.202, Florida Statutes, is renumbered as section 744.1097, Florida Statutes, and subsection (3) of that section is amended, to read:

744.1097 744.202 Venue.—

(3) When the residence of an incapacitated person is changed to another county, the guardian shall petition to have the venue of the guardianship changed to the county of the acquired residence, except as provided in s. 744.1098 s- 744.2025.

Section 7. Section 744.2025, Florida Statutes, is renumbered as section 744.1098, Florida Statutes.

Section 8. Section 744.7021, Florida Statutes, is

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renumbered as section 744.2001, Florida Statutes, and amended to read:

744.2001 744.7021 Statewide Public Guardianship Office of Public and Professional Guardians.—There is hereby created the Statewide Public Guardianship Office of Public and Professional Guardians within the Department of Elderly Affairs.

(1) The Secretary of Elderly Affairs shall appoint the executive director, who shall be the head of the Statewide Public Guardianship Office of Public and Professional Guardians. The executive director must be a member of The Florida Bar, knowledgeable of guardianship law and of the social services available to meet the needs of incapacitated persons, shall serve on a full-time basis, and shall personally, or through a representative ~~representatives~~ of the office, carry out the purposes and functions of the Statewide Public Guardianship Office of Public and Professional Guardians in accordance with state and federal law. The executive director shall serve at the pleasure of and report to the secretary.

(2) The executive director shall, within available resources:

(a) Have oversight responsibilities for all public and professional guardians.

(b) Establish standards of practice for public and professional guardians by rule, in consultation with professional guardianship associations and other interested stakeholders, no later than October 1, 2016. The executive director shall provide a draft of the standards to the Governor, the Legislature, and the secretary for review by August 1, 2016.

(c) Review and approve the standards and criteria for the

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education, registration, and certification of public and professional guardians in Florida.

(3) The executive director's oversight responsibilities of professional guardians must be finalized by October 1, 2016, and shall include, but are not limited to:

(a) Developing and implementing a monitoring tool to ensure compliance of professional guardians with the standards of practice established by the Office of Public and Professional Guardians. This monitoring tool may not include a financial audit as required by the clerk of the circuit court under s. 744.368.

(b) Developing procedures, in consultation with professional guardianship associations and other interested stakeholders, for the review of an allegation that a professional guardian has violated the standards of practice established by the Office of Public and Professional Guardians governing the conduct of professional guardians.

(c) Establishing disciplinary proceedings, conducting hearings, and taking administrative action pursuant to chapter 120.

(4) The executive director's oversight responsibilities of public guardians shall include, but are not limited to:

(a) ~~Reviewing~~ The executive director shall review the current public guardian programs in Florida and other states.

(b) ~~Developing~~ The executive director, in consultation with local guardianship offices and other interested stakeholders, shall develop statewide performance measures and standards.

(c) ~~Reviewing~~ The executive director shall review the various methods of funding public guardianship programs, the

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kinds of services being provided by such programs, and the demographics of the wards. In addition, the executive director shall review and make recommendations regarding the feasibility of recovering a portion or all of the costs of providing public guardianship services from the assets or income of the wards.

(d) By January 1 of each year, ~~providing the executive director shall provide~~ a status report and ~~provide further~~ recommendations to the secretary which ~~that~~ address the need for public guardianship services and related issues.

(e) Developing a guardianship training program curriculum that may be offered to all guardians, whether public or private.

(5) ~~(e)~~ The executive director may provide assistance to local governments or entities in pursuing grant opportunities. The executive director shall review and make recommendations in the annual report on the availability and efficacy of seeking Medicaid matching funds. The executive director shall diligently seek ways to use existing programs and services to meet the needs of public wards.

~~(f) The executive director, in consultation with the Florida Guardianship Foundation, shall develop a guardianship training program curriculum that may be offered to all guardians whether public or private.~~

(6) ~~(3)~~ The executive director may conduct or contract for demonstration projects authorized by the Department of Elderly Affairs, within funds appropriated or through gifts, grants, or contributions for such purposes, to determine the feasibility or desirability of new concepts of organization, administration, financing, or service delivery designed to preserve the civil and constitutional rights of persons of marginal or diminished

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capacity. Any gifts, grants, or contributions for such purposes shall be deposited in the Department of Elderly Affairs Administrative Trust Fund.

Section 9. Section 744.1083, Florida Statutes, is renumbered as section 744.2002, Florida Statutes, subsections (1) through (5) of that section are amended, and subsections (7) and (10) of that section are republished, to read:

744.2002 ~~744.1083~~ Professional guardian registration.—

(1) A professional guardian must register with the ~~Statewide Public Guardianship Office of Public and Professional Guardians~~ established in part ~~II~~ ~~IX~~ of this chapter.

(2) Annual registration shall be made on forms furnished by the ~~Statewide Public Guardianship Office of Public and Professional Guardians~~ and accompanied by the applicable registration fee as determined by rule. The fee may not exceed \$100.

(3) Registration must include the following:

(a) Sufficient information to identify the professional guardian, as follows:

1. If the professional guardian is a natural person, the name, address, date of birth, and employer identification or social security number of the person.

2. If the professional guardian is a partnership or association, the name, address, and employer identification number of the entity.

(b) Documentation that the bonding and educational requirements of s. 744.2003 ~~s. 744.1085~~ have been met.

(c) Sufficient information to distinguish a guardian providing guardianship services as a public guardian,

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individually, through partnership, corporation, or any other business organization.

(4) Prior to registering a professional guardian, the ~~Statewide Public Guardianship Office of Public and Professional Guardians~~ must receive and review copies of the credit and criminal investigations conducted under s. 744.3135. The credit and criminal investigations must have been completed within the previous 2 years.

(5) The executive director of the office may deny registration to a professional guardian if the executive director determines that the guardian's proposed registration, including the guardian's credit or criminal investigations, indicates that registering the professional guardian would violate any provision of this chapter. If a guardian's proposed registration is denied, the guardian has standing to seek judicial review of the denial pursuant to chapter 120 ~~If a guardian who is currently registered with the office violates a provision of this chapter, the executive director of the office may suspend or revoke the guardian's registration. If the executive director denies registration to a professional guardian or suspends or revokes a professional guardian's registration, the Statewide Public Guardianship Office must send written notification of the denial, suspension, or revocation to the chief judge of each judicial circuit in which the guardian was serving on the day of the office's decision to deny, suspend, or revoke the registration.~~

(7) A trust company, a state banking corporation or state savings association authorized and qualified to exercise fiduciary powers in this state, or a national banking

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association or federal savings and loan association authorized and qualified to exercise fiduciary powers in this state, may, but is not required to, register as a professional guardian under this section. If a trust company, state banking corporation, state savings association, national banking association, or federal savings and loan association described in this subsection elects to register as a professional guardian under this subsection, the requirements of subsections (3) and (4) do not apply and the registration must include only the name, address, and employer identification number of the registrant, the name and address of its registered agent, if any, and the documentation described in paragraph (3)(b).

(10) A state college or university or an independent college or university that is located and chartered in Florida, that is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools or the Accrediting Council for Independent Colleges and Schools, and that confers degrees as defined in s. 1005.02(7) may, but is not required to, register as a professional guardian under this section. If a state college or university or independent college or university elects to register as a professional guardian under this subsection, the requirements of subsections (3) and (4) do not apply and the registration must include only the name, address, and employer identification number of the registrant.

Section 10. Section 744.1085, Florida Statutes, is renumbered as section 744.2003, Florida Statutes, subsections (3), (6), and (9) of that section are amended, and subsection (8) of that section is republished, to read:

744.2003 ~~744.1085~~ Regulation of professional guardians;

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application; bond required; educational requirements.—

(3) Each professional guardian defined in s. 744.102(17) and public guardian must receive a minimum of 40 hours of instruction and training. Each professional guardian must receive a minimum of 16 hours of continuing education every 2 calendar years after the year in which the initial 40-hour educational requirement is met. The instruction and education must be completed through a course approved or offered by the ~~Statewide Public Guardianship Office~~ of Public and Professional Guardians. The expenses incurred to satisfy the educational requirements prescribed in this section may not be paid with the assets of any ward. This subsection does not apply to any attorney who is licensed to practice law in this state or an institution acting as guardian under s. 744.2002(7).

(6) ~~After July 1, 2005,~~ Each professional guardian is ~~shall~~ be required to demonstrate competency to act as a professional guardian by taking an examination approved by the Department of Elderly Affairs.

(a) The Department of Elderly Affairs shall determine the minimum examination score necessary for passage of guardianship examinations.

(b) The Department of Elderly Affairs shall determine the procedure for administration of the examination.

(c) The Department of Elderly Affairs or its contractor shall charge an examination fee for the actual costs of the development and the administration of the examination. The examination fee for a guardian may, not ~~to~~ exceed \$500.

(d) The Department of Elderly Affairs may recognize passage of a national guardianship examination in lieu of all or part of

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the examination approved by the Department of Elderly Affairs, except that all professional guardians must take and pass an approved examination section related to Florida law and procedure.

(8) The Department of Elderly Affairs shall waive the examination requirement in subsection (6) if a professional guardian can provide:

(a) Proof that the guardian has actively acted as a professional guardian for 5 years or more; and

(b) A letter from a circuit judge before whom the professional guardian practiced at least 1 year which states that the professional guardian had demonstrated to the court competency as a professional guardian.

(9) ~~After July 1, 2004,~~ The court may ~~shall~~ not appoint any professional guardian who is ~~has~~ not registered by the Office of Public and Professional Guardians met the requirements of this section and s. 744.1083.

Section 11. Section 744.2004, Florida Statutes, is created to read:

744.2004 Complaints; disciplinary proceedings; penalties; enforcement.—

(1) By October 1, 2016, the Office of Public and Professional Guardians shall establish procedures to:

(a) Review and, if determined legally sufficient, investigate any complaint that a professional guardian has violated the standards of practice established by the Office of Public and Professional Guardians governing the conduct of professional guardians. A complaint is legally sufficient if it contains ultimate facts that show a violation of a standard of

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practice by a professional guardian has occurred.

(b) Initiate an investigation no later than 10 business days after the Office of Public and Professional Guardians receives a complaint.

(c) Complete and provide initial investigative findings and recommendations, if any, to the professional guardian and the person who filed the complaint within 60 days of receipt.

(d) Obtain supporting information or documentation to determine the legal sufficiency of a complaint.

(e) Interview a ward, family member, or interested party to determine the legal sufficiency of a complaint.

(f) Dismiss any complaint if, at any time after legal sufficiency is determined, it is found there is insufficient evidence to support the allegations contained in the complaint.

(g) Coordinate, to the greatest extent possible, with the clerks of court to avoid duplication of duties with regard to the financial audits prepared by the clerks pursuant to s. 744.368.

(2) The Office of Public and Professional Guardians shall establish disciplinary proceedings, conduct hearings, and take administrative action pursuant to chapter 120. Disciplinary actions may include, but are not limited to, requiring a professional guardian to participate in additional educational courses provided or approved by the Office of Public and Professional Guardians, imposing additional monitoring by the office of the guardianships to which the professional guardian is appointed, and suspension or revocation of a professional guardian's registration.

(3) In any disciplinary proceeding that may result in the

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suspension or revocation of a professional guardian's registration, the Department of Elderly Affairs shall provide the professional guardian and the person who filed the complaint:

(a) A written explanation of how an administrative complaint is resolved by the disciplinary process.

(b) A written explanation of how and when the person may participate in the disciplinary process.

(c) A written notice of any hearing before the Division of Administrative Hearings at which final agency action may be taken.

(4) If the office makes a final determination to suspend or revoke the professional guardian's registration, it must provide such determination to the court of competent jurisdiction for any guardianship case to which the professional guardian is currently appointed.

(5) If the office determines or has reasonable cause to suspect that a vulnerable adult has been or is being abused, neglected, or exploited as a result of a filed complaint or during the course of an investigation of a complaint, it shall immediately report such determination or suspicion to the central abuse hotline established and maintained by the Department of Children and Families pursuant to s. 415.103.

(6) By October 1, 2016, the Department of Elderly Affairs shall adopt rules to implement the provisions of this section.

Section 12. Section 744.344, Florida Statutes, is renumbered as section 744.2005, Florida Statutes, and amended to read:

744.2005 744.344 Order of appointment.—

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(1) The court may hear testimony on the question of who is entitled to preference in the appointment of a guardian. Any interested person may intervene in the proceedings.

(2) The order appointing a guardian must state the nature of the guardianship as either plenary or limited. If limited, the order must state that the guardian may exercise only those delegable rights which have been removed from the incapacitated person and specifically delegated to the guardian. The order shall state the specific powers and duties of the guardian.

(3)~~(2)~~ The order appointing a guardian must be consistent with the incapacitated person's welfare and safety, must be the least restrictive appropriate alternative, and must reserve to the incapacitated person the right to make decisions in all matters commensurate with the person's ability to do so.

(4)~~(3)~~ If a petition for appointment of a guardian has been filed, an order appointing a guardian must be issued contemporaneously with the order adjudicating the person incapacitated. The order must specify the amount of the bond to be given by the guardian and must state specifically whether the guardian must place all, or part, of the property of the ward in a restricted account in a financial institution designated pursuant to s. 69.031.

(5)~~(4)~~ If a petition for the appointment of a guardian has not been filed or ruled upon at the time of the hearing on the petition to determine capacity, the court may appoint an emergency temporary guardian in the manner and for the purposes specified in s. 744.3031.

(6)~~(5)~~ A plenary guardian shall exercise all delegable rights and powers of the incapacitated person.

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465 ~~(7)(6)~~ A person for whom a limited guardian has been
 466 appointed retains all legal rights except those ~~that which~~ have
 467 been specifically granted to the guardian in the court's written
 468 order.

469 Section 13. Section 744.703, Florida Statutes, is
 470 renumbered as section 744.2006, Florida Statutes, and
 471 subsections (1) and (6) of that section are amended, to read:

472 744.2006 744.703 Office of Public and Professional
 473 Guardians guardian; appointment, notification.-

474 (1) The executive director of the ~~Statewide Public~~
 475 ~~Guardianship~~ Office of Public and Professional Guardians, after
 476 consultation with the chief judge and other circuit judges
 477 within the judicial circuit and with appropriate advocacy groups
 478 and individuals and organizations who are knowledgeable about
 479 the needs of incapacitated persons, may establish, within a
 480 county in the judicial circuit or within the judicial circuit,
 481 one or more offices of public guardian and if so established,
 482 shall create a list of persons best qualified to serve as the
 483 public guardian, who have been investigated pursuant to s.
 484 744.3135. The public guardian must have knowledge of the legal
 485 process and knowledge of social services available to meet the
 486 needs of incapacitated persons. The public guardian shall
 487 maintain a staff or contract with professionally qualified
 488 individuals to carry out the guardianship functions, including
 489 an attorney who has experience in probate areas and another
 490 person who has a master's degree in social work, or a
 491 gerontologist, psychologist, registered nurse, or nurse
 492 practitioner. A public guardian that is a nonprofit corporate
 493 guardian under s. 744.309(5) must receive tax-exempt status from

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494 the United States Internal Revenue Service.

495 (6) Public guardians who have been previously appointed by
 496 a chief judge prior to the effective date of this act pursuant
 497 to this section may continue in their positions until the
 498 expiration of their term pursuant to their agreement. However,
 499 oversight of all public guardians shall transfer to the
 500 ~~Statewide Public Guardianship~~ Office of Public and Professional
 501 Guardians upon the effective date of this act. The executive
 502 director of the ~~Statewide Public Guardianship~~ Office of Public
 503 and Professional Guardians shall be responsible for all future
 504 appointments of public guardians pursuant to this act.

505 Section 14. Section 744.704, Florida Statutes, is
 506 renumbered as section 744.2007, Florida Statutes.

507 Section 15. Section 744.705, Florida Statutes, is
 508 renumbered as section 744.2008, Florida Statutes.

509 Section 16. Section 744.706, Florida Statutes, is
 510 renumbered as section 744.2009, Florida Statutes, and amended to
 511 read:

512 744.2009 744.706 Preparation of budget.-Each public
 513 guardian, whether funded in whole or in part by money raised
 514 through local efforts, grants, or any other source or whether
 515 funded in whole or in part by the state, shall prepare a budget
 516 for the operation of the office of public guardian to be
 517 submitted to the ~~Statewide Public Guardianship~~ Office of Public
 518 and Professional Guardians. As appropriate, the ~~Statewide Public~~
 519 ~~Guardianship~~ Office of Public and Professional Guardians will
 520 include such budgetary information in the Department of Elderly
 521 Affairs' legislative budget request. The office of public
 522 guardian shall be operated within the limitations of the General

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Appropriations Act and any other funds appropriated by the Legislature to that particular judicial circuit, subject to the provisions of chapter 216. The Department of Elderly Affairs shall make a separate and distinct request for an appropriation for the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians. However, this section may shall not be construed to preclude the financing of any operations of the office of the public guardian by moneys raised through local effort or through the efforts of the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians.

Section 17. Section 744.707, Florida Statutes, is renumbered as section 744.2101, Florida Statutes, and amended to read:

744.2101 ~~744.707~~ Procedures and rules.—The public guardian, subject to the oversight of the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians, is authorized to:

(1) Formulate and adopt necessary procedures to assure the efficient conduct of the affairs of the ward and general administration of the office and staff.

(2) Contract for services necessary to discharge the duties of the office.

(3) Accept the services of volunteer persons or organizations and provide reimbursement for proper and necessary expenses.

Section 18. Section 744.709, Florida Statutes, is renumbered as section 744.2102, Florida Statutes.

Section 19. Section 744.708, Florida Statutes, is renumbered as section 744.2103, Florida Statutes, and subsections (3), (4), (5), and (7) of that section are amended,

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to read:

744.2103 ~~744.708~~ Reports and standards.—

(3) A public guardian shall file an annual report on the operations of the office of public guardian, in writing, by September 1 for the preceding fiscal year with the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians, which shall have responsibility for supervision of the operations of the office of public guardian.

(4) Within 6 months of his or her appointment as guardian of a ward, the public guardian shall submit to the clerk of the court for placement in the ward's guardianship file and to the executive director of the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians a report on his or her efforts to locate a family member or friend, other person, bank, or corporation to act as guardian of the ward and a report on the ward's potential to be restored to capacity.

(5) (a) Each office of public guardian shall undergo an independent audit by a qualified certified public accountant at least once every 2 years. A copy of the audit report shall be submitted to the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians.

(b) In addition to regular monitoring activities, the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians shall conduct an investigation into the practices of each office of public guardian related to the managing of each ward's personal affairs and property. If feasible, the investigation shall be conducted in conjunction with the financial audit of each office of public guardian under paragraph (a).

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(7) The ratio for professional staff to wards shall be 1 professional to 40 wards. The ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians may increase or decrease the ratio after consultation with the local public guardian and the chief judge of the circuit court. The basis for the decision to increase or decrease the prescribed ratio must be included in the annual report to the secretary.

Section 20. Section 744.7081, Florida Statutes, is renumbered as section 744.2104, Florida Statutes, and amended to read:

744.2104 ~~744.7081~~ Access to records by the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians; confidentiality.—

(1) Notwithstanding any other provision of law to the contrary, any medical, financial, or mental health records held by an agency, or the court and its agencies, or financial audits prepared by the clerk of the court pursuant to s. 744.368 and held by the court, which are necessary as part of an investigation of a guardian as a result of a complaint filed with the Office of Public and Professional Guardians to evaluate the public guardianship system, to assess the need for additional public guardianship, or to develop required reports, shall be provided to the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians upon that office's request. Any confidential or exempt information provided to the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians shall continue to be held confidential or exempt as otherwise provided by law.

(2) All records held by the ~~Statewide Public Guardianship~~

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Office of Public and Professional Guardians relating to the medical, financial, or mental health of vulnerable adults as defined in chapter 415, persons with a developmental disability as defined in chapter 393, or persons with a mental illness as defined in chapter 394, shall be confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

Section 21. Section 744.7082, Florida Statutes, is renumbered as section 744.2105, Florida Statutes, and subsections (1) through (5) and (8) of that section are amended, to read:

744.2105 ~~744.7082~~ Direct-support organization; definition; use of property; board of directors; audit; dissolution.—

(1) DEFINITION.—As used in this section, the term "direct-support organization" means an organization whose sole purpose is to support the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians and is:

(a) A not-for-profit corporation incorporated under chapter 617 and approved by the Department of State;

(b) Organized and operated to conduct programs and activities; to raise funds; to request and receive grants, gifts, and bequests of moneys; to acquire, receive, hold, invest, and administer, in its own name, securities, funds, objects of value, or other property, real or personal; and to make expenditures to or for the direct or indirect benefit of the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians; and

(c) Determined by the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians to be consistent with the goals of the office, in the best interests of the state, and in

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accordance with the adopted goals and mission of the Department of Elderly Affairs and the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians.

(2) CONTRACT.—The direct-support organization shall operate under a written contract with the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians. The written contract must provide for:

(a) Certification by the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians that the direct-support organization is complying with the terms of the contract and is doing so consistent with the goals and purposes of the office and in the best interests of the state. This certification must be made annually and reported in the official minutes of a meeting of the direct-support organization.

(b) The reversion of moneys and property held in trust by the direct-support organization:

1. To the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians if the direct-support organization is no longer approved to operate for the office;

2. To the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians if the direct-support organization ceases to exist;

3. To the Department of Elderly Affairs if the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians ceases to exist; or

4. To the state if the Department of Elderly Affairs ceases to exist.

The fiscal year of the direct-support organization shall begin

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on July 1 of each year and end on June 30 of the following year.

(c) The disclosure of the material provisions of the contract, and the distinction between the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians and the direct-support organization, to donors of gifts, contributions, or bequests, including such disclosure on all promotional and fundraising publications.

(3) BOARD OF DIRECTORS.—The Secretary of Elderly Affairs shall appoint a board of directors for the direct-support organization from a list of nominees submitted by the executive director of the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians.

(4) USE OF PROPERTY.—The Department of Elderly Affairs may permit, without charge, appropriate use of fixed property and facilities of the department or the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians by the direct-support organization. The department may prescribe any condition with which the direct-support organization must comply in order to use fixed property or facilities of the department or the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians.

(5) MONEYS.—Any moneys may be held in a separate depository account in the name of the direct-support organization and subject to the provisions of the written contract with the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians. Expenditures of the direct-support organization shall be expressly used to support the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians. The expenditures of the direct-support organization may not be used for the purpose

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of lobbying as defined in s. 11.045.

(8) DISSOLUTION.—~~A After July 1, 2004, any~~ not-for-profit corporation incorporated under chapter 617 that is determined by a circuit court to be representing itself as a direct-support organization created under this section, but that does not have a written contract with the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians in compliance with this section, is considered to meet the grounds for a judicial dissolution described in s. 617.1430(1)(a). The ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians shall be the recipient for all assets held by the dissolved corporation which accrued during the period that the dissolved corporation represented itself as a direct-support organization created under this section.

Section 22. Section 744.712, Florida Statutes, is renumbered as section 744.2106, Florida Statutes, and amended to read:

744.2106 744.712 Joining Forces for Public Guardianship grant program; purpose.—The Legislature establishes the Joining Forces for Public Guardianship matching grant program for the purpose of assisting counties to establish and fund community-supported public guardianship programs. The Joining Forces for Public Guardianship matching grant program shall be established and administered by the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians within the Department of Elderly Affairs. The purpose of the program is to provide startup funding to encourage communities to develop and administer locally funded and supported public guardianship programs to address the needs of indigent and incapacitated

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residents.

(1) The ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians may distribute the grant funds as follows:

(a) As initial startup funding to encourage counties that have no office of public guardian to establish an office, or as initial startup funding to open an additional office of public guardian within a county whose public guardianship needs require more than one office of public guardian.

(b) As support funding to operational offices of public guardian that demonstrate a necessity for funds to meet the public guardianship needs of a particular geographic area in the state which the office serves.

(c) To assist counties that have an operating public guardianship program but that propose to expand the geographic area or population of persons they serve, or to develop and administer innovative programs to increase access to public guardianship in this state.

Notwithstanding this subsection, the executive director of the office may award emergency grants if he or she determines that the award is in the best interests of public guardianship in this state. Before making an emergency grant, the executive director must obtain the written approval of the Secretary of Elderly Affairs. Subsections (2), (3), and (4) do not apply to the distribution of emergency grant funds.

(2) One or more grants may be awarded within a county. However, a county may not receive an award that equals, or multiple awards that cumulatively equal, more than 20 percent of

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the total amount of grant funds appropriated during any fiscal year.

(3) If an applicant is eligible and meets the requirements to receive grant funds more than once, the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians shall award funds to prior awardees in the following manner:

(a) In the second year that grant funds are awarded, the cumulative sum of the award provided to one or more applicants within the same county may not exceed 75 percent of the total amount of grant funds awarded within that county in year one.

(b) In the third year that grant funds are awarded, the cumulative sum of the award provided to one or more applicants within the same county may not exceed 60 percent of the total amount of grant funds awarded within that county in year one.

(c) In the fourth year that grant funds are awarded, the cumulative sum of the award provided to one or more applicants within the same county may not exceed 45 percent of the total amount of grant funds awarded within that county in year one.

(d) In the fifth year that grant funds are awarded, the cumulative sum of the award provided to one or more applicants within the same county may not exceed 30 percent of the total amount of grant funds awarded within that county in year one.

(e) In the sixth year that grant funds are awarded, the cumulative sum of the award provided to one or more applicants within the same county may not exceed 15 percent of the total amount of grant funds awarded within that county in year one.

The ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians may not award grant funds to any

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applicant within a county that has received grant funds for more than 6 years.

(4) Grant funds shall be used only to provide direct services to indigent wards, except that up to 10 percent of the grant funds may be retained by the awardee for administrative expenses.

(5) Implementation of the program is subject to a specific appropriation by the Legislature in the General Appropriations Act.

Section 23. Section 744.713, Florida Statutes, is renumbered as section 744.2107, Florida Statutes, and amended to read:

744.2107 ~~744.713~~ Program administration; duties of the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians.—The ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians shall administer the grant program.

The office shall:

(1) Publicize the availability of grant funds to entities that may be eligible for the funds.

(2) Establish an application process for submitting a grant proposal.

(3) Request, receive, and review proposals from applicants seeking grant funds.

(4) Determine the amount of grant funds each awardee may receive and award grant funds to applicants.

(5) Develop a monitoring process to evaluate grant awardees, which may include an annual monitoring visit to each awardee's local office.

(6) Ensure that persons or organizations awarded grant

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funds meet and adhere to the requirements of this act.

Section 24. Section 744.714, Florida Statutes, is renumbered as section 744.2108, Florida Statutes, and paragraph (b) of subsection (1) and paragraph (b) of subsection (2) of that section are amended, to read:

744.2108 ~~744.714~~ Eligibility.—

(1) Any person or organization that has not been awarded a grant must meet all of the following conditions to be eligible to receive a grant:

(b) The applicant must have already been appointed by, or is pending appointment by, the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians to become an office of public guardian in this state.

(2) Any person or organization that has been awarded a grant must meet all of the following conditions to be eligible to receive another grant:

(b) The applicant must have been appointed by, or is pending reappointment by, the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians to be an office of public guardian in this state.

Section 25. Section 744.715, Florida Statutes, is renumbered as section 744.2109, Florida Statutes, and amended to read:

744.2109 ~~744.715~~ Grant application requirements; review criteria; awards process.—Grant applications must be submitted to the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians for review and approval.

(1) A grant application must contain:

(a) The specific amount of funds being requested.

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(b) The proposed annual budget for the office of public guardian for which the applicant is applying on behalf of, including all sources of funding, and a detailed report of proposed expenditures, including administrative costs.

(c) The total number of wards the applicant intends to serve during the grant period.

(d) Evidence that the applicant has:

1. Attempted to procure funds and has exhausted all possible other sources of funding; or

2. Procured funds from local sources, but the total amount of the funds collected or pledged is not sufficient to meet the need for public guardianship in the geographic area that the applicant intends to serve.

(e) An agreement or confirmation from a local funding source, such as a county, municipality, or any other public or private organization, that the local funding source will contribute matching funds to the public guardianship program totaling not less than \$1 for every \$1 of grant funds awarded. For purposes of this section, an applicant may provide evidence of agreements or confirmations from multiple local funding sources showing that the local funding sources will pool their contributed matching funds to the public guardianship program for a combined total of not less than \$1 for every \$1 of grant funds awarded. In-kind contributions, such as materials, commodities, office space, or other types of facilities, personnel services, or other items as determined by rule shall be considered by the office and may be counted as part or all of the local matching funds.

(f) A detailed plan describing how the office of public

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guardian for which the applicant is applying on behalf of will be funded in future years.

(g) Any other information determined by rule as necessary to assist in evaluating grant applicants.

(2) If the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians determines that an applicant meets the requirements for an award of grant funds, the office may award the applicant any amount of grant funds the executive director deems appropriate, if the amount awarded meets the requirements of this act. The office may adopt a rule allocating the maximum allowable amount of grant funds which may be expended on any ward.

(3) A grant awardee must submit a new grant application for each year of additional funding.

(4)(a) In the first year of the Joining Forces for Public Guardianship program's existence, the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians shall give priority in awarding grant funds to those entities that:

1. Are operating as appointed offices of public guardians in this state;

2. Meet all of the requirements for being awarded a grant under this act; and

3. Demonstrate a need for grant funds during the current fiscal year due to a loss of local funding formerly raised through court filing fees.

(b) In each fiscal year after the first year that grant funds are distributed, the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians may give priority to awarding grant funds to those entities that:

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1. Meet all of the requirements of this section and ss. 744.2106, 744.2107, and 744.2108 ~~this act~~ for being awarded grant funds; and

2. Submit with their application an agreement or confirmation from a local funding source, such as a county, municipality, or any other public or private organization, that the local funding source will contribute matching funds totaling an amount equal to or exceeding \$2 for every \$1 of grant funds awarded by the office. An entity may submit with its application agreements or confirmations from multiple local funding sources showing that the local funding sources will pool their contributed matching funds to the public guardianship program for a combined total of not less than \$2 for every \$1 of grant funds awarded. In-kind contributions allowable under this section shall be evaluated by the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians and may be counted as part or all of the local matching funds.

Section 26. Subsection (3), paragraph (c) of subsection (4), and subsections (5) and (6) of section 744.3135, Florida Statutes, are amended to read:

744.3135 Credit and criminal investigation.—

(3) For professional guardians, the court and the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians shall accept the satisfactory completion of a criminal history record check by any method described in this subsection. A professional guardian satisfies the requirements of this section by undergoing an electronic fingerprint criminal history record check. A professional guardian may use any electronic fingerprinting equipment used for criminal history record

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929 checks. By October 1, 2016, the Statewide Public Guardianship
 930 Office of Public and Professional Guardians shall adopt a rule
 931 detailing the acceptable methods for completing an electronic
 932 fingerprint criminal history record check under this section.
 933 The professional guardian shall pay the actual costs incurred by
 934 the Federal Bureau of Investigation and the Department of Law
 935 Enforcement for the criminal history record check. The entity
 936 completing the record check must immediately send the results of
 937 the criminal history record check to the clerk of the court and
 938 the ~~Statewide Public Guardianship~~ Office of Public and
 939 Professional Guardians. The clerk of the court shall maintain
 940 the results in the professional guardian's file and shall make
 941 the results available to the court.

(4)

943 (c) The Department of Law Enforcement shall search all
 944 arrest fingerprints received under s. 943.051 against the
 945 fingerprints retained in the statewide automated biometric
 946 identification system under paragraph (b). Any arrest record
 947 that is identified with the fingerprints of a person described
 948 in this paragraph must be reported to the clerk of court. The
 949 clerk of court must forward any arrest record received for a
 950 professional guardian to the ~~Statewide Public Guardianship~~
 951 Office of Public and Professional Guardians within 5 days. Each
 952 professional guardian who elects to submit fingerprint
 953 information electronically shall participate in this search
 954 process by paying an annual fee to the ~~Statewide Public~~
 955 ~~Guardianship~~ Office of Public and Professional Guardians of the
 956 Department of Elderly Affairs and by informing the clerk of
 957 court and the ~~Statewide Public Guardianship~~ Office of Public and

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958 Professional Guardians of any change in the status of his or her
 959 guardianship appointment. The amount of the annual fee to be
 960 imposed for performing these searches and the procedures for the
 961 retention of professional guardian fingerprints and the
 962 dissemination of search results shall be established by rule of
 963 the Department of Law Enforcement. At least once every 5 years,
 964 the ~~Statewide Public Guardianship~~ Office of Public and
 965 Professional Guardians must request that the Department of Law
 966 Enforcement forward the fingerprints maintained under this
 967 section to the Federal Bureau of Investigation.

968 (5) (a) A professional guardian, and each employee of a
 969 professional guardian who has a fiduciary responsibility to a
 970 ward, must complete, at his or her own expense, an investigation
 971 of his or her credit history before and at least once every 2
 972 years after the date of the guardian's registration with the
 973 ~~Statewide Public Guardianship~~ Office of Public and Professional
 974 Guardians.

975 (b) By October 1, 2016, the Statewide Public Guardianship
 976 Office of Public and Professional Guardians shall adopt a rule
 977 detailing the acceptable methods for completing a credit
 978 investigation under this section. If appropriate, the ~~Statewide~~
 979 ~~Public Guardianship~~ Office of Public and Professional Guardians
 980 may administer credit investigations. If the office chooses to
 981 administer the credit investigation, the office may adopt a rule
 982 setting a fee, not to exceed \$25, to reimburse the costs
 983 associated with the administration of a credit investigation.

984 (6) The ~~Statewide Public Guardianship~~ Office of Public and
 985 Professional Guardians may inspect at any time the results of
 986 any credit or criminal history record check of a public or

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professional guardian conducted under this section. The office shall maintain copies of the credit or criminal history record check results in the guardian's registration file. If the results of a credit or criminal investigation of a public or professional guardian have not been forwarded to the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians by the investigating agency, the clerk of the court shall forward copies of the results of the investigations to the office upon receiving them.

Section 27. Section 744.701, Florida Statutes, is repealed.

Section 28. Section 744.702, Florida Statutes, is repealed.

Section 29. Section 744.7101, Florida Statutes, is repealed.

Section 30. Section 744.711, Florida Statutes, is repealed.

Section 31. Subsection (5) of section 400.148, Florida Statutes, is amended to read:

400.148 Medicaid "Up-or-Out" Quality of Care Contract Management Program.—

(5) The agency shall, jointly with the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians, develop a system in the pilot project areas to identify Medicaid recipients who are residents of a participating nursing home or assisted living facility who have diminished ability to make their own decisions and who do not have relatives or family available to act as guardians in nursing homes listed on the Nursing Home Guide Watch List. The agency and the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians shall give such residents priority for publicly funded guardianship services.

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Section 32. Paragraph (d) of subsection (3) of section 744.331, Florida Statutes, is amended to read:

744.331 Procedures to determine incapacity.—

(3) EXAMINING COMMITTEE.—

(d) A member of an examining committee must complete a minimum of 4 hours of initial training. The person must complete 2 hours of continuing education during each 2-year period after the initial training. The initial training and continuing education program must be developed under the supervision of the ~~Statewide Public Guardianship~~ Office of Public and Professional Guardians, in consultation with the Florida Conference of Circuit Court Judges; the Elder Law and the Real Property, Probate and Trust Law sections of The Florida Bar; and the Florida State Guardianship Association; and the Florida Guardianship Foundation. The court may waive the initial training requirement for a person who has served for not less than 5 years on examining committees. If a person wishes to obtain his or her continuing education on the Internet or by watching a video course, the person must first obtain the approval of the chief judge before taking an Internet or video course.

Section 33. Paragraph (a) of subsection (1) of section 20.415, Florida Statutes, is amended to read:

20.415 Department of Elderly Affairs; trust funds.—The following trust funds shall be administered by the Department of Elderly Affairs:

(1) Administrative Trust Fund.

(a) Funds to be credited to and uses of the trust fund shall be administered in accordance with ss. 215.32, 744.534,

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and 744.2001 ~~744.7021~~.

Section 34. Paragraph (e) of subsection (2) of section 415.1102, Florida Statutes, is amended to read:

415.1102 Adult protection teams.—

(2) Such teams may be composed of, but need not be limited to:

(e) Public and professional guardians as described in part II ~~IX~~ of chapter 744.

Section 35. Paragraph (a) of subsection (7) of section 744.309, Florida Statutes, is amended to read:

744.309 Who may be appointed guardian of a resident ward.—

(7) FOR-PROFIT CORPORATE GUARDIAN.—A for-profit corporate guardian existing under the laws of this state is qualified to act as guardian of a ward if the entity is qualified to do business in the state, is wholly owned by the person who is the circuit's public guardian in the circuit where the corporate guardian is appointed, has met the registration requirements of s. 744.1083, and posts and maintains a bond or insurance policy under paragraph (a).

(a) The for-profit corporate guardian must meet one of the following requirements:

1. Post and maintain a blanket fiduciary bond of at least \$250,000 with the clerk of the circuit court in the county in which the corporate guardian has its principal place of business. The corporate guardian shall provide proof of the fiduciary bond to the clerks of each additional circuit court in which he or she is serving as a guardian. The bond must cover all wards for whom the corporation has been appointed as a guardian at any given time. The liability of the provider of the

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bond is limited to the face value of the bond, regardless of the number of wards for whom the corporation is acting as a guardian. The terms of the bond must cover the acts or omissions of each agent or employee of the corporation who has direct contact with the ward or access to the assets of the guardianship. The bond must be payable to the Governor and his or her successors in office and be conditioned on the faithful performance of all duties of a guardian under this chapter. The bond is in lieu of and not in addition to the bond required under s. 744.2003 ~~s. 744.1085~~ but is in addition to any bonds required under s. 744.351. The expenses incurred to satisfy the bonding requirements of this section may not be paid with the assets of any ward; or

2. Maintain a liability insurance policy that covers any losses sustained by the guardianship caused by errors, omissions, or any intentional misconduct committed by the corporation's officers or agents. The policy must cover all wards for whom the corporation is acting as a guardian for losses up to \$250,000. The terms of the policy must cover acts or omissions of each agent or employee of the corporation who has direct contact with the ward or access to the assets of the guardianship. The corporate guardian shall provide proof of the policy to the clerk of each circuit court in which he or she is serving as a guardian.

Section 36. Section 744.524, Florida Statutes, is amended to read:

744.524 Termination of guardianship on change of domicile of resident ward.—When the domicile of a resident ward has changed as provided in s. 744.1098 ~~s. 744.2025~~, and the foreign

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1103 court having jurisdiction over the ward at the ward's new
1104 domicile has appointed a guardian and that guardian has
1105 qualified and posted a bond in an amount required by the foreign
1106 court, the guardian in this state may file her or his final
1107 report and close the guardianship in this state. The guardian of
1108 the property in this state shall cause a notice to be published
1109 once a week for 2 consecutive weeks, in a newspaper of general
1110 circulation published in the county, that she or he has filed
1111 her or his accounting and will apply for discharge on a day
1112 certain and that jurisdiction of the ward will be transferred to
1113 the state of foreign jurisdiction. If an objection is filed to
1114 the termination of the guardianship in this state, the court
1115 shall hear the objection and enter an order either sustaining or
1116 overruling the objection. Upon the disposition of all objections
1117 filed, or if no objection is filed, final settlement shall be
1118 made by the Florida guardian. On proof that the remaining
1119 property in the guardianship has been received by the foreign
1120 guardian, the guardian of the property in this state shall be
1121 discharged. The entry of the order terminating the guardianship
1122 in this state shall not exonerate the guardian or the guardian's
1123 surety from any liability previously incurred.

1124 Section 37. This act shall take effect upon becoming a law.
1125



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LEGISLATIVE ACTION

| Senate | . | House |
|------------|---|-------|
| Comm: FAV | . | |
| 10/08/2015 | . | |
| | . | |
| | . | |
| | . | |

The Committee on Children, Families, and Elder Affairs (Detert) recommended the following:

Senate Amendment

Delete line 1062
and insert:
s. 744.2002 ~~s. 744.1083~~, and posts and maintains a bond or
insurance policy

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10/8/15
Meeting Date

FOR

SB232
Bill Number (if applicable)

Topic Guardianship

Amendment Barcode (if applicable)

Name Melinda Coulter

Job Title Board Member - FL State Guardianship Assoc (FSGA)

Address 707 Parker
Street

Phone 850-445-3271

Tallahassee
City State Zip

Email coultermom@aol.com

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing FSGA

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10-8-15

Meeting Date

FOR

232

Bill Number (if applicable)

Topic Regulating guardianships

Amendment Barcode (if applicable)

Name ANTHONY Palmieri

Job Title Deputy Clerk & Senior Auditor

Address 301 N. OLIVE Ave, 9th FL

Street

West Palm Beach FL

City

State

Zip

Phone 561-355-6782

Email apalmieri@
mypalmbeachclerk.com

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing CLERK & COMPTROLLER FOR PALM BEACH COUNTY

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10/8/15

Meeting Date

Waived In Support
232

Bill Number (if applicable)

Topic Guardianship

Name GUS CORBELLA

Amendment Barcode (if applicable)

Job Title Sr. Director Gov't Affairs - Greenberg Traurig

Address 101 E. College Av.

Street

Phone 850-222-6891

Tallahassee FL 32301

City

State

Zip

Email corbella@gtrlaw.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing FLORIDA COURT CLERKS + COMPTROLLERS

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10/8/15

Meeting Date

Waived In Support
232

Bill Number (if applicable)

Topic Guardianship

Name GUS CORBELLA

Amendment Barcode (if applicable)

Job Title Sr. Director Gov't Affairs - Greenberg Traurig

Address 101 E. College Av.

Street

Phone 850-222-6891

Tallahassee FL 32301

City

State

Zip

Email corbella@gtrlaw.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing FLORIDA COURT CLERKS + COMPTROLLERS

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10-8-2015

Meeting Date

Info
232

Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name BRIAN PITTS

Job Title Trustee

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Street

Phone 727/897-9291

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FL
State

33705
Zip

Email justice2jesus@yahoo.com

Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Justice-2-Jesus

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

COMMITTEE: Children, Families, and Elder Affairs
ITEM: SB 232
FINAL ACTION: Favorable with Committee Substitute
MEETING DATE: Thursday, October 8, 2015
TIME: 9:00—11:00 a.m.
PLACE: 301 Senate Office Building

[illegible]

CODES: FAV=Favorable
UNF=Unfavorable
-R=Reconsidered

RCS=Replaced by Committee Substitute
RE=Replaced by Engrossed Amendment
RS=Replaced by Substitute Amendment

TP=Temporarily Postponed
VA=Vote After Roll Call
VC=Vote Change After Roll Call

WD=Withdrawn
OO=Out of Order
AV=Abstain from Voting



Children, Families, and Elder Affairs Subcommittee

October 8, 2015

Child Welfare Update

- Legislatively Mandated Reports
- Critical Incident Rapid Response Teams (CIRRRT)
- SFY 16-17 Legislative Proposals
- Non-Relative Caregiver Program
- Child Protective Investigators – Hiring and Retention
- Increase in Out-of-Home Care
- Practice Model
- Results-Oriented Accountability

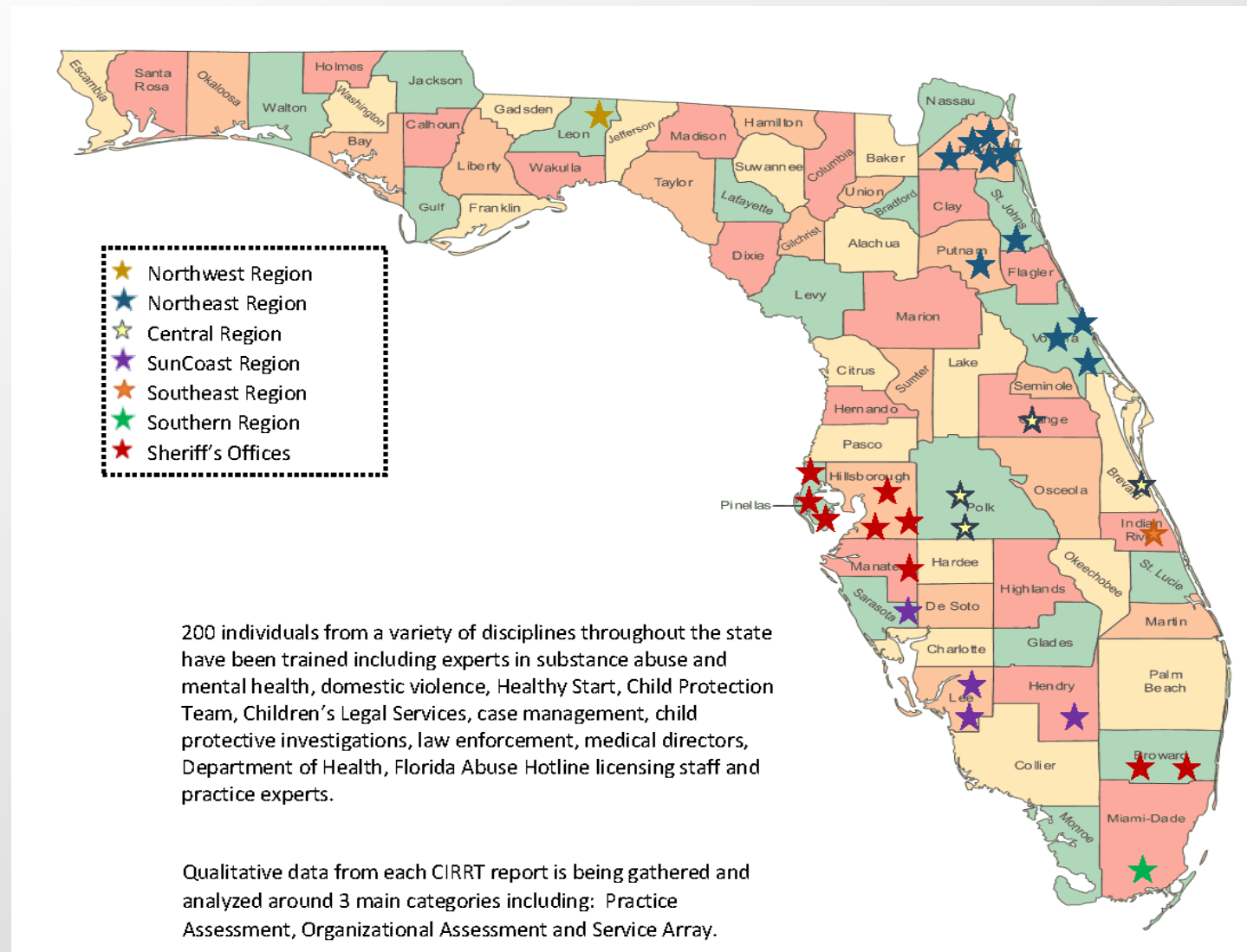


Legislatively Mandated Reports

- **Due October 1 each year:**
 - Annual performance report / s. 409.997(3)(g), F.S.
 - Child Protective Investigator and Child Protective Investigator Supervisor Educational Qualifications, Turnover, and Working Conditions Status Report / s.402.402(3), F.S.
 - Critical Incident Rapid Response Team Advisory Committee / s. 39.2015(11), F.S.



Critical Incident Rapid Response Team



Critical Incident Rapid Response Team

- Immediate Operational Response
 - Local areas have made changes based on findings following regional leadership debriefings
 - Currently working with Northeast region providing additional training and learning circles with supervisors
 - Regional Managing Directors hold meetings with stakeholders to discuss findings and develop action plans
 - Mini CIRRTs have just started



Critical Incident Rapid Response Team

- Next Steps
 - Data collected will be used by the CIRRT Advisory Committee to inform their recommendations
 - Annual Report Submitted October 1, 2015
 - Proposed legislation requiring Secretary to submit quarterly implementation plans addressing recommendations of the committee

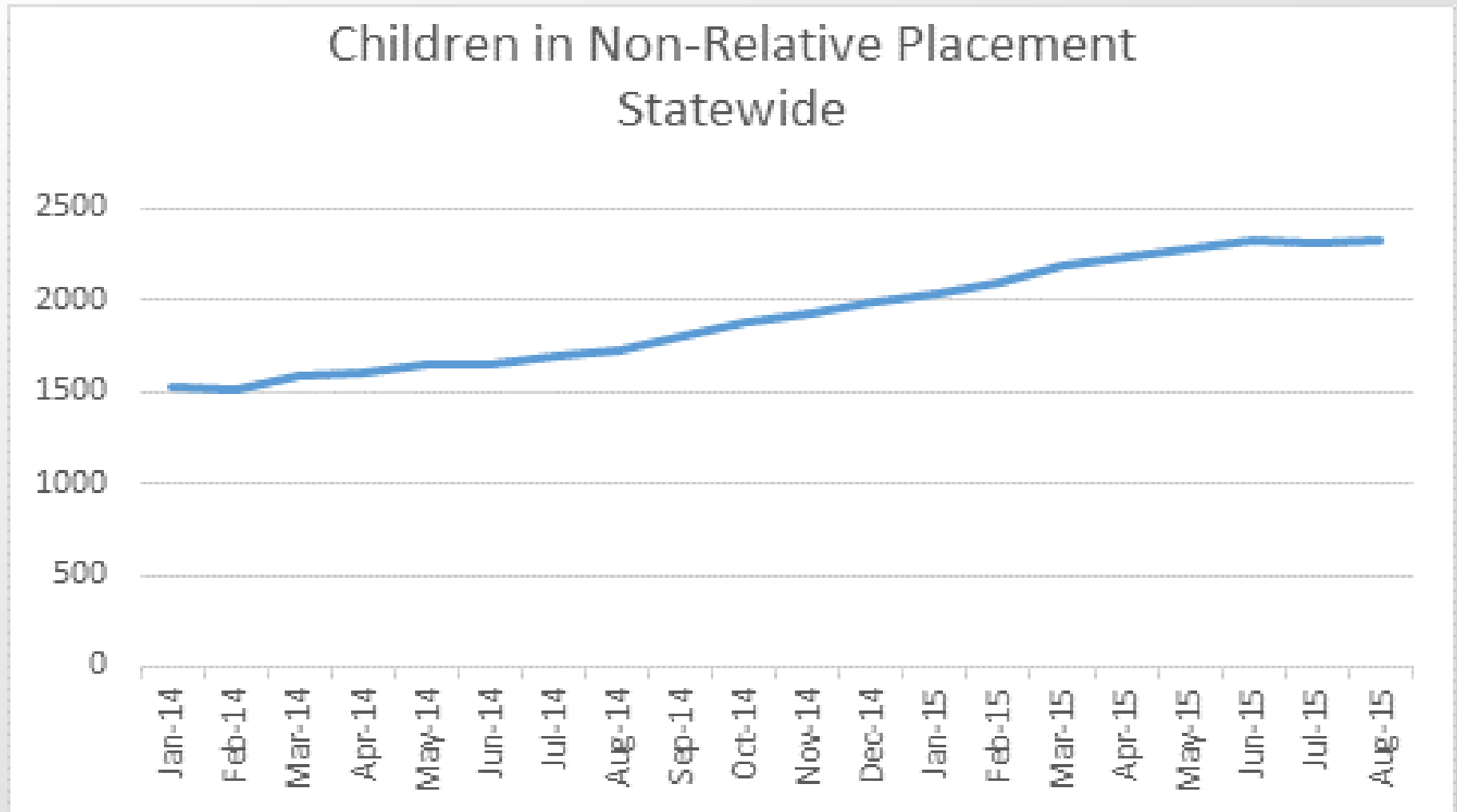


SFY 2016-17 Legislative Proposal

- Enhance Critical Incident Rapid Response Team utilization of Recommendations
- Establish Adequate Networks of Services
- Refine CBC Equity Model
- Clarify eligibility for the Relative Caregiver Program
- Establish Academic progress standards for young adults in care
- Support Quality Rating for Group Care



Non-Relative Caregiver Placement

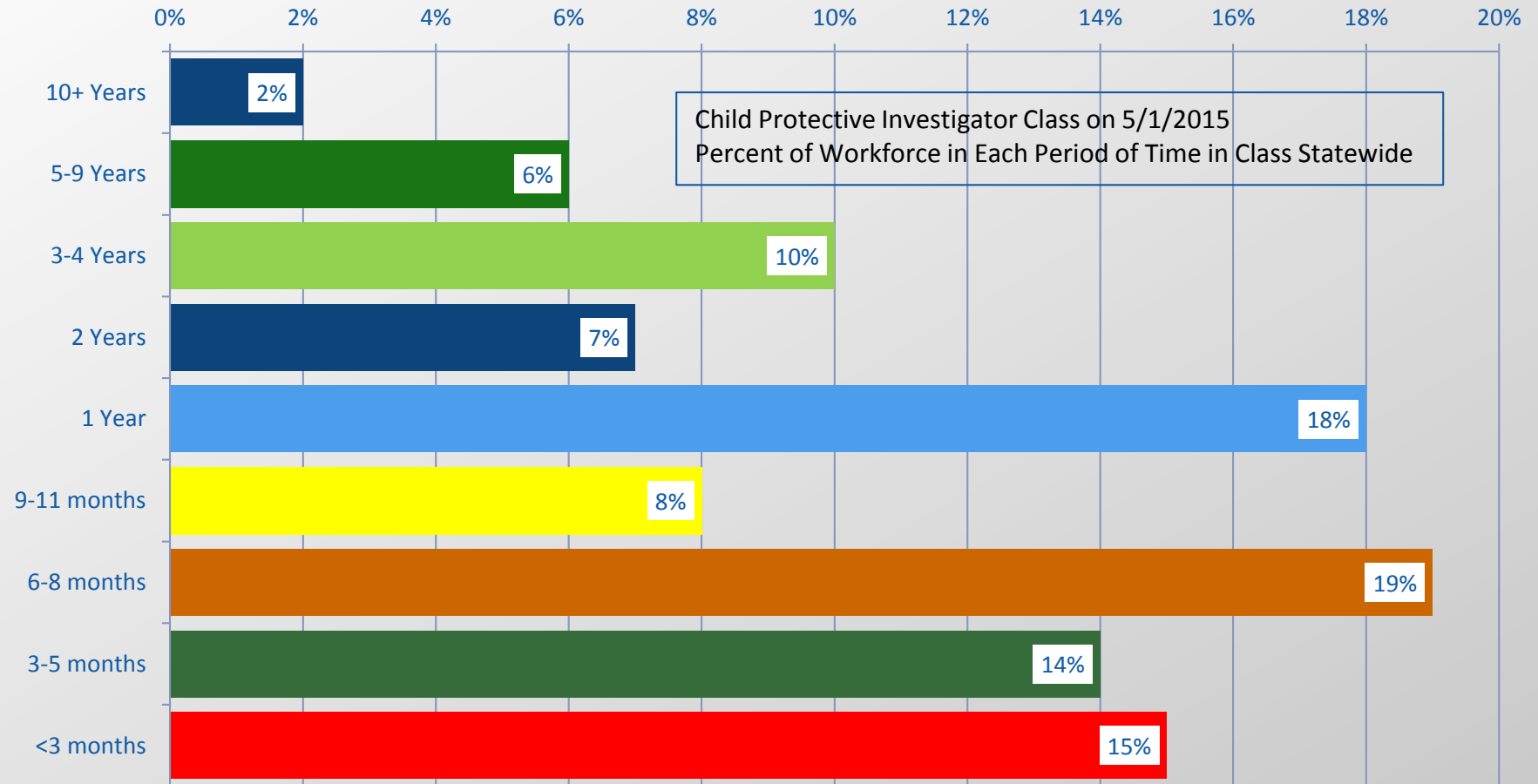


Hiring and Retention of Child Protective Investigators

- 15.3% of active child protective investigative staff hold a degree in social work
- 33% hold a secondary preferred degree
- Steps taken to address recruitment:
 - Locally initiated process of integrating with local universities and colleges that have accredited social work programs
 - Provide weighting advantage for applicants with social work degrees



Child Protective Investigator Time in Class

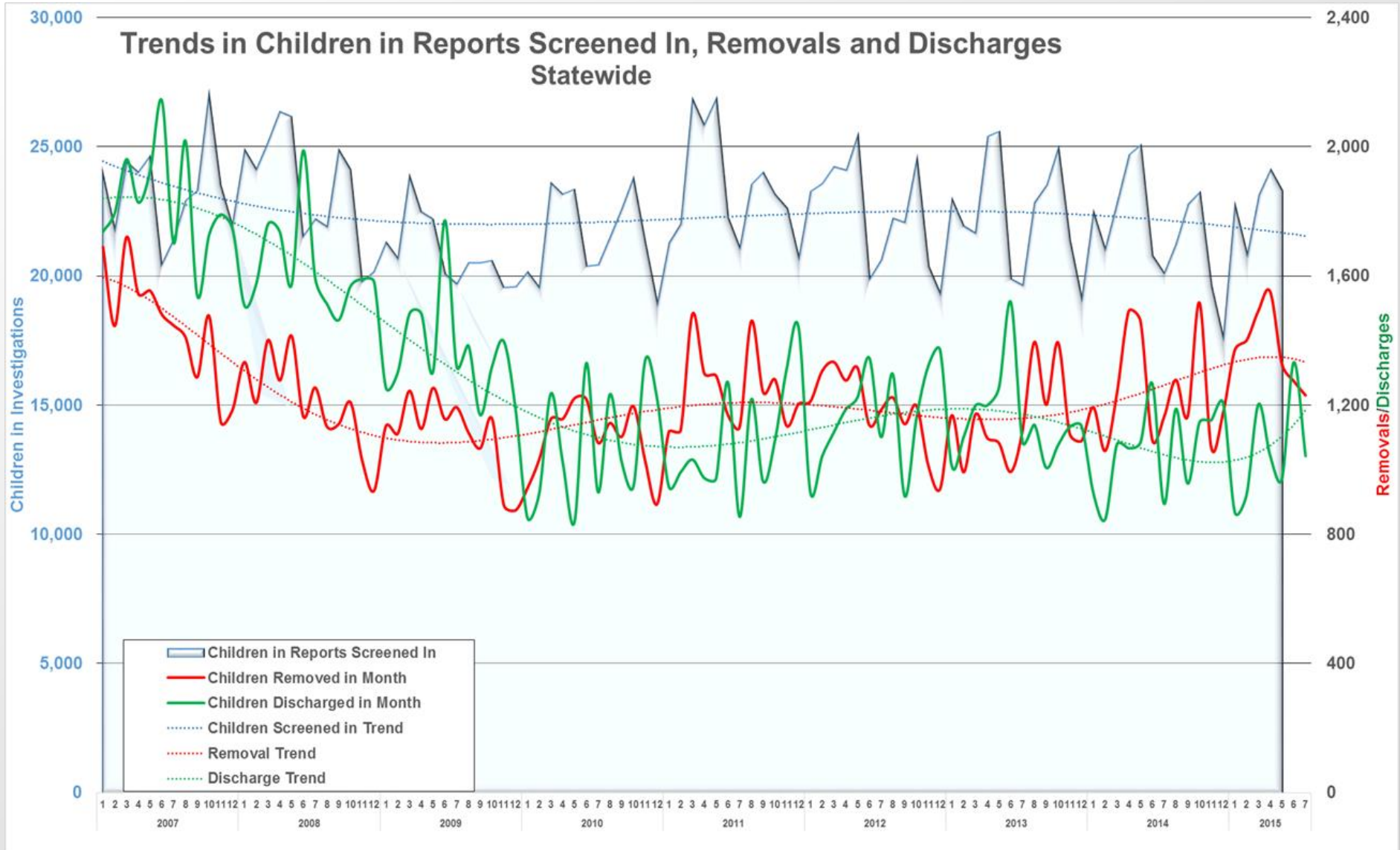


Hiring and Retention of Child Protective Investigators

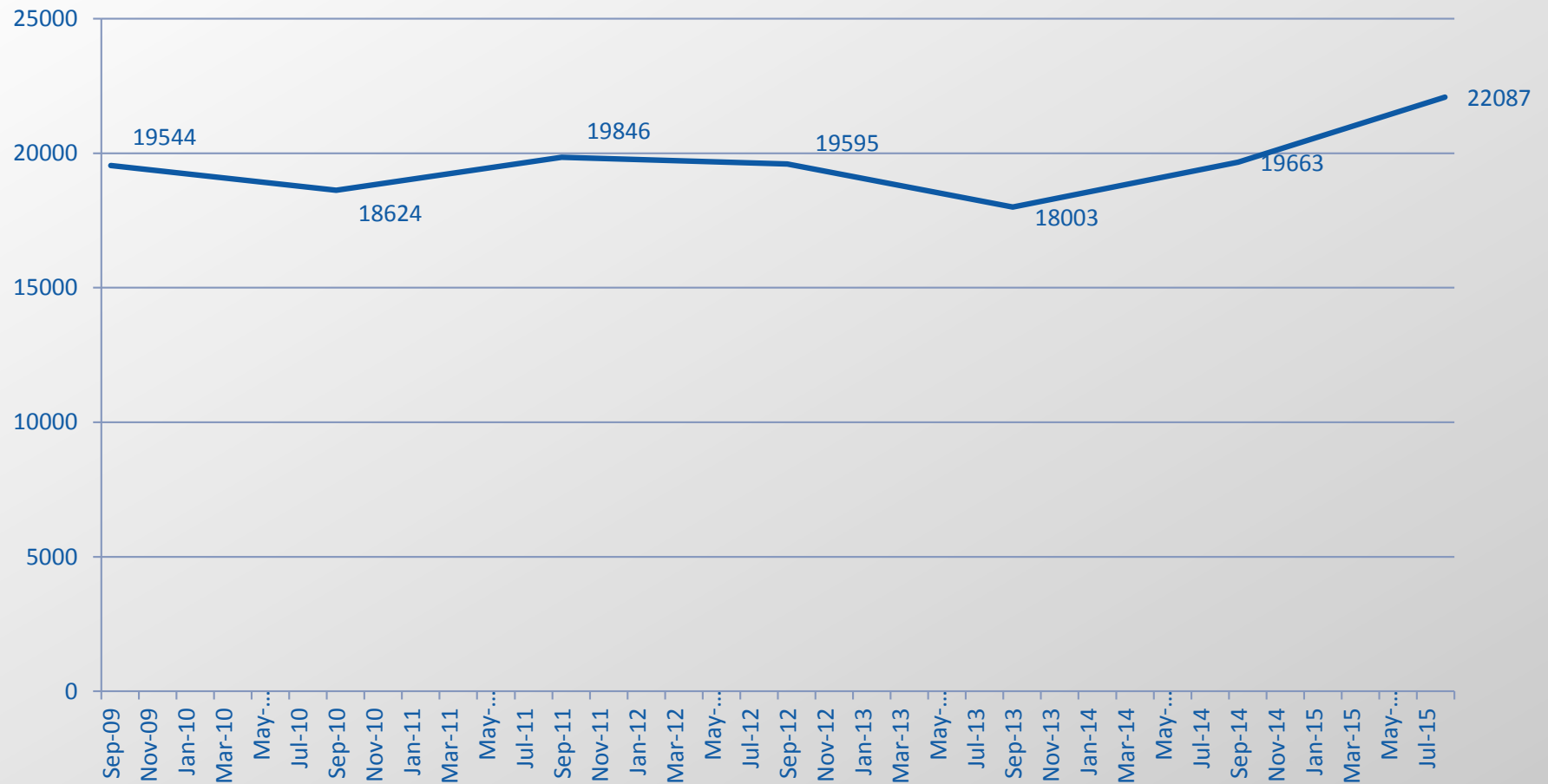
- Turnover for FY 2014-15 = 30.48% (down from 31.6% in FY 2013-14)
- Steps taken to address turnover:
 - Hired regional recruiters
 - Initiated Recruitment and Retention Study
 - Annual CPI Survey



Child Welfare Data



Children in Out-of-Home Care

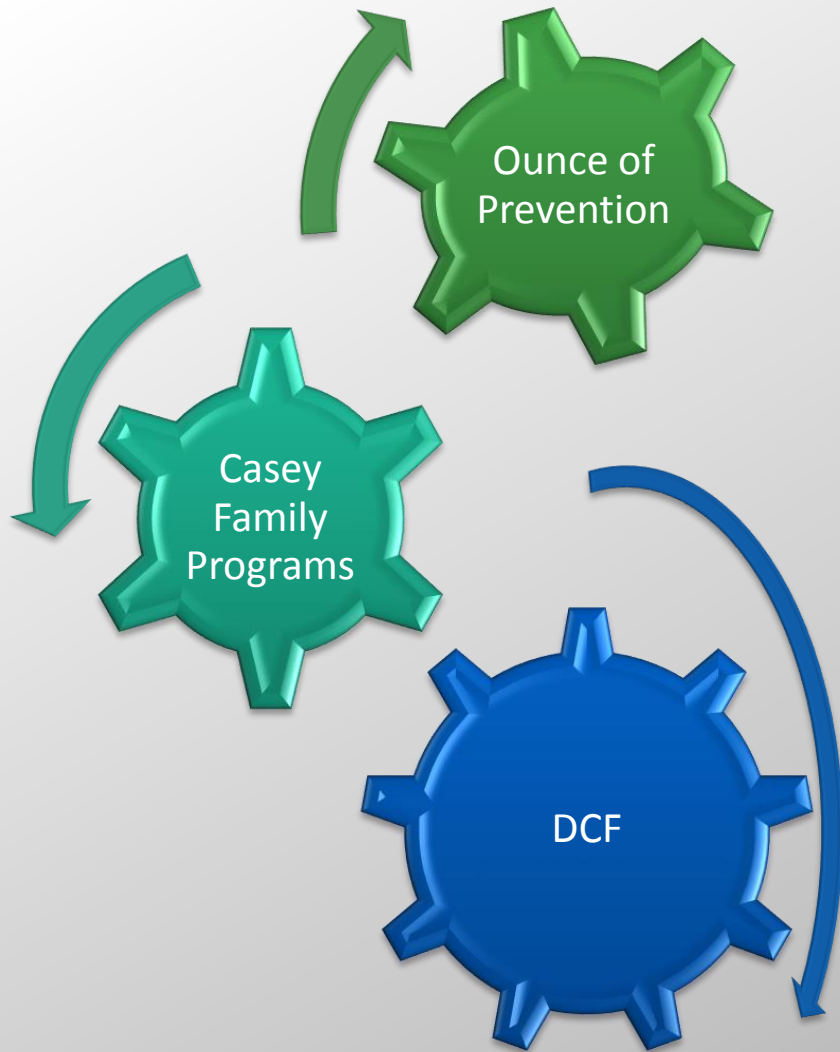


Out-of-Home Care Trends

- Trends and Comparisons: Caseloads and Use of Placement Resources (June 26, 2015) identified the following:
 - Sharp increase in removals and out-of-home care (OHC) over last 24 months
 - OHC now back to 2008 level
 - OHC increase driven by both increase in removal rates and decrease in discharge rates
 - Variation across the circuits
- Study on child placement trends - conducted by the Ounce of Prevention in partnership with Casey Family Programs



Florida's Study of Placement Trends



Research Questions to be Addressed

What are some of the root causes and systemic factors in Florida in the last 24 months that are related to increased numbers in out-of-home care?

What strategies can be adopted by DCF, CBCs and other partners to safely address the number of children in out-of-home care and improve the system of care?

Expected Outcomes

1. DCF will better understand the factors that have contributed to increases in out-of-home care - statewide and within smaller geographic areas of the state.
2. The research capacity of the DCF Office of Child Welfare Performance and Quality Management will expand and improve.
3. DCF's capacity to develop and focus child welfare resources efficiently will be strengthened in light of the research findings.
4. Recommendations to safely reduce the number of children in out-of-home care will help to improve the system of care.

Reason for Changes

PAST PRACTICE

- SUBJECTIVE DECISION MAKING
-
- INCIDENT AND ALLEGATION FOCUSED
-
- INEFFICIENT TECHNOLOGY
-
- SUPERVISION COMPLIANCE FOCUSED
-
- INEFFECTIVE STAFF DEVELOPMENT AND SUPPORT
-

NEW PRACTICE

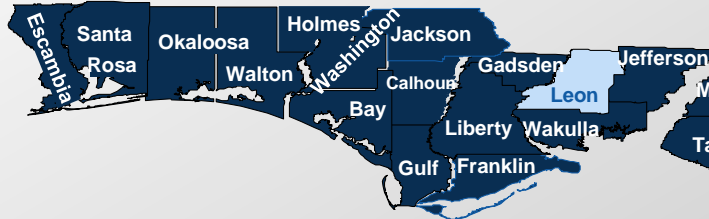
- STANDARD METHODOLOGY FOR SAFETY AND RISK DECISION MAKING
-
- ROBUST INFORMATION COLLECTION ABOUT THE UNDERLYING FAMILY CONDITIONS
-
- INTEGRATED TECHNOLOGY
-
- SUPERVISION FOCUSED ON COACHING, MENTORING AND SPECIFIC CASE CONSULTATIONS
-
- FULLY ALIGNED POLICY, TRAINING, TECHNOLOGY, PERFORMANCE MANAGEMENT AND FIDELITY MODEL
-



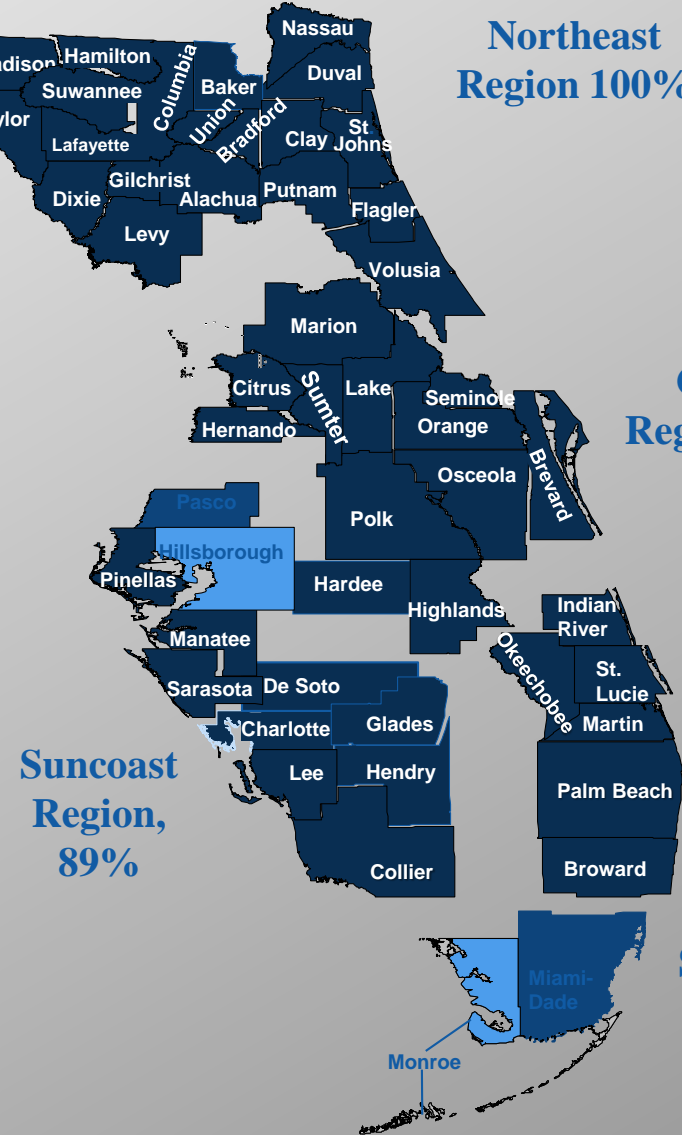
CPI Safety Methodology Implementation Status

July 1 – July 31th 2015

Northwest Region, 90%



Northeast Region 100%



Practice Status (map)

96% of Investigations
assessed with the
Safety Methodology
July 2015

>95%

75%-95%

50%-74%

25%-49%

5%-24%

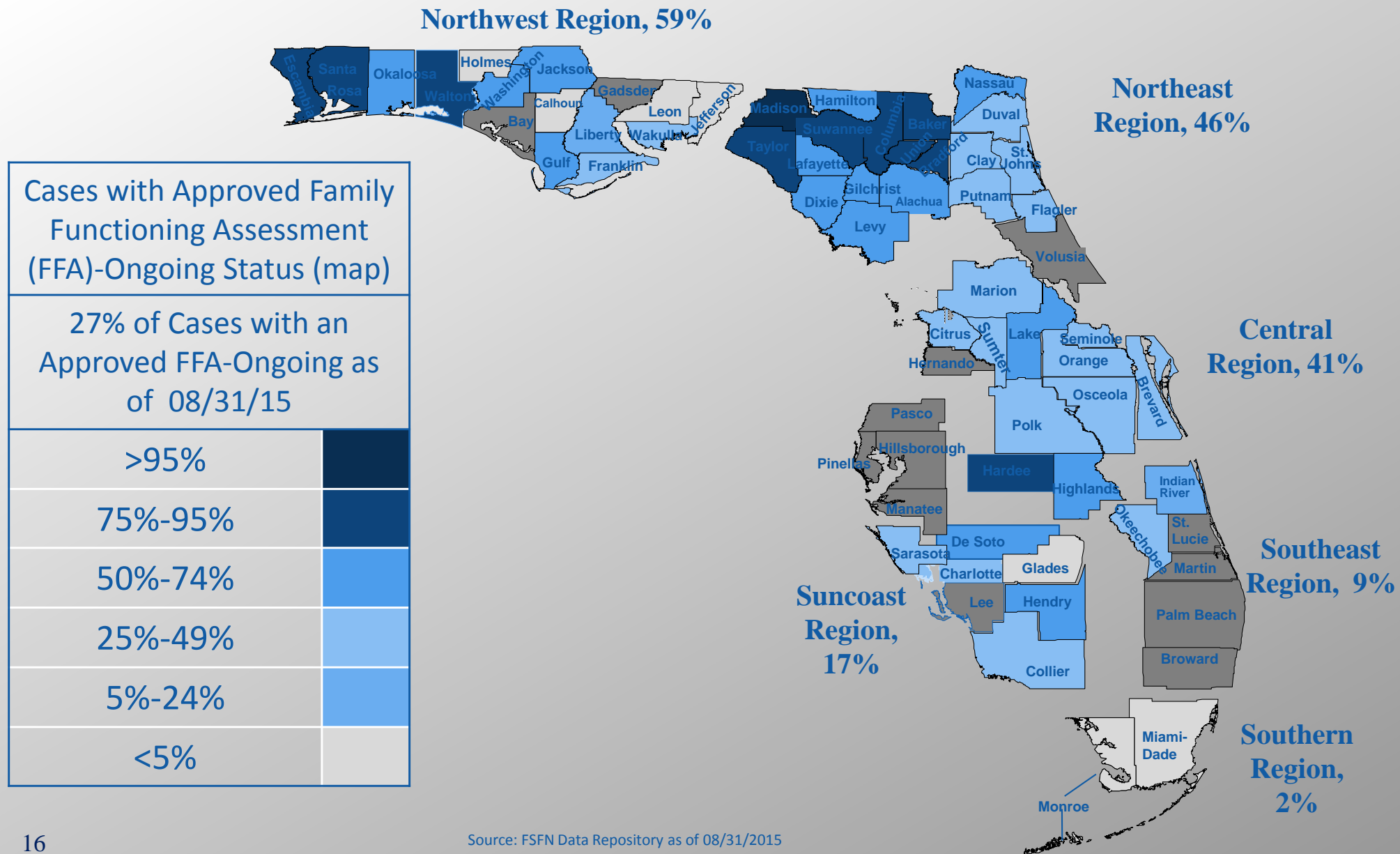
<5%

Suncoast
Region,
89%

Southeast
Region,
100%

Southern
Region,
91%

Ongoing Services Safety Methodology Implementation Status as of 08/31/15



Regional Visit Structure

Statewide Implementation Assessment

- Long term/ Short Term goals
- Action Steps
- Drivers
- Data

Data Collection / Self Assessment

- Outcomes
- Process
- Fidelity
- Service Array

Regional Entrance Conference

- Review POE Goals / Plan / Stages
- Complete RPI
- Service Array Interview – Each CBC

Assessment

- Operational/Practice Fidelity
- Service Array

Regional Plan

- Co-construct action plan with Region based assessment elements

Measure and Monitor

- OCW / Region / FSFN SA Project Lead will measure plan with the help of regional data collection (Monthly/Quarterly)

Preparation

Plan Template

Assessment Template

Outcome Measures

Regions / CBCs



- North West
- North East
- Central
- Sun Coast
- South East
- Southern

| Region | Location | RPI Exercise | Service Array Assessment | Point of Contact |
|--------|-----------------|---------------|--------------------------|------------------|
| NW | Tallahassee | 9/23-9/24 | 9/25 | John Harper |
| NE | Gainesville | 9/28-9/29 | 9/30-10/2 | Alissa Cross |
| CR | Orlando | 10/12 - 10/13 | 10/14-10/15 | Erin Hough |
| SC | Tampa | 10/19 - 10/20 | 10/21-10/22 | Diane Eaton |
| SR | Miami | 10/28 - 10/30 | 10/30 | Atarri Hall |
| SE | West Palm Beach | 11/2-11/3 | 11/4 | Linda Radigan |

Results-Oriented Accountability

- System of data analysis, research review, evaluation, and quality improvement to monitor and measure:
 - Use of resources
 - Quality and amount of services provided
 - Child and family outcomes



Results-Oriented Accountability Program

Program Goals

- Shared accountability for outcomes by everyone with a role in Florida's child welfare communities
- Effective collaboration between the Department of Children and Families, Community-Based Care (CBC) lead agencies and the Florida Institute for Child Welfare
- Research and evidence-informed focus to improve the lives of children and families served by the Child Welfare Community



Mike Carroll, Secretary

mike.carroll@myflfamilies.com



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OF CHILDREN AND FAMILIES**
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2015 ANNUAL PERFORMANCE REPORT

FISCAL YEAR 2014-2015

OFFICE OF CHILD WELFARE

OCTOBER, 2015

Mike Carroll
Secretary

Rick Scott
Governor

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Executive Summary

This report is submitted pursuant to Section 409.997(3)(g), F.S., the statutory requirements for the implementation of the Florida Department of Children and Families Child Welfare Results Oriented Accountability System. The report provides a statewide summary of Community-Based Care (CBC) Lead Agency performance during Fiscal Year 2014-15 on three categories of outcome indicators as established by the Federal Adoptions and Safe Families Act (ASFA, Public Law 105-89) which include:

- **Safety Indicators.** These measures focus on whether children referred to the child welfare system for maltreatment experience subsequent maltreatment, especially while receiving services and after termination of services.
- **Permanency Indicators.** Measures that focus on whether children removed from their families have timely reunification or other permanent living arrangement(s) such as adoption or permanent guardianship.
- **Well-Being Indicators.** Measures of well-being focus on outcomes related to quality of life for children in out-of-home care, including having stable placements that allow for continuing important connections and preparation for adulthood.

Data for the indicators were obtained using data extracts from the Florida Safe Families Network (FSFN), which is the Department's statewide automated child welfare system and official system of record for all investigative and case management activities.

Major Findings

This report focuses on the performance of CBCs related to in-home and out-of-home care services. On June 30, 2015, CBC lead agencies were serving 6,168 children through Family Support Services, 14,679 children and young adults with in-home services and 21,792 children and young adults in out-of-home care.

Safety. Performance measure data indicated that while CBCs met the current standard for reduction of re-abuse following termination of services, they were slightly below the standard for re-abuse during the provision of in-home services. Specifically:

- 96.2% of children served did not have a verified maltreatment within 6 months of termination of in-home services or out-of-home care. This met the current standard of 95%.
- 93.3% of the children served with in-home services were free from verified maltreatment during in-home services, slightly below the current standard of 95%.
- 65.9% of cases reviewed had sufficient safety plans.



Case file reviews using the Rapid Safety Feedback standards indicated that case managers need continued training and technical assistance with initial and ongoing safety and risk assessments, the development of appropriate safety plans, and the monitoring of safety plans including family engagement in safety-related services. Of the five items reviewed, all but one fell below 80%. See page 13 for more information on Rapid Safety Feedback.

Permanency. CBCs met the current standards for both achieving permanency within 12 months of entering care and avoiding re-entry to care within 12 months of achieving permanency (see page 10 and following). Areas of performance needing improvement included reducing the number of placements during the first year of out-of-home care, and increasing the number of children less than 13 years of age in out-of-home care who were placed in a licensed family foster home versus group homes. Specifically:

- 47.4% of children in out-of-home care achieved permanency within twelve months of entering care. This met and exceeded the current standard of 40.5%.
- 94.3% of the children served in out-of-home care did not re-enter out-of-home care within twelve months of achieving permanency. This met the current standard of 91.7%.
- 84.8% of children in out-of-home care had two or less placements between the first eight days through twelve months in out-of-home care. This was slightly below the 86% standard.
- 93.2% of children twelve years of age and younger in out-of-home care were placed in a licensed family foster home. This is slightly below the standard of 95%.

In addition, significant improvement is needed in the area of maintaining positive relationships between children in out-of-home care and their parents, primary caregivers, siblings, and community from which the child had been removed. Of five related measures for maintaining key relationships reviewed through the Rapid Safety Feedback (pp. 14-15), four were below 80%.

Well-Being. As of the end of March 2015, CBCs met the performance standard for children in out-of-home care who received medical services in the past 12 months. Additional work is needed on the same population who received dental services in the past seven months (page 12).

CBCs also met the standards for both former foster youth ages 19-22 who had a high school diploma or GED and young adults still in foster care at age 18 who had completed or were enrolled in secondary education, vocational training and/or adult education.

- 66.1% of former foster youth 19 to 22 years of age had a high school diploma or GED. This met the current standard of 65%.



Florida continues to be a leader amongst states as demonstrated by its CBC performance in achieving permanency for children, contributing to the receipt of a grant award for Federal Fiscal Year 2014 (10/01/13 to 09/30/14, which includes the reporting period for this report) via the Adoption and Legal Guardianship Incentive Payment Program. This award is given to states that exceed baseline standards for adoptions and work to find homes for harder to place children such as teens, sibling groups and those with special needs. As part of the latest grant awards issued to states, the Department received more than \$6.1 million, with close to \$3.5 million being issued on August 11, 2014 and the remaining roughly \$2.6 million being issued on May 8, 2015. These monies have been used by Florida to provide Maintenance Adoption Subsidy payments for children who have been adopted within its system of care.

1. Introduction

Florida's child protection system was created to prevent the occurrence of child abuse, neglect and abandonment through partnerships between the Department of Children and Families (DCF), other agencies, the courts, law enforcement agencies, service providers and local communities (Section 39.001(1), F.S.).

The community-based system of care is designed to provide equal protection for children under the law through consistent intake decision-making regarding those to be served at the front end of the system, developing local systems of care to meet varying community needs, matching the needs of children and families to community resources, and allowing the flexible development of evidence-based and promising approaches to the protection of children.

Section 409.986(1), F.S. requires that:

- DCF "provide child protection and child welfare services to children through contracting with community-based care lead agencies."
- Communities "have responsibility for a participation in ensuring safety, permanency and well-being for all children in the state."
- Outsourcing be "accompanied by comprehensive oversight of the programmatic, administrative and fiscal operation of those entities..." and "...the appropriate care of children is ultimately the responsibility of the state and outsourcing such care does not relieve the state of its responsibility to ensure that appropriate care is provided."

These community-based systems of care (CBCs) combine the outsourcing of foster care and related services to local service agencies with an increased local community ownership of service delivery and design. The nonprofit CBCs contract with the state to handle all prevention, foster care, adoption and independent living services to children and families in the child welfare system. During FY 2014-15, there were 17 CBC lead agencies operating throughout the state (Attachment 1).

- **Licensing.** Community-Based Care agencies are licensed as Child Placing Agencies by the Department and arrange for placement in traditional foster homes, therapeutic foster homes, emergency shelters, maternity programs, wilderness camps, and group homes licensed by the Department.
- **Funding.** Community-Based Care operates under the Title IV-E Waiver Demonstration Project that was implemented statewide in October 2006 and extended for an additional five years in 2014. The Waiver is allowed under Title IV-E of the Social Security Act and authorized by the U.S. Department of Health and Human Services' Administration for Children and Families (ACF). The Waiver authorization allows Florida to use IV-E funding flexibly to promote child safety, prevent out-of-home placement into foster care, and expedite permanency.

- **Accreditation.** Fourteen lead agencies are currently accredited by the Council on Accreditation (COA); one lead agency is accredited by the Commission on Accreditation of Rehabilitative Facilities (CARF); one lead agency is in the application process; and one lead agency is not accredited (Appendix 2).

Pursuant to Section 409.986(2), F.S., it is the goal of the Department to protect the best interests of children by achieving the following outcomes in conjunction with the CBC lead agencies, CBC subcontractors and the community alliance:

- (a) Children are first and foremost protected from abuse and neglect.
- (b) Children are safely maintained in their homes, if possible and appropriate.
- (c) Services are provided to protect children and prevent their removal from their home.
- (d) Children have permanency and stability in their living arrangements.
- (e) Family relationships and connections are preserved for children.
- (f) Families have enhanced capacity to provide for their children's needs.
- (g) Children receive appropriate services to meet their educational needs.
- (h) Children receive services to meet their physical and mental health needs.
- (i) Children develop the capacity for independent living and competence as an adult.

These statutory outcomes are broadly organized under the three goals of child safety, permanency, and well-being.

- **Safety Indicators:** Focus on whether children removed referred to the child welfare system for maltreatment experience subsequent maltreatment, especially while receiving services and after termination of services.
- **Permanency Indicators:** Focus on whether children removed from their families have timely reunification or other permanent living arrangement such as adoption or permanent guardianship.
- **Well-Being Indicators:** Focus on quality of life for children in out-of-home care, including having stable placements that allow for continuing important connections and preparation for adulthood.

2. Results-Oriented Accountability

The 2014 Florida Legislature required the Department to develop and implement a comprehensive, Results Oriented Accountability Program (Section 409.997, F.S.) to measure and monitor the quality and extent of services provided, outcomes for both individual children and their families, and the application of resources used to achieve these outcomes. The program includes data analysis, research review and evaluation, and an assessment of the performance of individual entities as well as the performance of groups of entities working together to provide an integrated child welfare system of care.

During Fiscal Year 2014-15, significant milestones were achieved in establishing the Results Oriented Accountability (ROA) Program. Between October 2014 and February 2015, the Department contracted with a qualified consultant, NorthHighland, to produce a plan to guide implementation of the ROA Program outlined in legislation. After submitting the plan on February 1, 2015, the Department leveraged existing resources to establish the Office of Performance and Quality Management composed of the Data Analytics Unit, the Quality Assurance Unit and a newly created Performance Management Unit. .

Analysis produced by the new Performance Management Unit identified developing trends in out-of-home placements. Increases in the numbers of children removed from homes and decreases in the number of discharges resulted in an overall increase in the number of children and youth in out-of-home care (See full report, Appendix 3). Further analysis to determine root causes led to research in partnership with the Casey Family Foundation and the Ounce of Prevention Fund of Florida, scheduled for completion in December 2015 (Appendix 4).

The analysis also prompted the launch of regional site visits examining management practices related to the Department's Safety Methodology, using Rapid Process Improvement (RPI) to determine how well CBCs were incorporating the Methodology into daily practice. (See Appendix 5)

These developments were consistent with the intent of legislation that data analyzed through the program must inform the development and maintenance of a program of quality improvement which promotes individual and organizational learning.

Moving forward, the ROA Program will work to identify and define a limited number of understandable, valid and reliable measures to quantify outcomes as children move through the child welfare system of care. The measures will be monitored on a regular basis to identify trends and chart progress, using newly acquired software to produce user-friendly data analytics and dashboards. They will also be used to identify opportunities for improvement, which the ROA Program will address through plans that are based on established Quality Improvement models such as Six Sigma, Rapid Process Improvement, Kaizen or others.



Pursuant to statute, the ROA Program must incorporate, at a minimum:

- (a) Valid and reliable measures for each of the statutory outcomes listed on page 2.
- (b) Regular and periodic monitoring activities that track the identified outcome measures on a statewide, regional, and provider specific basis.
- (c) An analytical framework that builds on the results of the outcomes monitoring procedures, assesses the statistical validity of observed associations between child welfare interventions and the measured outcomes, identifies opportunities for improvement and informs systematic efforts for quality improvement.
- (d) A program of research review to identify interventions that are supported by evidence as causally linked to improved outcomes for inclusion in quality improvement efforts.
- (e) An ongoing process of evaluation to determine the efficacy and effectiveness of various interventions.
- (f) Procedures for making the results of the accountability system transparent for all parties involved in the child welfare system as well as policymakers and the public.
- (g) An annual performance report that is provided to interested parties including the dependency judge or judges in the community-based care service area.

3. Analysis and Trends

The tables and graphs below depict trends for children receiving in-home services and out-of-home care in Florida at a point in time, either by last day of the fiscal year or last day of the calendar month within a fiscal year as depicted.

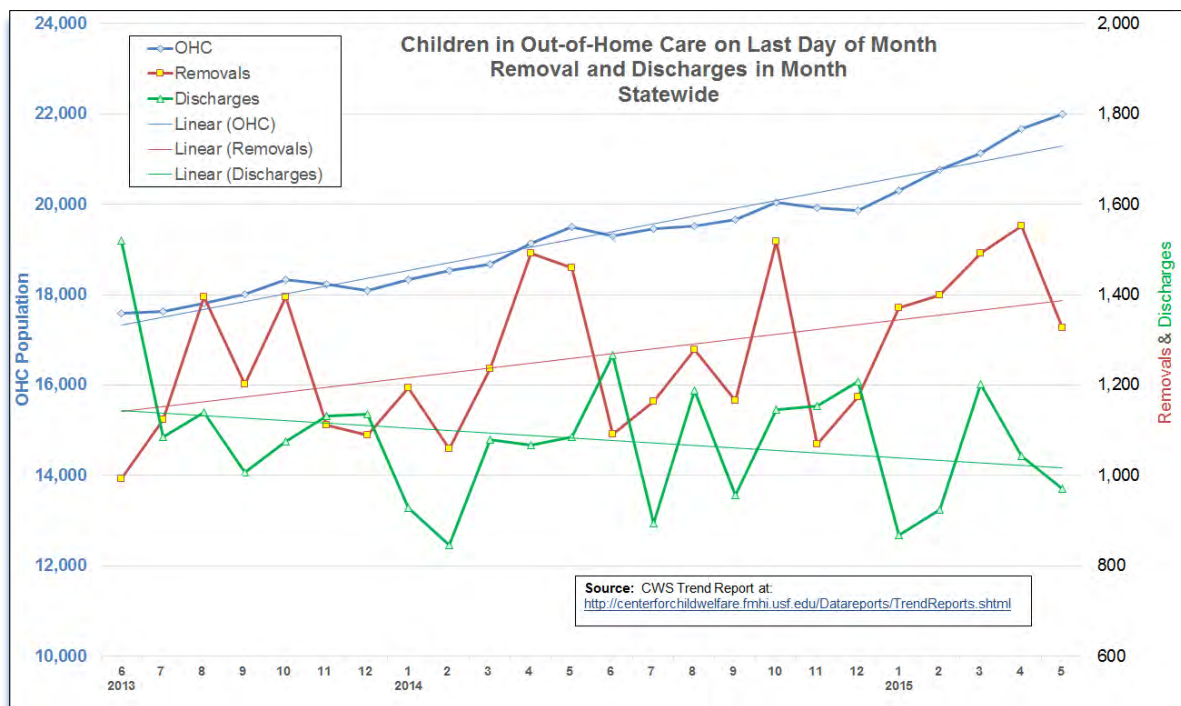
While in-home service numbers increased slightly between FYs 2009-10 and 2010-11, they have progressively decreased every year since then.

Out-of-home care numbers have been less stable, with a consistent decrease each year between FYs 2005-06 and 2009-10. The numbers increased for the next three fiscal years, before showing a slight decrease (364) the following fiscal year. However, they have now increased again from FY 2013-14 to FY 2014-15, with the number for the current fiscal year being over 2,500 more than last fiscal year.

The Department recently presented child placement trends in a report entitled, *Community Based Care Lead Agency Trends and Comparisons: Caseloads and Use of Placement Resources* (dated June 26, 2015, see Appendix 3). The following observations were developed by the Department based on this set of trend data:

- (a) There has been a sharp increase in out-of-home care population over the last 24 months;
- (b) The current out-of-home care population now exceeds the FY 2007-08 level;
- (c) The out-of-home care population increase is driven by both an increase in removal rates and a decrease in discharge rates;
- (d) Removal and discharge rates are variable across the state;
- (e) Circuit and CBCs vary in terms of how often they protect children in their own homes versus using out-of-home care;
- (f) Circuits and CBCs vary in terms of how often they place children in kinship care versus foster care; and
- (g) Circuits and CBCs vary in terms of how often they place children in family foster homes versus group care.

Figure 1. Children in Out-of-Home Care on Last Day of Month



Source: *Community Based Care Lead Agency Trends and Comparisons: Caseloads and Use of Placement Resources*, Appendix 3.

In response to this increase in out-of-home care, the Department has recently initiated a study of child placement trends in collaboration with Casey Family Programs and the Ounce of Prevention Fund of Florida. This study will focus on determining and understanding the factors that have contributed to the increase in out-of-home care, with a special focus on entries into care at the circuit, region and statewide levels.

The development of recommendations to safely address this increase in out-of-home care will guide next steps for improving the overall system of care. This study will also strengthen the Department's ability to collaborate with child welfare partners to develop and focus resources efficiently as well as benefit the research capacity of the Department's Office of Child Welfare Performance and Quality Management team by specifically helping to develop new strategies for exploring additional trends in the child welfare system of care.

Other trends relative to children receiving both in-home and out-of-home services begin on the following page.

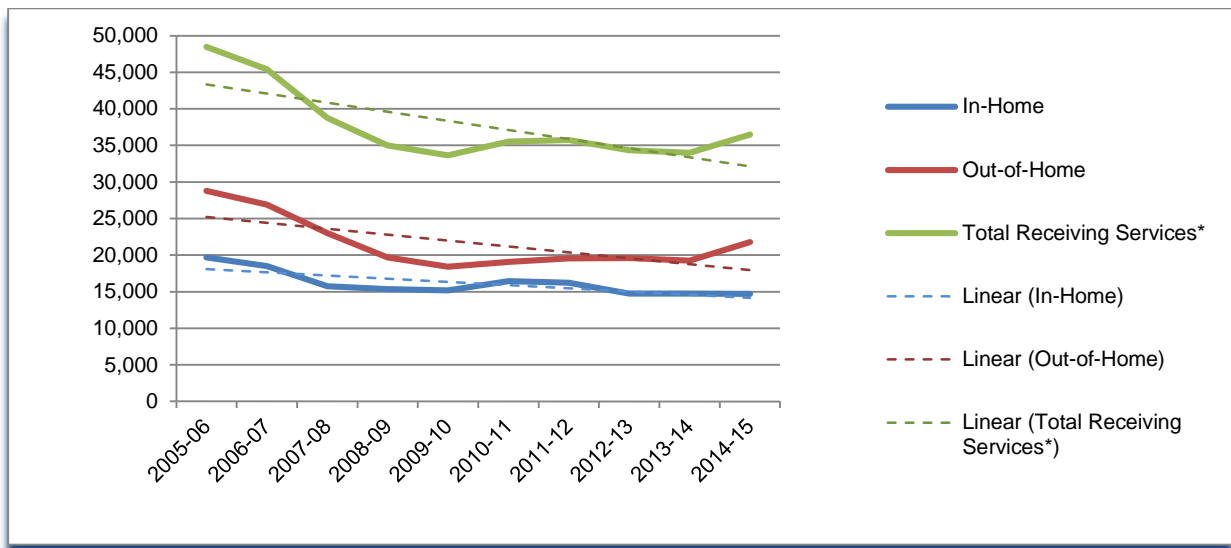
Table 1. Number of Children* Receiving Services as of Last Day of the Fiscal Year

| Fiscal Year | In-Home Services | Out-of-Home Services | Total Receiving Services* |
|-------------|------------------|----------------------|---------------------------|
| 2005-06 | 19,686 | 28,766 | 48,452 |
| 2006-07 | 18,498 | 26,914 | 45,412 |
| 2007-08 | 15,736 | 23,009 | 38,745 |
| 2008-09 | 15,345 | 19,670 | 35,015 |
| 2009-10 | 15,195 | 18,427 | 33,622 |
| 2010-11 | 16,465 | 19,064 | 35,529 |
| 2011-12 | 16,211 | 19,542 | 35,753 |
| 2012-13 | 14,752 | 19,598 | 34,350 |
| 2013-14 | 14,737 | 19,234 | 33,971 |
| 2014-15 | 14,679 | 21,792 | 36,471 |

Source: Florida Safe Families Network, BOE Report 1005

*Includes Young Adults Formerly in Foster Care

Figure 2. Number of Children* Receiving Services as of Last Day of the Fiscal Year



Source: Florida Safe Families Network, BOE Report 1005

*Includes Young Adults Formerly in Foster Care

**Figure 3. Number of Children* Receiving Services
as of Last Day of the Fiscal Year**



Source: Florida Safe Families Network, BOE Report 1005

*Includes Young Adults Formerly in Foster Care

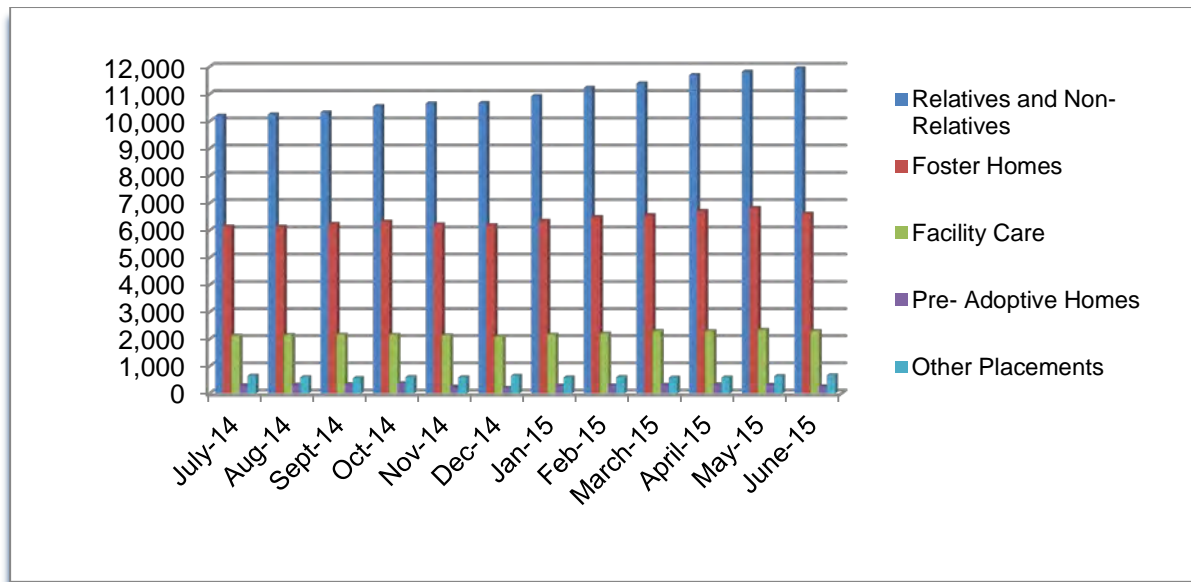
**Table 2. Number of Children* in Out-of-Home Care by Placement Type as
of Last Day of the Month**

| Month | Relatives and Non-Relatives | Foster Homes | Facility Care | Pre Adoptive Homes | Other Placements | Total OOH Care |
|----------|-----------------------------|--------------|---------------|--------------------|------------------|----------------|
| July-14 | 10,208 | 6,147 | 2,127 | 300 | 655 | 19,437 |
| Aug-14 | 10,255 | 6,139 | 2,152 | 324 | 594 | 19,464 |
| Sept-14 | 10,333 | 6,245 | 2,168 | 340 | 564 | 19,650 |
| Oct-14 | 10,559 | 6,323 | 2,163 | 372 | 604 | 20,021 |
| Nov-14 | 10,662 | 6,223 | 2,144 | 252 | 592 | 19,873 |
| Dec-14 | 10,677 | 6,195 | 2,099 | 202 | 650 | 19,823 |
| Jan-15 | 10,927 | 6,359 | 2,167 | 285 | 590 | 20,328 |
| Feb-15 | 11,233 | 6,491 | 2,213 | 291 | 603 | 20,831 |
| March-15 | 11,394 | 6,561 | 2,300 | 316 | 582 | 21,153 |
| April-15 | 11,696 | 6,718 | 2,296 | 333 | 586 | 21,629 |
| May-15 | 11,823 | 6,823 | 2,344 | 314 | 638 | 21,942 |
| June-15 | 11,945 | 6,618 | 2,299 | 259 | 671 | 21,792 |

Source: Florida Safe Families Network, BOE Report 1005

*Includes Young Adults Formerly in Foster Care

Figure 4. Number of Children* in Out-of-Home Care by Placement Type as of Last Day of the Month



Source: Florida Safe Families Network, BOE Report 1005
*Includes Young Adults Formerly in Foster Care



4. Scorecard

The CBC Scorecard was developed in conjunction with the CBC agencies and continues to be refined through the Performance Measures Workgroup, which is a Department and CBC collaborative effort facilitated by Casey Family Programs. It is intended to track a set of indicators over time, but will also be modified as issues emerge and priorities change. These are quantitative measures derived from data extracted from the Florida Safe Families Network (FSFN).

For the first five months of Fiscal Year 2014-15, the CBC monthly Scorecards displayed eight key measures of the most critical needs of children served by Florida's community-based approach to child welfare. The indicators were selected to provide balance among the goals of safety, permanency and well-being.

A Scorecard was not produced for the month of December 2014, as the Department was in the process of changing from a monthly methodology to a quarterly methodology, as well as evaluating the previously chosen measures in comparison to relatively concurrent federal changes that were taking place with the designation of new federal measures.

Following the completion of the Quarter 3 Scorecard (the first to be produced on a quarterly basis for this fiscal year), FSFN was found to have developed a defect in the method by which shelter dates (the date a court approves a child's removal from their legal caregiver) are captured in the FSFN Legal Module. This defect resulted in incomplete/inaccurate data for Quarter 4 only, and a FSFN Build to correct this defect is currently underway with a projected completion of mid-October 2015. At that time, an addendum will be issued which will contain the full year data, with monthly performance again being reported for months July – November 2014, and Quarter 3 and 4 performance being reported for months January – June 2015.

**Table 3. SAFETY:
CHILDREN ARE, FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT
Fiscal Year 2014-15**

| Standard | Target | 2014 | | | | | |
|---|---------------|-------|-------|-------|-------|-------|-----|
| | | July | Aug | Sept | Oct | Nov | Dec |
| No Verified Maltreatment During In-Home Services | 97% and above | 96.1% | 96.3% | 96.6% | 96.9% | 96.7% | NA |
| No Verified Maltreatment within 6 Months of Termination of In-Home and Out-of-Home Services | 95% and above | 96.6% | 96.4% | 96.6% | 96.5% | 96.7% | NA |

Source: CBC Lead Agency Scorecard

**Table 4. SAFETY:
CHILDREN ARE, FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT
Fiscal Year 2014-15**

| Standard | Target | 2015 | |
|---|-----------------|-----------|-------------------|
| | | Quarter 3 | Quarter 4 |
| Rate of Abuse per 1,000 Days in Foster Care | 8.50 or less | 10.41 | Not Yet Available |
| Children Who Are Not Neglected or Abused During In-Home Services | 95% and above | 96.8% | Not Yet Available |
| Children Who are Not Neglected or Abused After Receiving Services | 95% and above | 96.5% | Not Yet Available |
| Children Under Supervision Who Are Seen Every 30 Days | 99.5% and above | 99.8% | Not Yet Available |

**Table 5. PERMANENCY:
CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING ARRANGEMENT
Fiscal Year 2014-15**

| Standard | Target | 2014 | | | | | |
|--|---------------|-------|-------|-------|-------|-------|-----|
| | | July | Aug | Sept | Oct | Nov | Dec |
| Children in Care 8 Days-12 Months with No More than Two Placements | 86% and above | 86.5% | 86.2% | 86.2% | 86.5% | 86.5% | NA |
| Children Achieving Permanency within 12 Months of Entering Care | 75% and above | 45.8% | 47.1% | 48.7% | 49.7% | 50.3% | NA |
| Children Achieving Permanency After 12 or More Months in Care | 55% and above | 50.3% | 50.5% | 50.1% | 50.7% | 50.1% | NA |
| Children Not Re-entering Out-of-Home Care within 12 Months of Achieving Permanency | 92% and above | 92.7% | 92.4% | 91.4% | 90.3% | 90.9% | NA |

Source: CBC Lead Agency Scorecard

Note: CBC lead agencies continue to be a national leader in achieving permanency for children. In FY 2014-15, 11,818 children achieved permanency through reunification (6,217), adoption (2,791) and guardianship (2,810).

**Table 6. PERMANENCY:
CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING ARRANGEMENT
Fiscal Year 2014-15**

| Standard | Target | 2015 | |
|---|-----------------|-----------|-------------------|
| | | Quarter 3 | Quarter 4 |
| Children Exiting Foster Care to a Permanent Home within 12 Months of Entering Care | 40.5% and above | 46.0% | Not Yet Available |
| Children Achieving Permanency in 12 Months for Children in Foster Care 12-23 Months | 43.6% and above | 55.2% | Not Yet Available |
| Children Who Do Not Re-enter Foster Care within 12 Months of Moving to a Permanent Home | 91.7% and above | 87% | Not Yet Available |
| Children's Placement Moves per 1,000 Days in Foster Care | 4.12 or less | 3.73 | Not Yet Available |

Source: CBC Lead Agency Scorecard

**Table 7. WELL-BEING
FLORIDA SPECIFIC SCORECARD MEASURES
Fiscal Year 2014-15**

| Standard | Target | 2014 | | | | | |
|---|---------------|-------|-------|-------|-------|-------|-------|
| | | July | Aug | Sept | Oct | Nov | Dec |
| Children in Licensed Out-of-Home Care Ages 12 and Under in DCF Licensed Foster Homes – (Includes Relatives, Non-Relatives and Pre-Adoptive Homes) | 95% and above | 94.8% | 91.4% | 95% | 94.7% | 94.9% | 82.2% |
| Former Foster Youth Ages 19-22 with Diploma or GED | 65% and above | 67.6% | 67.5% | 68.9% | 67.3% | 66.5% | 66.7% |

Source: CBC Lead Agency Scorecard



Table 8. WELL-BEING
FLORIDA SPECIFIC SCORECARD MEASURES
Fiscal Year 2014-15

| Standard | Target | 2015 | |
|---|---------------|-----------|-------------------|
| | | Quarter 3 | Quarter 4 |
| Children in Out-of-Home Care Who Have Received Medical Services in the Last 12 Months | 95% and above | 97.2% | Not Yet Available |
| Children in Out-of-Home Care Who Have Received Dental Services in the Last 7 Months | 95% and above | 89.8% | Not Yet Available |
| Young Adults in Foster Care Who at Age 18 Who Have Completed or Are Enrolled in Secondary Education, Vocational Training and/or Adult Education | 80% and above | 87% | Not Yet Available |
| Sibling Groups Where All Siblings Are Placed Together | 65% and above | 64.2% | Not Yet Available |

Source: CBC Lead Agency Scorecard



5. Rapid Safety Feedback

As assessment of safety practice is performed by child welfare professionals reading case records and conducting a qualitative assessment of practice. In FY 2012-13 the Department made significant changes to the child welfare quality assurance system through the Rapid Safety Feedback process that substantially impacted the methods used by CBC lead agencies to conduct case reviews.

Rapid Safety Feedback is a process designed to flag key risk factors that could impact the safety of children receiving services. These factors have been determined based on reviews of other cases where child injuries or severe maltreatment have occurred. Among these factors are the age of parents, the presence of a paramour in the home, evidence of substance abuse, or criminal records. The critical component of the process is the case consultation in which the reviewer engages the case manager and the supervisor to discuss the case. This discussion focuses on safety practices and helps build critical thinking skills for the case manager and supervisor. Case reviews focus on 22 questions, as reflected on the following tables beginning with Table 9.

In cases where the Quality Assurance Reviewer had critical child safety concerns, a Request for Action alert was submitted through FSFN to the case manager, supervisor, and second level supervisor. Only 5.5% of the cases reviewed rose to this level during the review period.

Tables containing the results of case management reviews for FY 2014-15 begin on the following page.

Table 9. Case Management Reviews for FY 2014-15

| Quarter | Q1 | Q2 | Q3 | Q4 | FY Statewide |
|---|------------|-------|-------|-------|-----------------|
| Statewide | % Strength | | | | |
| Safety Outcome 1 = 71.4% | | | | | |
| 1. Were concerted efforts made to provide services to the family to prevent children's entry into out-of-home care or re-entry after a reunification? | 91.3% | 85.5% | 84.0% | 88.6% | 87.1% |
| 2. Were initial and on-going assessments conducted to assess risk and safety concerns relating to the child(ren) in their home? | 71.8% | 67.2% | 69.2% | 72.1% | 70.1% |
| 3. If safety concerns were present, did the agency develop an appropriate safety plan with the family? | 65.9% | 65.1% | 69.0% | 62.6% | 65.9% |
| 4. If safety concerns were present, did the agency continually monitor the safety plan as needed including monitoring family engagement in any safety-related services? | 67.5% | 67.0% | 65.0% | 59.5% | 64.5% |
| 5. Are background checks and home study or assessment sufficient and responded to appropriately? | 75.0% | 71.1% | 70.9% | 62.3% | 69.6% |
| Permanency Outcome 1 = 81.9% | | | | | |
| 6. Is the child in a stable placement at the time of the review and were any changes in placement that occurred during the period under review made in the best interest of the child and consistent with achieving the child's permanency goals? | 82.1% | 79.0% | 87.0% | 75.6% | 80.3% |
| 7. Was the appropriate permanency goal established for the child in a timely manner? | 88.4% | 85.8% | 90.9% | 79.8% | 85.8% |
| 8. Are concerted efforts being made to achieve reunification, guardianship, adoption, or other permanent planned living arrangement? | 85.5% | 82.5% | 78.1% | 72.3% | 79.9% |
| Permanency Outcome 2 = 75.4% | | | | | |
| 9. Were concerted efforts made to ensure that siblings in out-of-home care are placed together unless a separation was necessary to meet the need of one of the siblings? | 94.0% | 86.6% | 83.6% | 80.5% | 86.5% |

| Quarter | Q1 | Q2 | Q3 | Q4 | FY Statewide |
|--|-------------------|-------|-------|-------|-----------------|
| Statewide | % Strength | | | | |
| 10. Were concerted efforts made to ensure that visitation between a child in out-of-home care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationship with these close family members? | 77.4% | 81.3% | 78.7% | 64.4% | 75.7% |
| 11. Were concerted efforts made to maintain the child's connections to his or her neighborhood, community, faith, extended family, Tribe, school, friends? | 83.1% | 76.6% | 75.4% | 72.5% | 76.8% |
| 12. Were concerted efforts made to place the child with relatives when appropriate? | 77.2% | 76.2% | 74.1% | 68.5% | 74.1% |
| 13. Concerted efforts were made to promote, support, and/or maintain positive relationships between the child in out-of-home 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? | 75.5% | 70.7% | 69.7% | 54.0% | 67.4% |
| Well-Being Outcome 1 = 62.6% | | | | | |
| 14. Were concerted efforts made to assess the needs of children, parents, and foster parents (both at the child's entry into out-of-home care [if the child entered during the period under review] or an ongoing 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 provided the appropriate services? | 81.5% | 77.9% | 77.7% | 68.7% | 76.5% |
| 15. Were concerted efforts made to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis? | 72.8% | 68.6% | 71.8% | 61.0% | 68.2% |

| Quarter | Q1 | Q2 | Q3 | Q4 | FY Statewide |
|---|-------------------|-------|-------|-------|-----------------|
| Statewide | % Strength | | | | |
| 16. Is the frequency and quality of visits between caseworkers and the child(ren) in the case sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals? | 66.6% | 64.1% | 58.2% | 54.2% | 61.0% |
| 17. Is the frequency and quality of visits between caseworkers and the mothers and fathers of the children sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals? | 63.6% | 56.1% | 56.5% | 52.1% | 57.2% |
| Well-Being Outcome 2 = 70.8% | | | | | |
| 18. Did the agency make 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 ongoing basis (if the case was opened before the period under review), and were identified needs appropriately addressed in case planning and case management activities? | 75.8% | 63.0% | 73.4% | 67.4% | 70.8% |
| Well-Being Outcome 3 = 71.0% | | | | | |
| 19. Has the agency addressed the physical health needs of the child, including dental health needs? | 78.2% | 67.1% | 67.6% | 64.4% | 70.6% |
| 20. Has the agency addressed the mental/behavioral health needs of the child? | 76.4% | 66.7% | 72.6% | 67.1% | 71.6% |
| Other: Florida Specific = 63.4% | | | | | |
| 21. Does the case plan for safe case closure provide a sequence of strategies, interventions, and supports that are organized into a coherent services process providing a mix of services that fits the child and family's evolving situation? | 78.7% | 74.0% | 70.8% | 69.7% | 73.5% |
| 22. Is there evidence the case management supervisor is regularly consulting with the case manager, recommending actions when concerns are identified, and ensuring recommended actions followed up on urgently? | 60.6% | 52.5% | 51.4% | 48.0% | 53.4% |

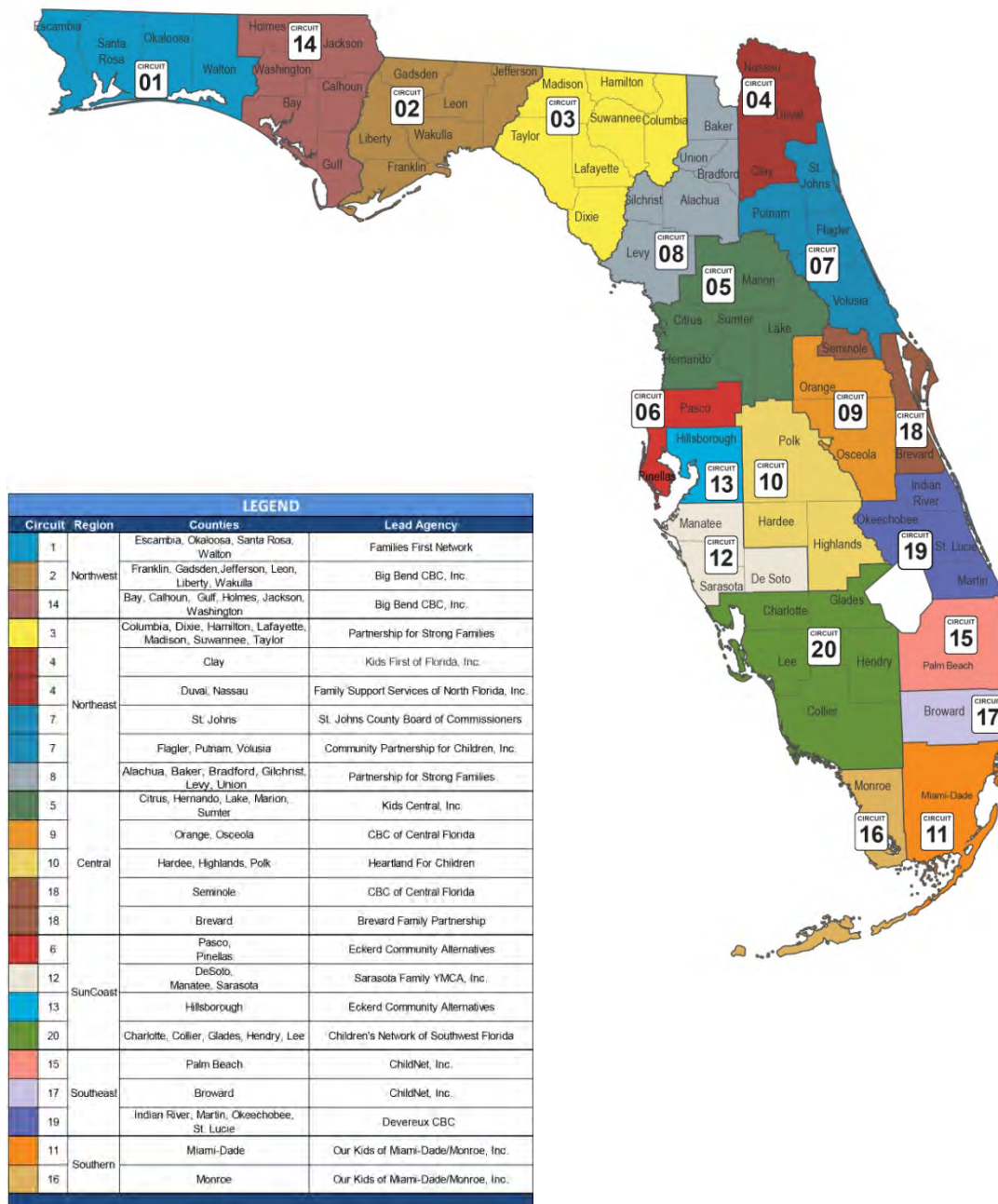


| Quarter | Q1 | Q2 | Q3 | Q4 | FY Statewide |
|---|------------|-------|-------|-------|-----------------|
| Statewide | % Strength | | | | |
| Data Collection = 27.8% | | | | | |
| 23. Was a case consultation completed? | 66.8% | 55.6% | 60.4% | 61.6% | 61.2% |
| 24. Was a Request for Action completed in FSFN for an immediate safety concern? | 5.4% | 4.8% | 6.2% | 5.6% | 5.5% |
| 25. Was this case a safety methodology case? | 4.4% | 9.0% | 21.2% | 34.1% | 16.6% |

Source: Case Management Services Reviews, Q1-Q4 2014-15, QA Web Portal Data

Appendix 1. CBC Map

Community Based Care Lead Agency Map





Appendix 2. CBC Accreditation Status

| CBC Lead Agency Accreditation Status | | |
|--|---|-----------------|
| Lead Agency | Accreditation Organization | Expiration Date |
| Big Bend CBC, Inc. | Council on Accreditation | 12/31/17 |
| Brevard Family Partnerships | Council on Accreditation | 07/31/17 |
| CBC of Central Florida | Council on Accreditation | 02/28/19 |
| ChildNet, Inc. | Council on Accreditation | 02/28/19 |
| Children's Network of SW Florida | Council on Accreditation | 08/31/17 |
| Community Partnerships for Children, Inc. | None – Not Accredited | NA |
| Devereux CBC, Inc. | None Yet – Awarded Contract 11/01/13, with site visit scheduled for 11/19/15. | NA |
| Eckerd Community Alternatives | Council on Accreditation | 06/30/19 |
| Families First Network of Lakeview | Commission on Accreditation of Rehabilitative Facilities (CARF) | 01/31/16 |
| Family Support Services of N Florida, Inc. | Council on Accreditation | 12/31/16 |
| Heartland for Children | Council on Accreditation | 03/31/17 |
| Kids Central, Inc. | Council on Accreditation | 07/31/19 |
| Kids First of Florida, Inc. | Council on Accreditation | 10/31/18 |
| Our Kids Of Miami-Dade/Monroe, Inc. | Council on Accreditation | 04/30/17 |
| Partnership for Strong Families | Council on Accreditation | 06/30/19 |
| Sarasota Family YMCA, Inc. | Council on Accreditation | 06/30/17 |
| St Johns County Board of County Commissioners/Family Integrity Program | Council on Accreditation | 11/30/16 |



Appendix 3. CBC Performance Trends

Community Based Care Lead Agency Trends and Comparisons: Caseloads and Use of Placement Resources Report

CBC Lead Agency Trends and Comparisons:

Caseloads and Use of Placement Resources



June 26, 2015

Trend and Comparison Charts in this Package

Managing the Workload within Available Resources

The Charts in This Package Clearly Show:

- Sharp increase in removals and out-of-home care (OHC) population over last 24 months
- OHC population now back to 2008 level
- OHC population increase driven by both increase in removal rates and decrease in discharge rates
- Removal rates and discharge rates are variable across the state
- Circuits and lead agencies are variable in mix of protecting children in their own homes vs more expensive out-of-home care
- Circuits and lead agencies are variable in placement of children in kinship care vs more expensive licensed care
- Circuits and lead agencies are variable in placement of children in foster family homes vs more expensive group care

What Can We Learn from These Trends and Lead Agency Comparisons to Improve Performance within Current Resources?

- Some differences are likely due to differences in population served.
- Some differences are likely due to differences in external factors, including CPI, courts and availability of local resources.
- Some differences might be due to differences in allocation of lead agency resources.
- Some differences are clearly under the control of lead agencies. What can we learn to change systems of care to be more effective and efficient?

Impact of Inadequate Placement Resources

In addition to the financial impact on lead agencies, the lack of appropriate placement resources has a negative impact on the children served:

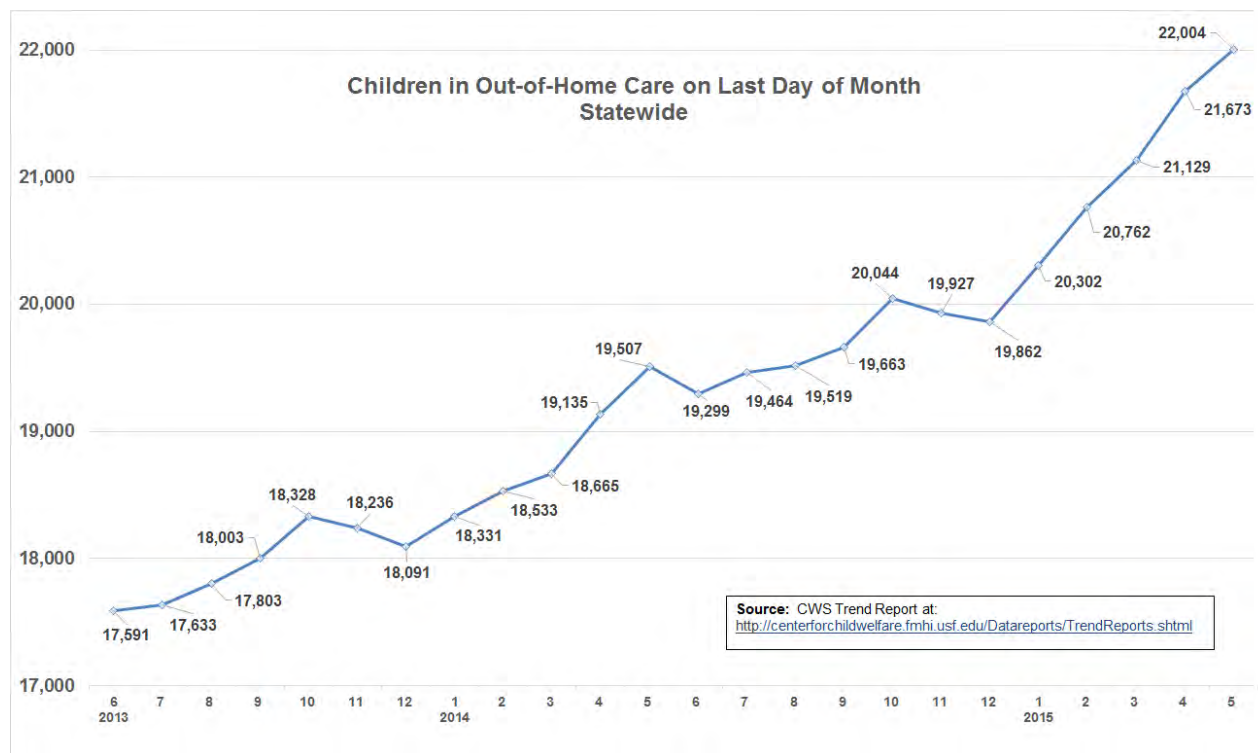
- Too many children, especially young children, are placed in group care.
- Too many children are placed outside the county, circuit and region of removal.
- Too many children are moved from placement to placement
- Too many sibling groups are placed in different homes.

What must be done to remedy this situation?

Short-Term Trends

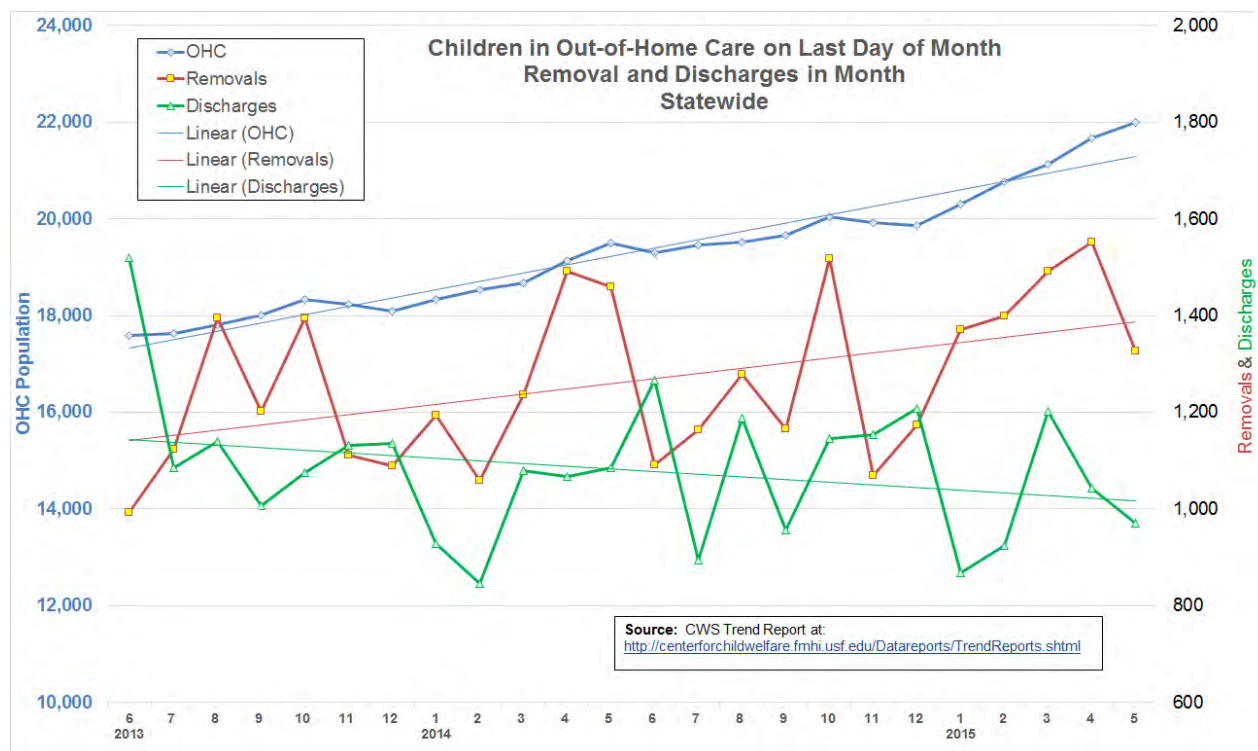
Increase in Out-of-Home Care

The number of children in out-of-home care increased sharply over the last 24 months.



Increase in Removals and a Decrease in Discharges

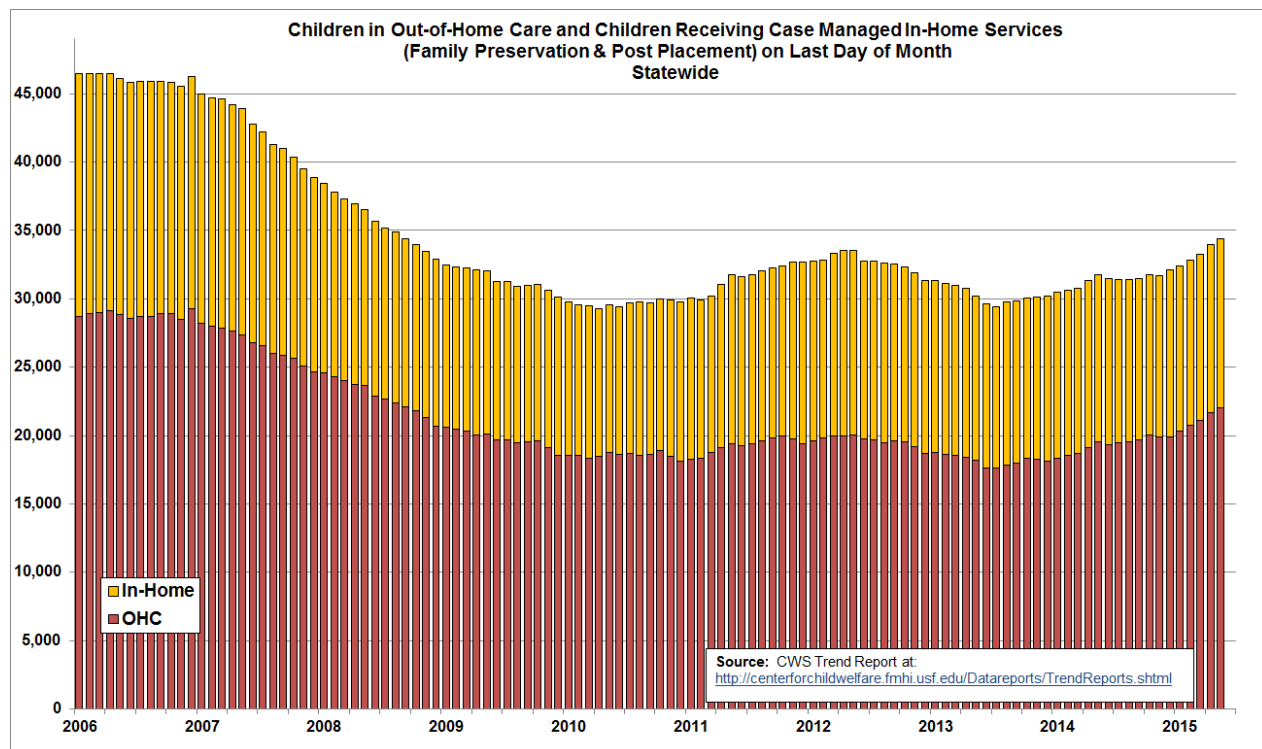
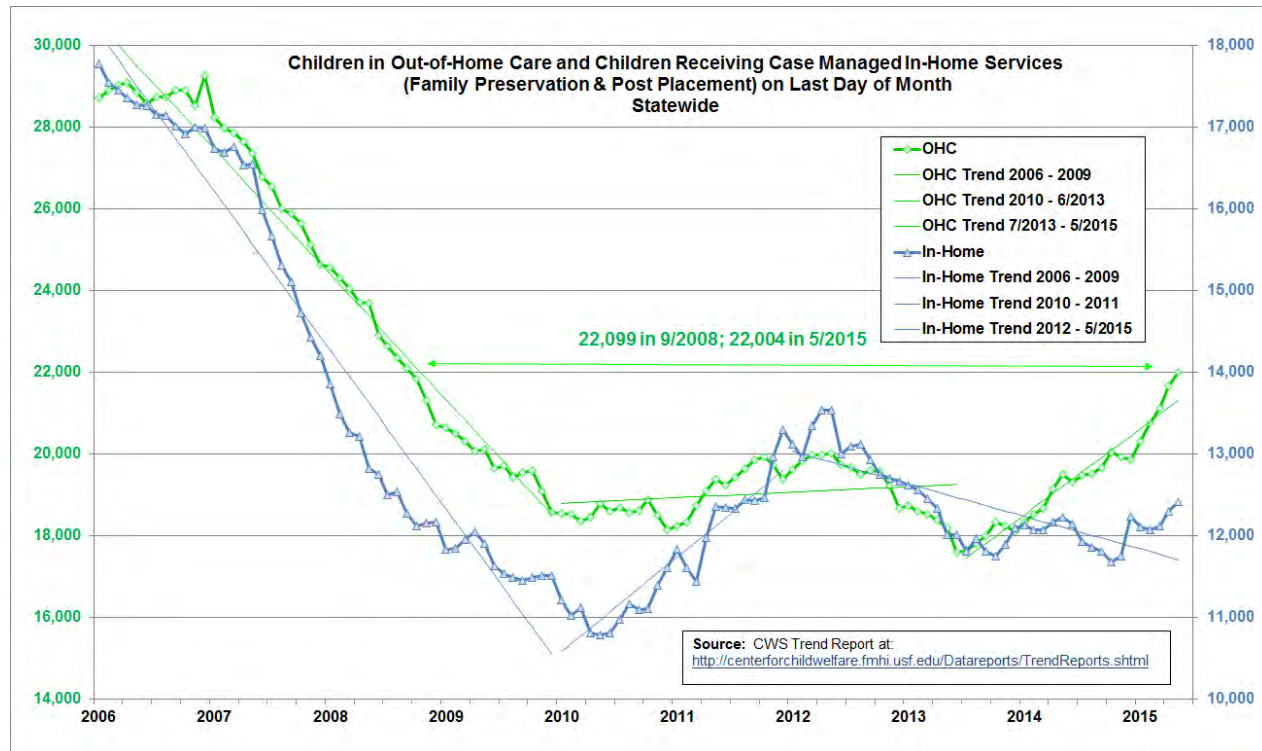
The OHC increase is driven by **both** an increase in removals and a decrease in discharges.



Long-Term Trends in Case Mix

Out-of-Home Care & Case-Managed In-Home Services (Family Pres. & PPS)

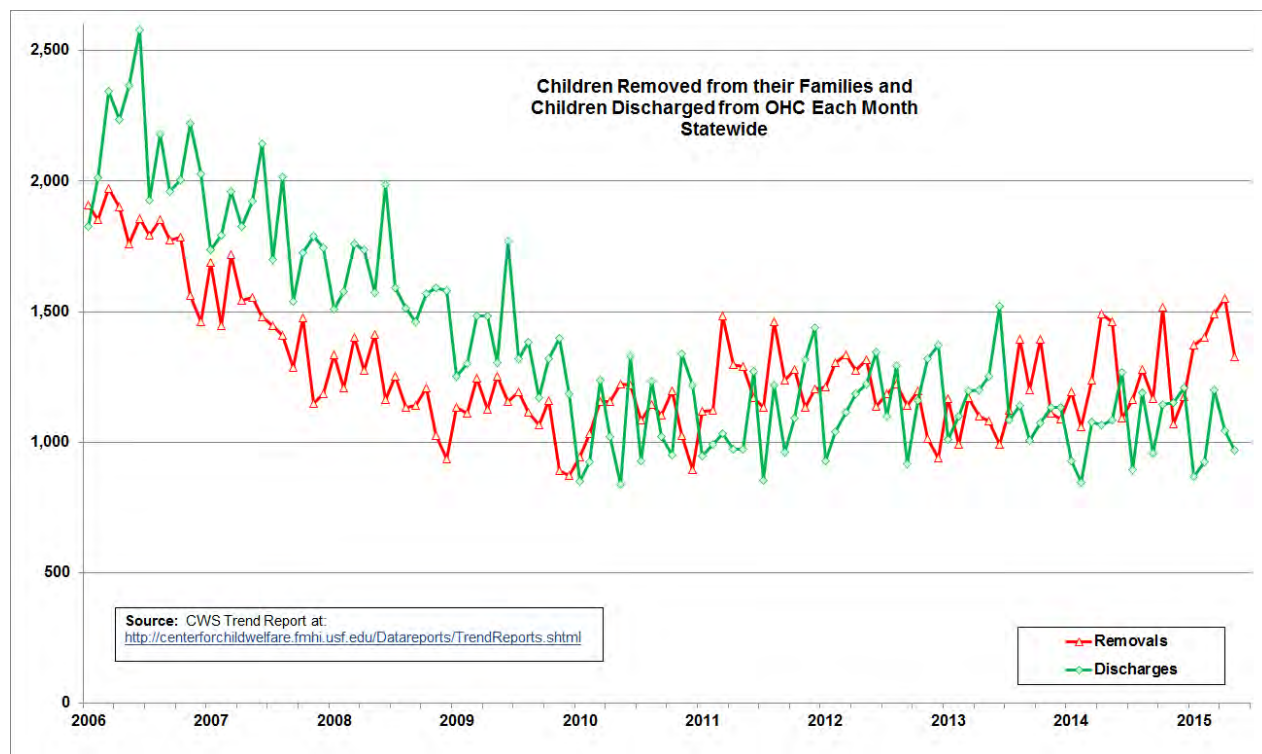
The recent increase to 22,000 children in out-of-home care (OHC) brings us to the same level as 2008 -- not nearly as high as the 29,000 children in 2006. With the simultaneous decline in children protected in their own homes, the total number of children protected is still lower than in 2006 through the middle of 2008. In-home services to prevent removal have declined since a peak in 2012.



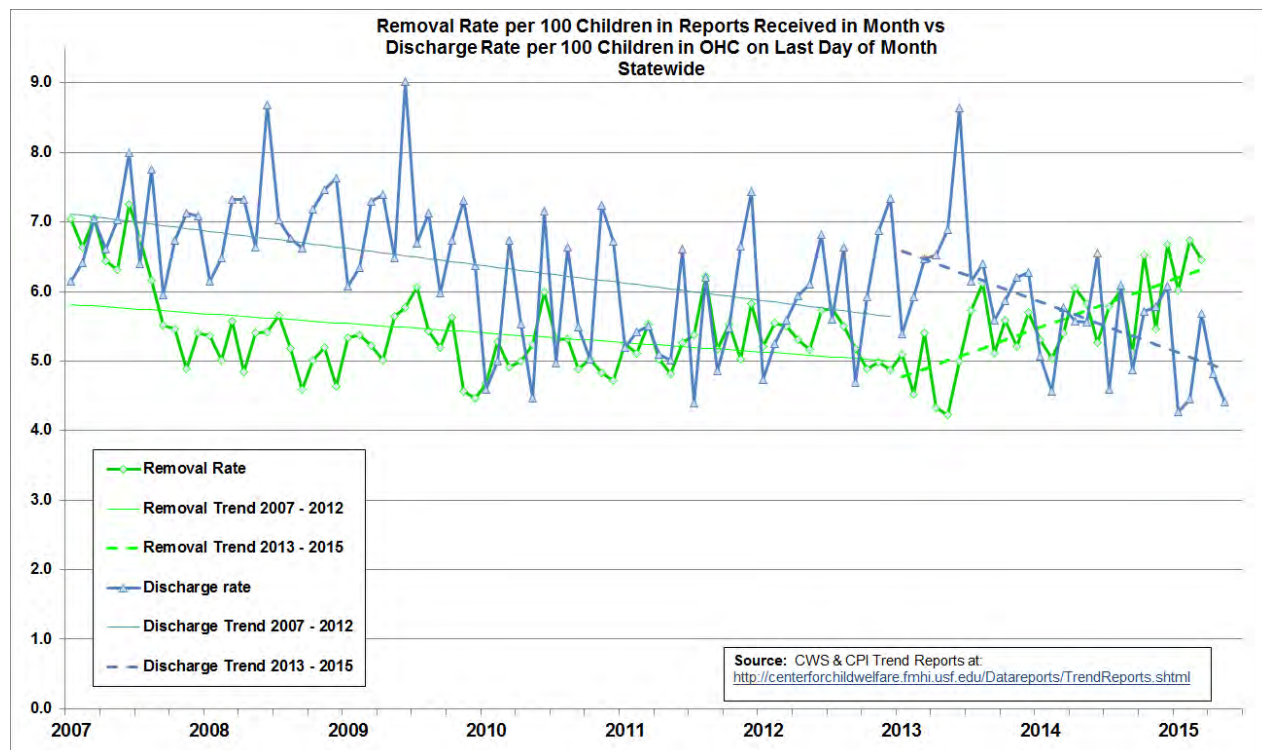
Long-Term Trends in Removals and Discharges

Removals and Discharges

The sharp reduction in OHC in 2006 through 2010 was driven primarily by a reduction in removals. The increase in OHC over the last 24 months has been driven by changes in **both** removals and discharges.



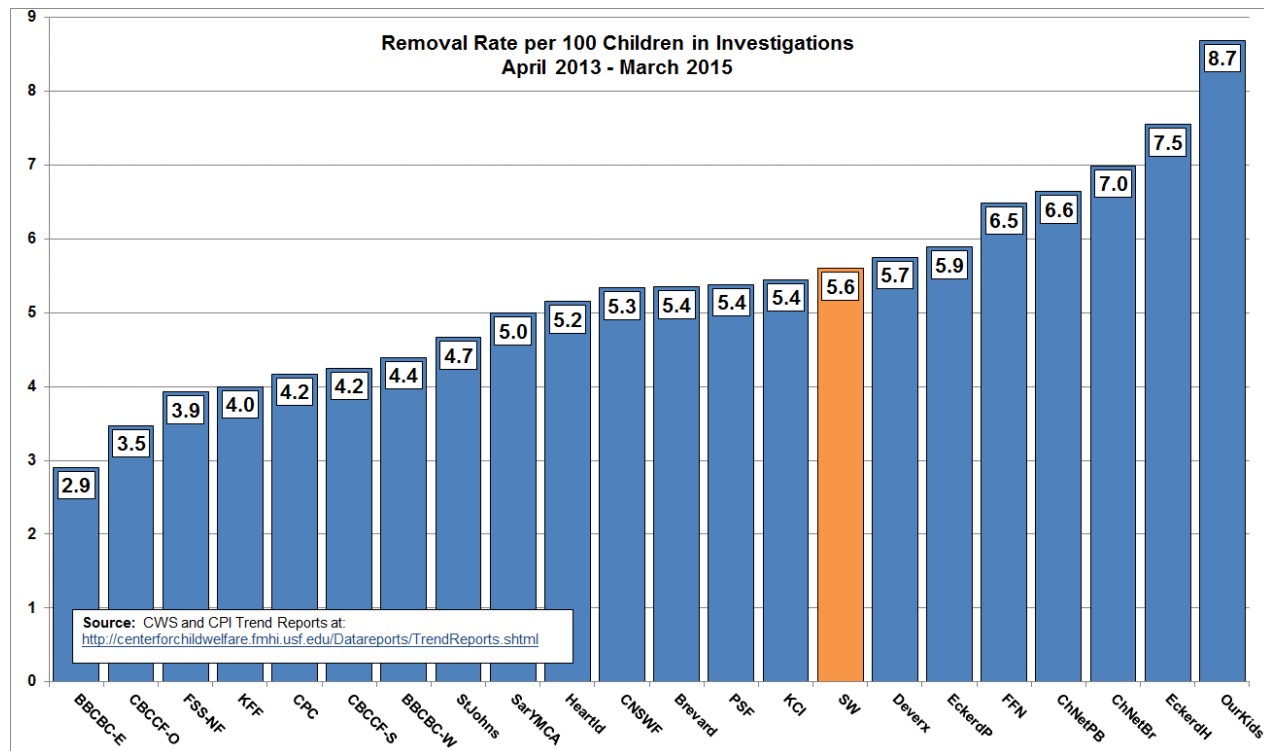
Removal Rate and Discharge Rate



Lead Agency Comparisons: Last 24 Months

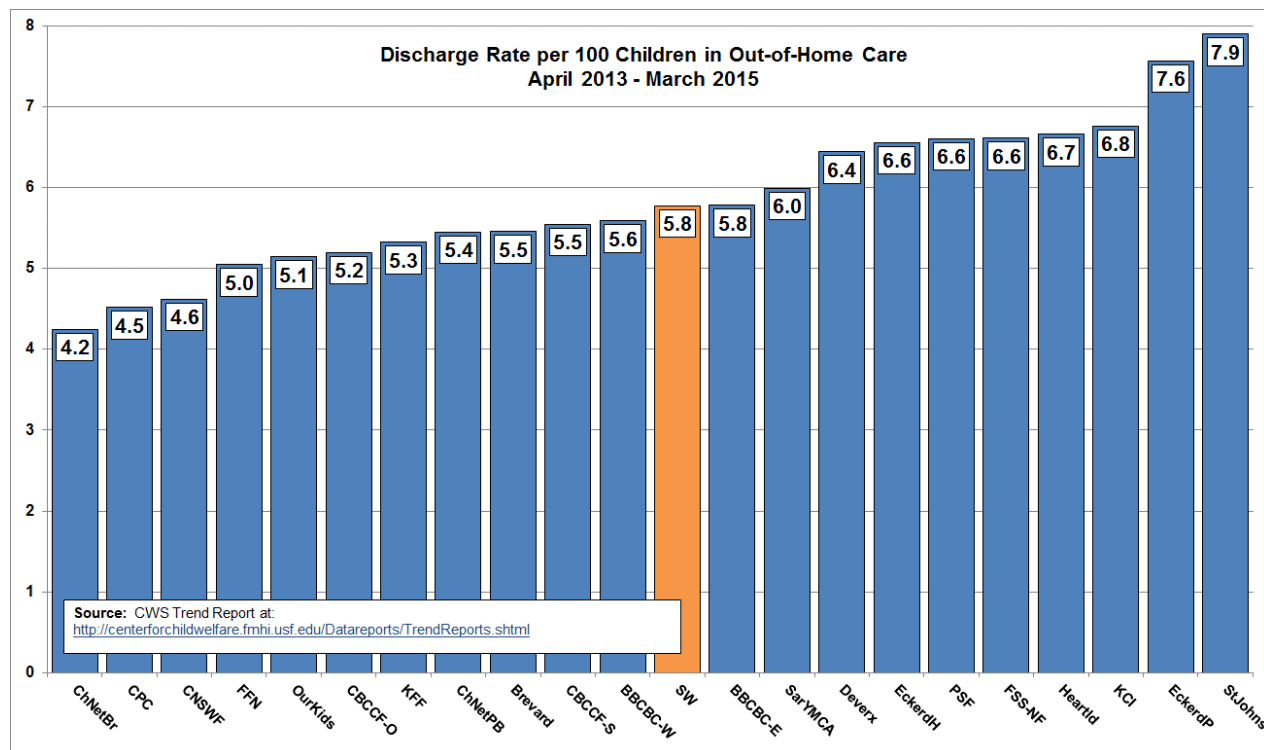
Removal Rate by Area Served by Lead Agency

Areas served by five lead agencies on the right had extremely high removal rates in the last 24 months.



Discharge Rate by Lead Agency

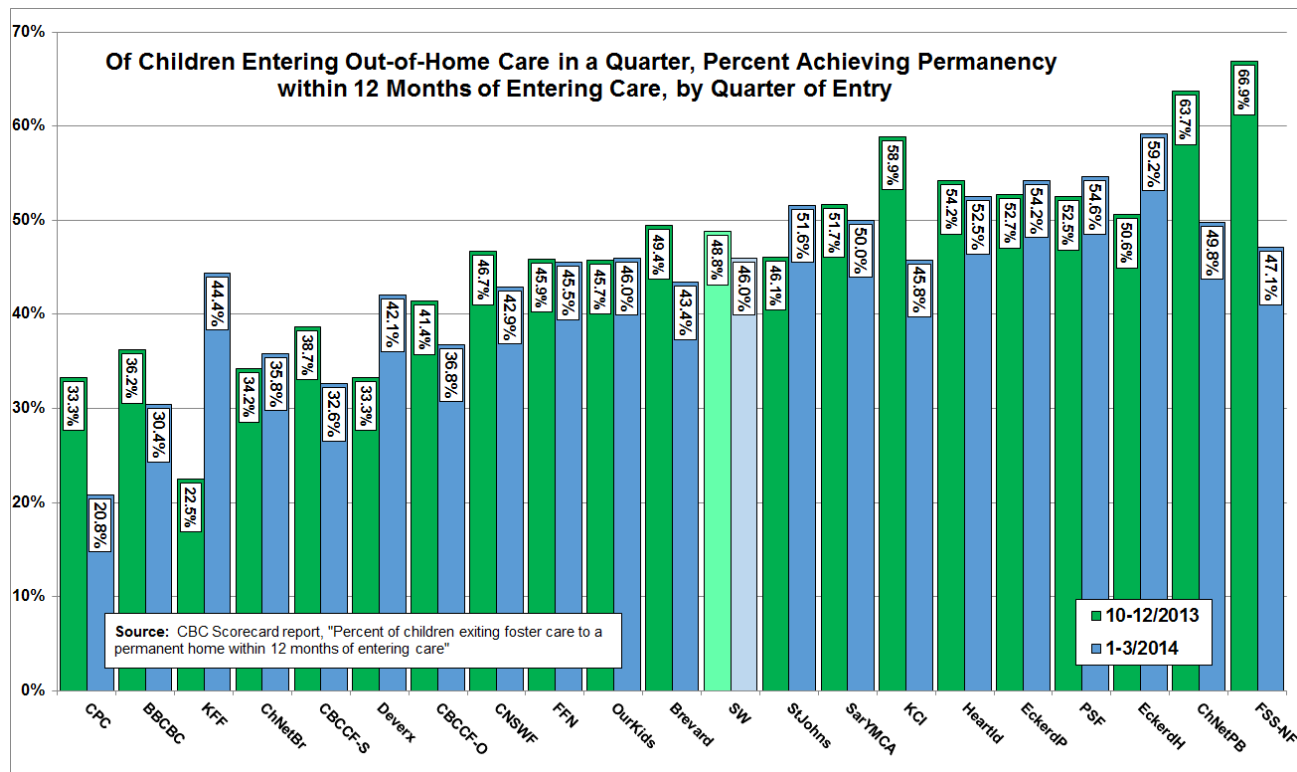
Several lead agencies on the left, including some with high removal rates, had very low discharge rates.



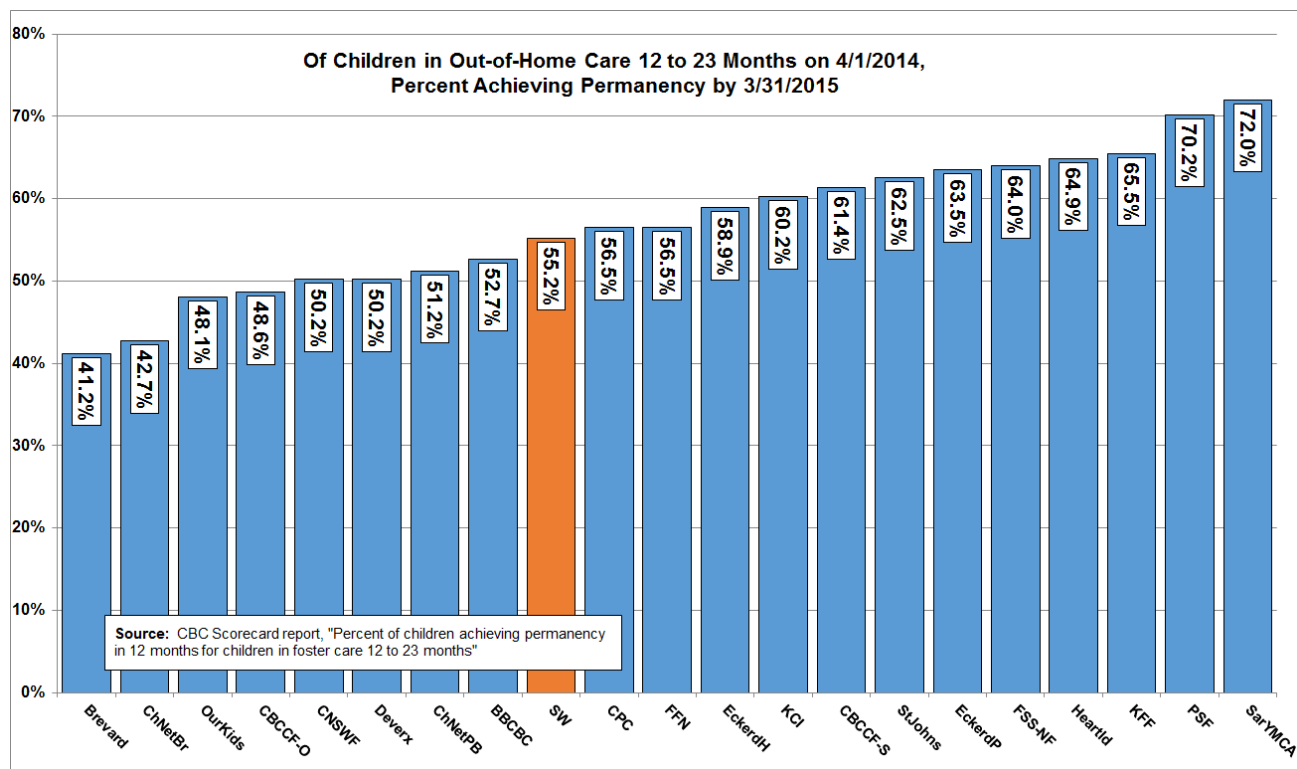
Lead Agency Comparisons of Recent Permanency Performance

Lead agencies on the right side of the charts are achieving permanency faster than those on the right.

Entry Cohorts: Last Two Quarters

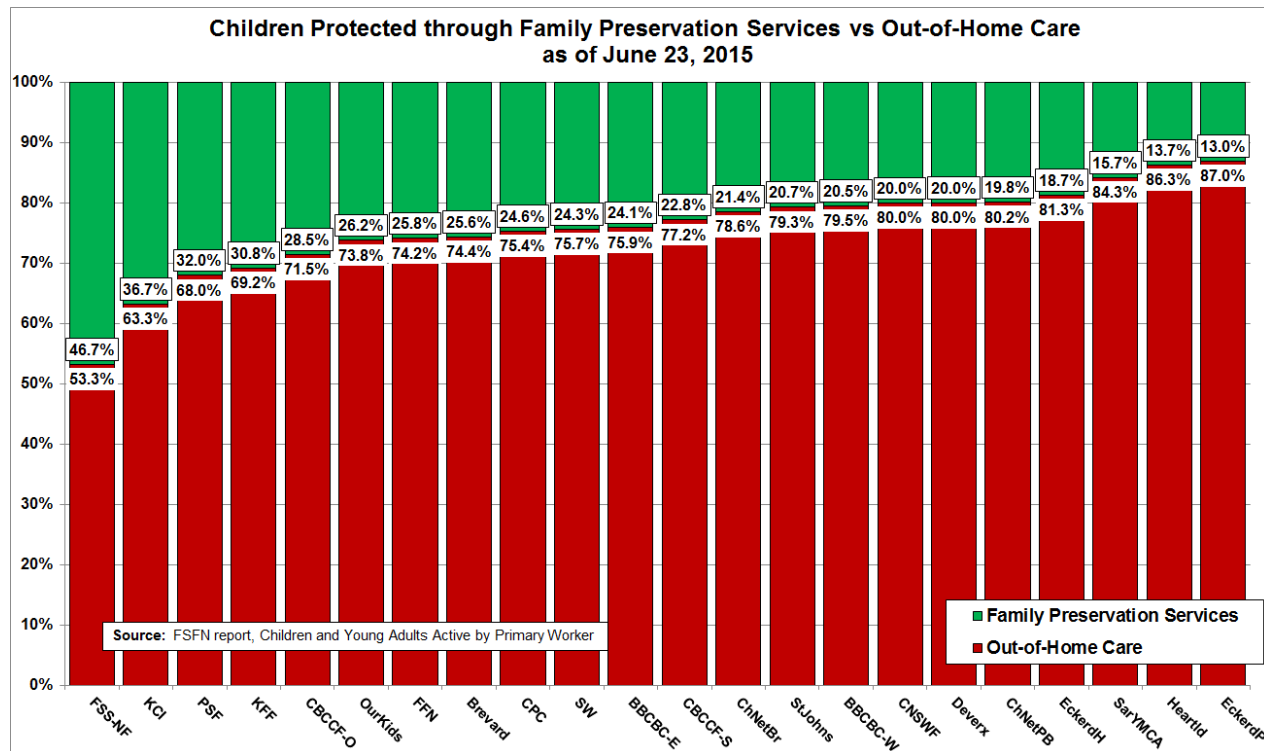


In-Care 12-23 Months Cohort



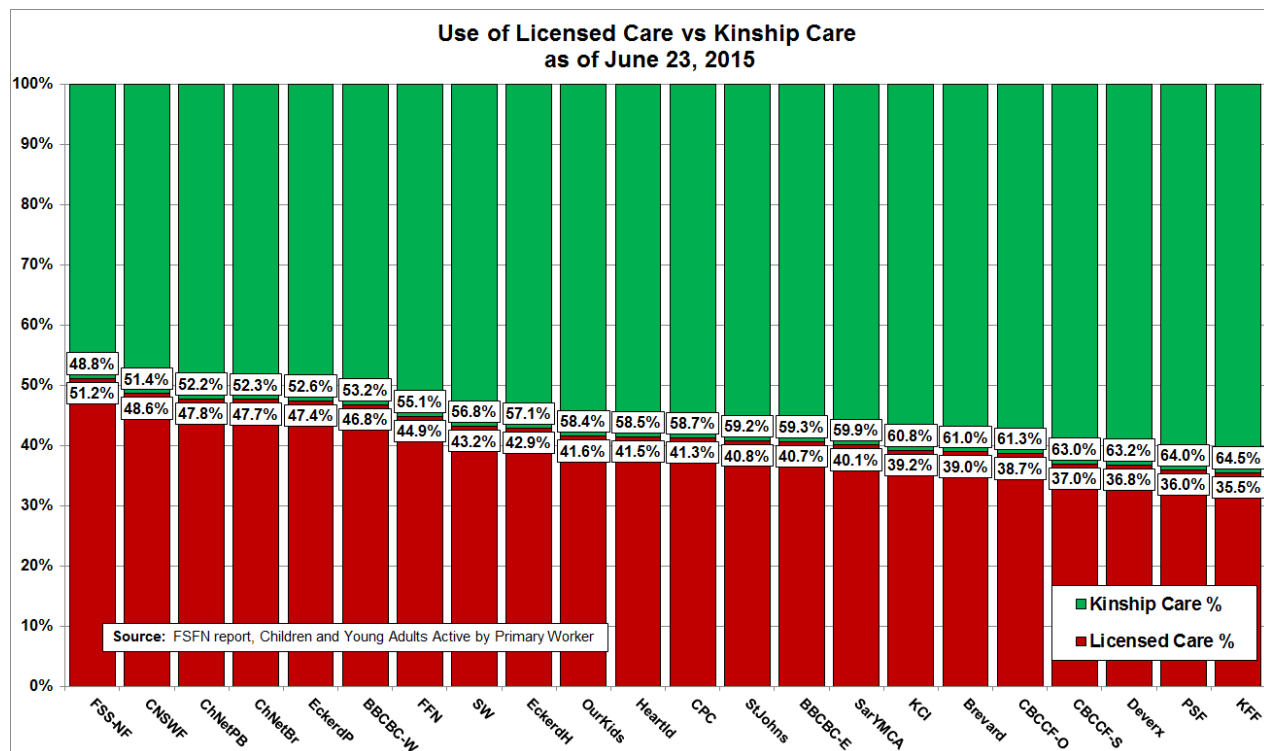
Case Mix: Family Preservation Services vs Out-of-Home Care

Lead agencies on the left side of the chart are protecting a greater proportion of children in their own homes to prevent removal.



Licensed Care vs Kinship Care

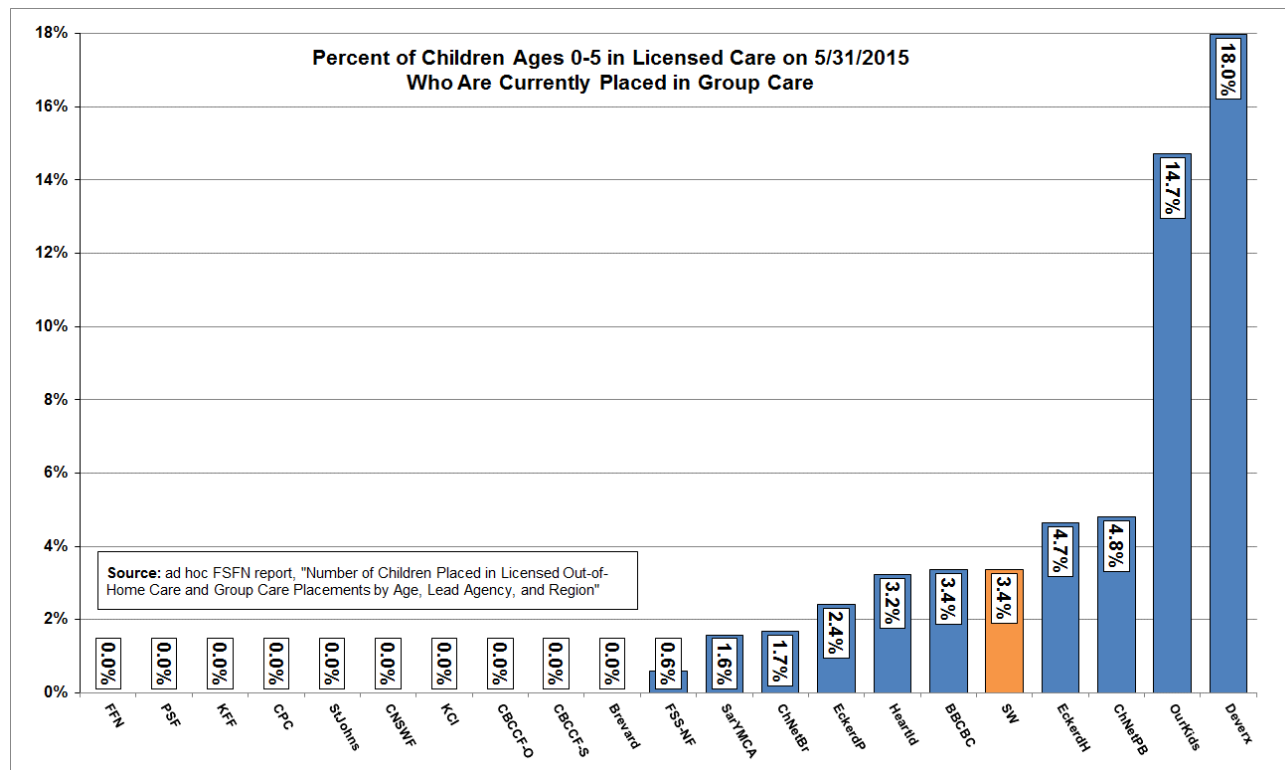
Most lead agencies have a majority of their children in kinship care placements.



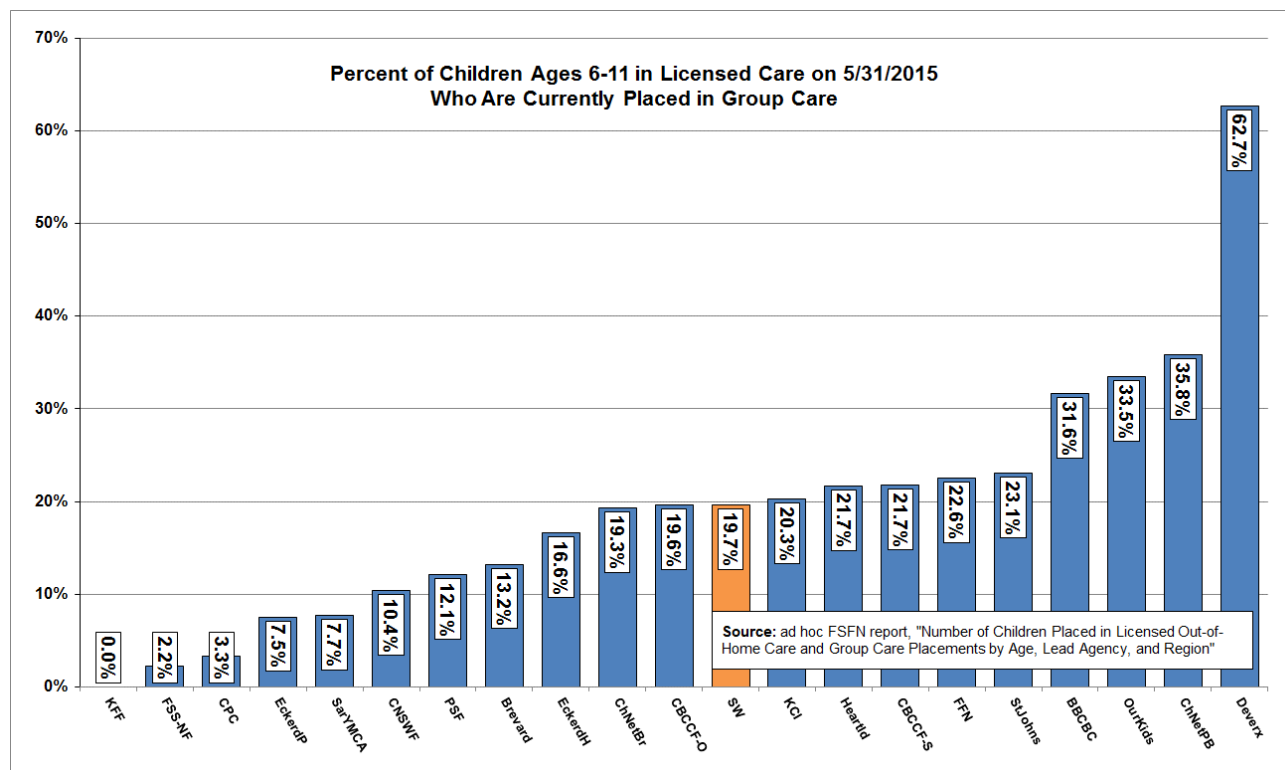
Indicators of Insufficient Placement Resources

Young Children in Licensed Care: Percent Placed in Group Care

Ten lead agencies have no pre-school children in group care. The others can do better.

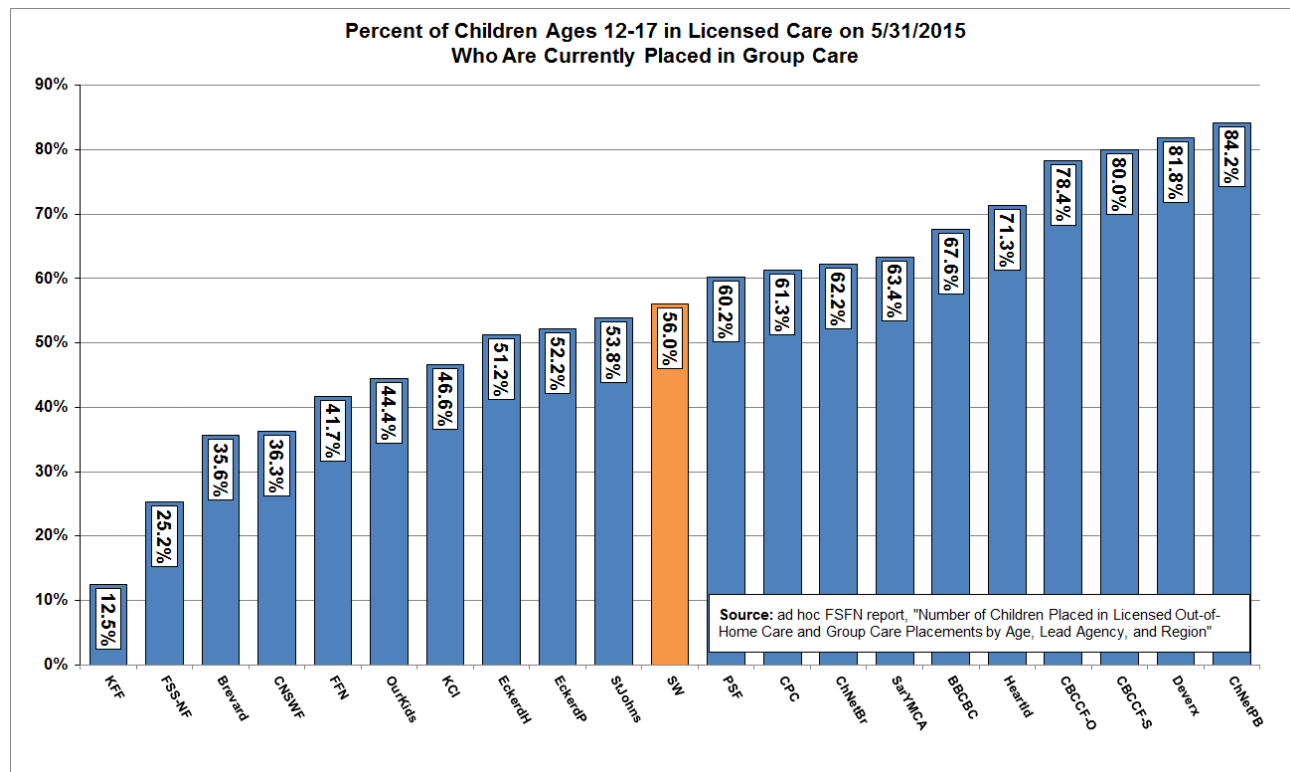


Four agencies place one third of 6-11 year old children in group care, with one of those placing over 60% in group care.

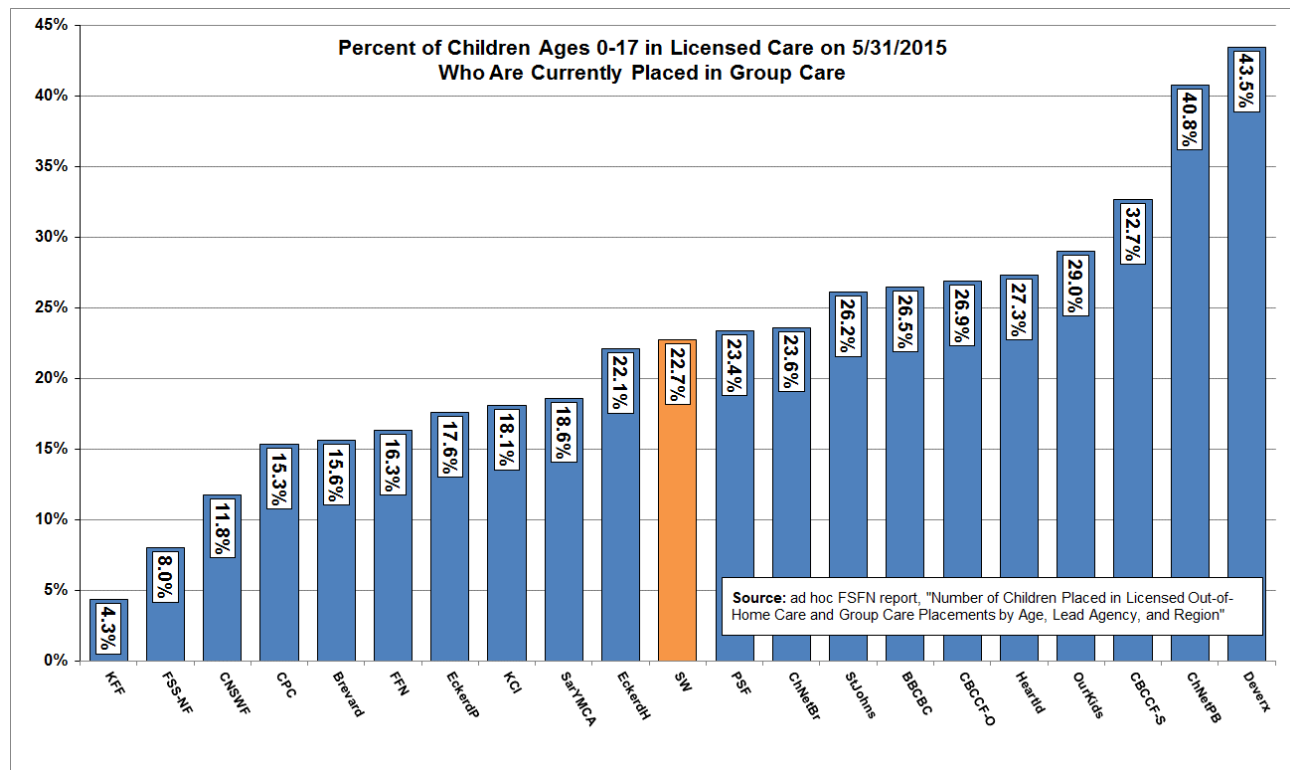


Children in Licensed Care: Percent Placed in Group Care, continued

Four lead agencies place 80% of children teens in group care, while others place most with families.

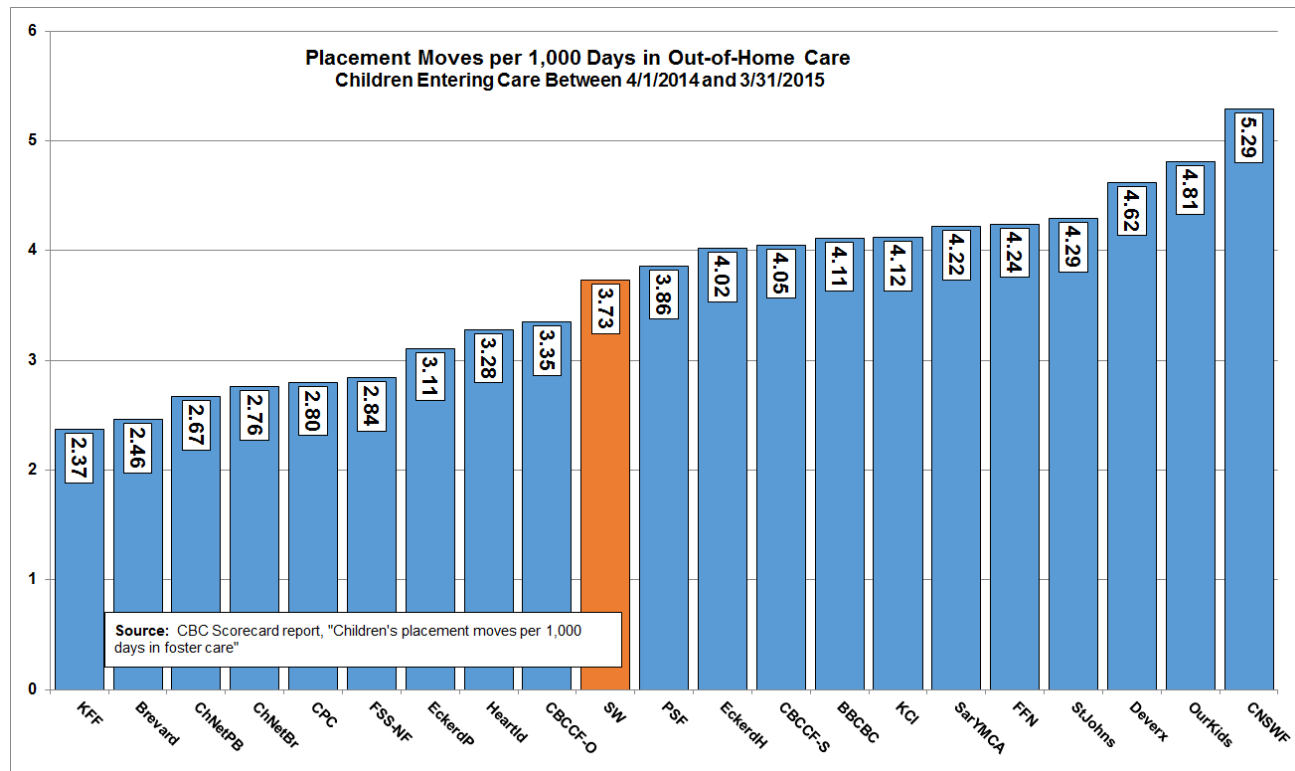


Several lead agencies rely heavily on group care, a major cost factor in providing services.

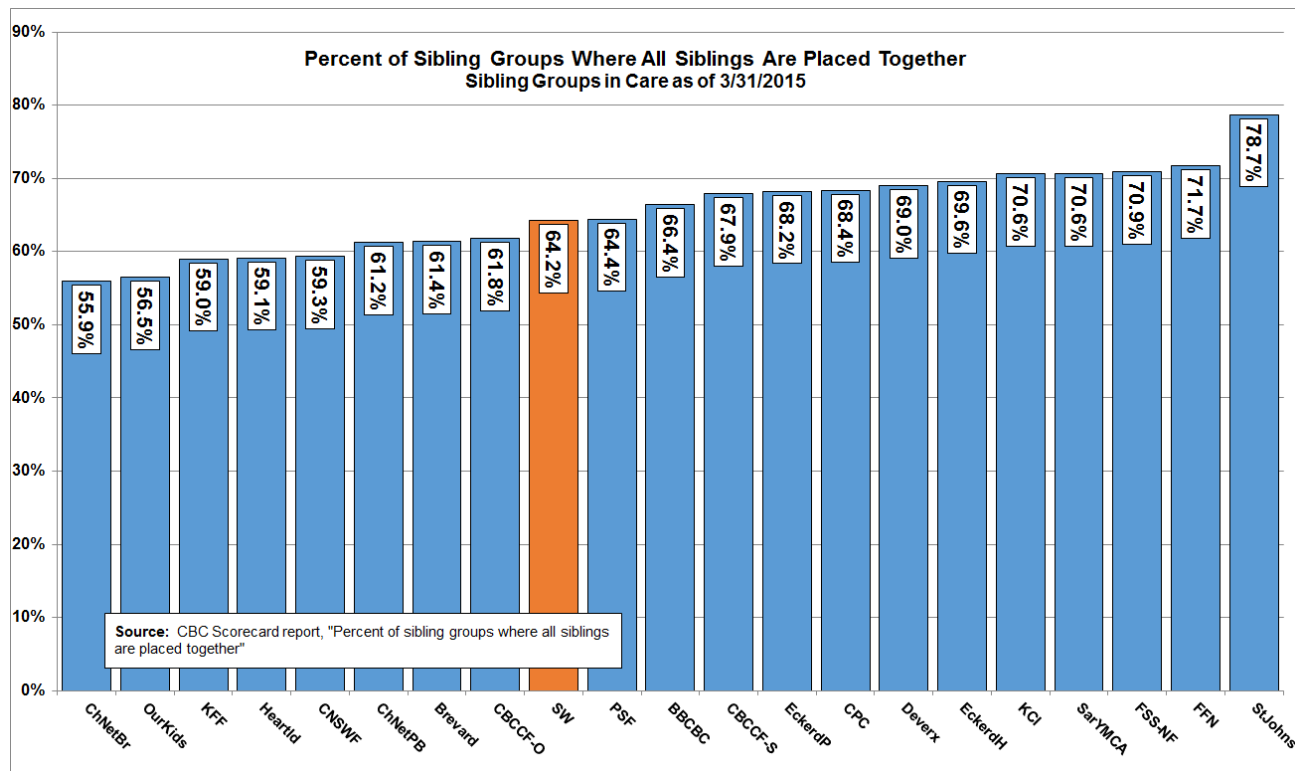


More Indicators of Insufficient Placement Resources

Placement Moves per 1,000 Days in Care

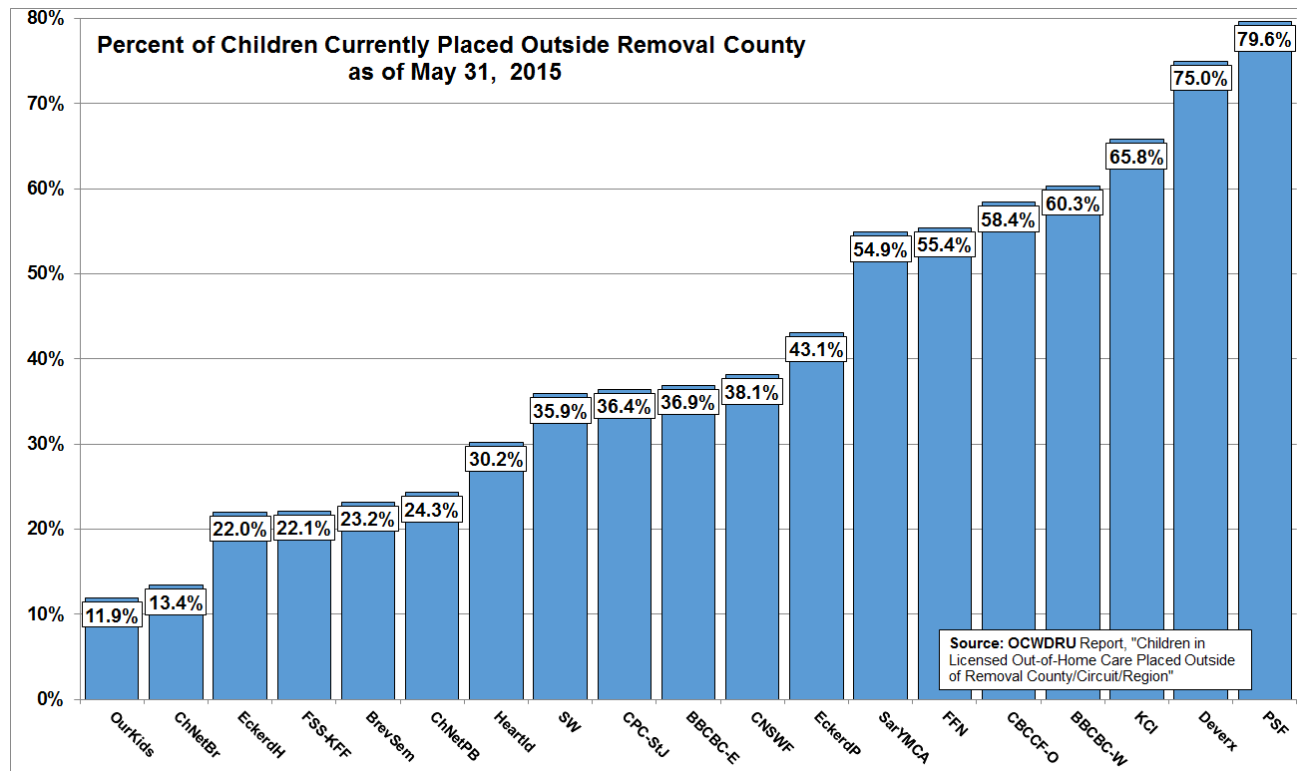


Placement of Sibling Groups Together

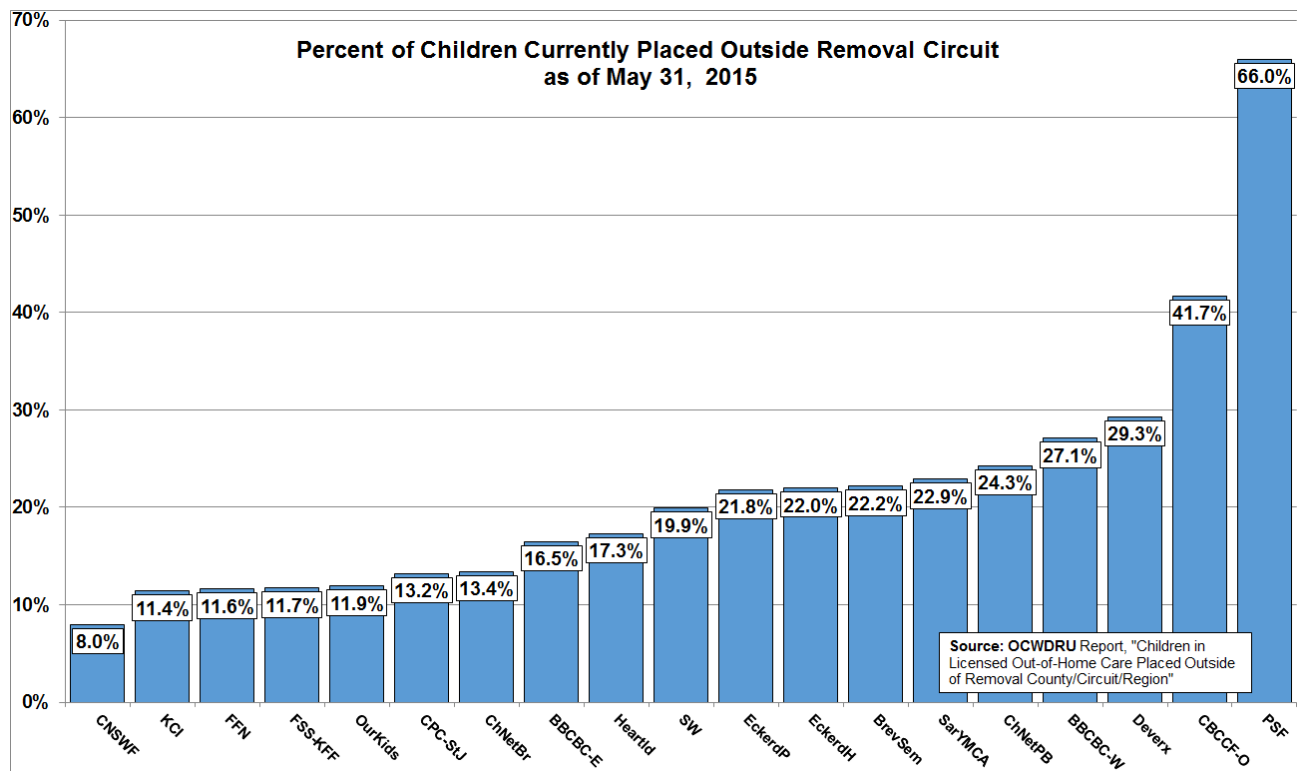


More Indicators of Insufficient Placement Resources

Placement Outside County of Removal

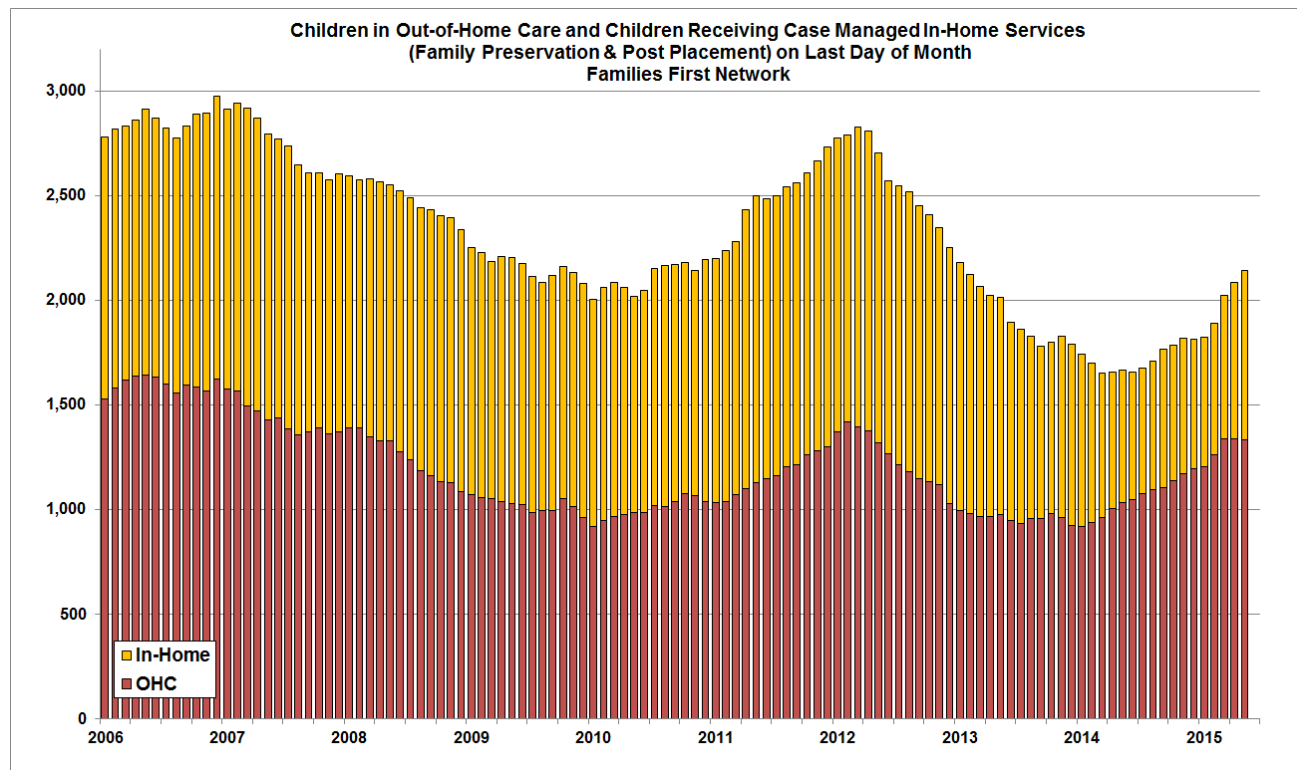
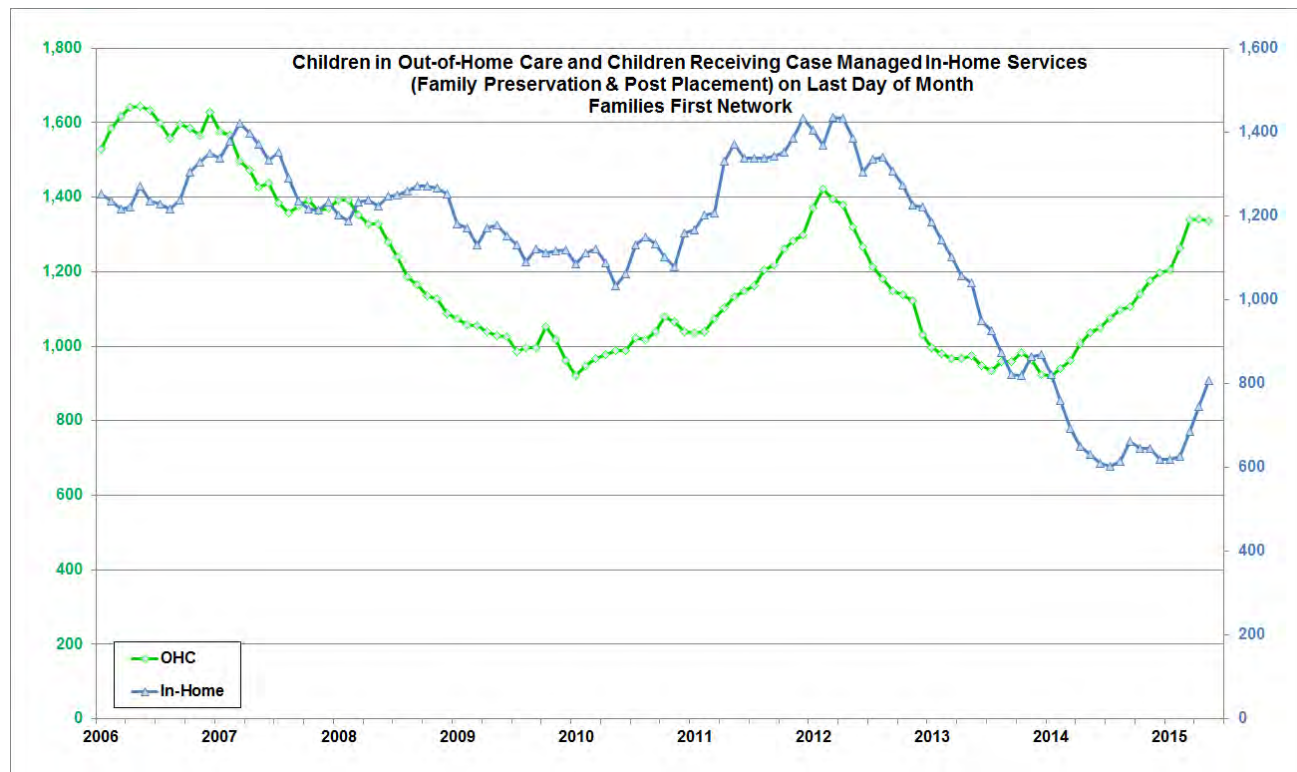


Placement Outside Circuit of Removal



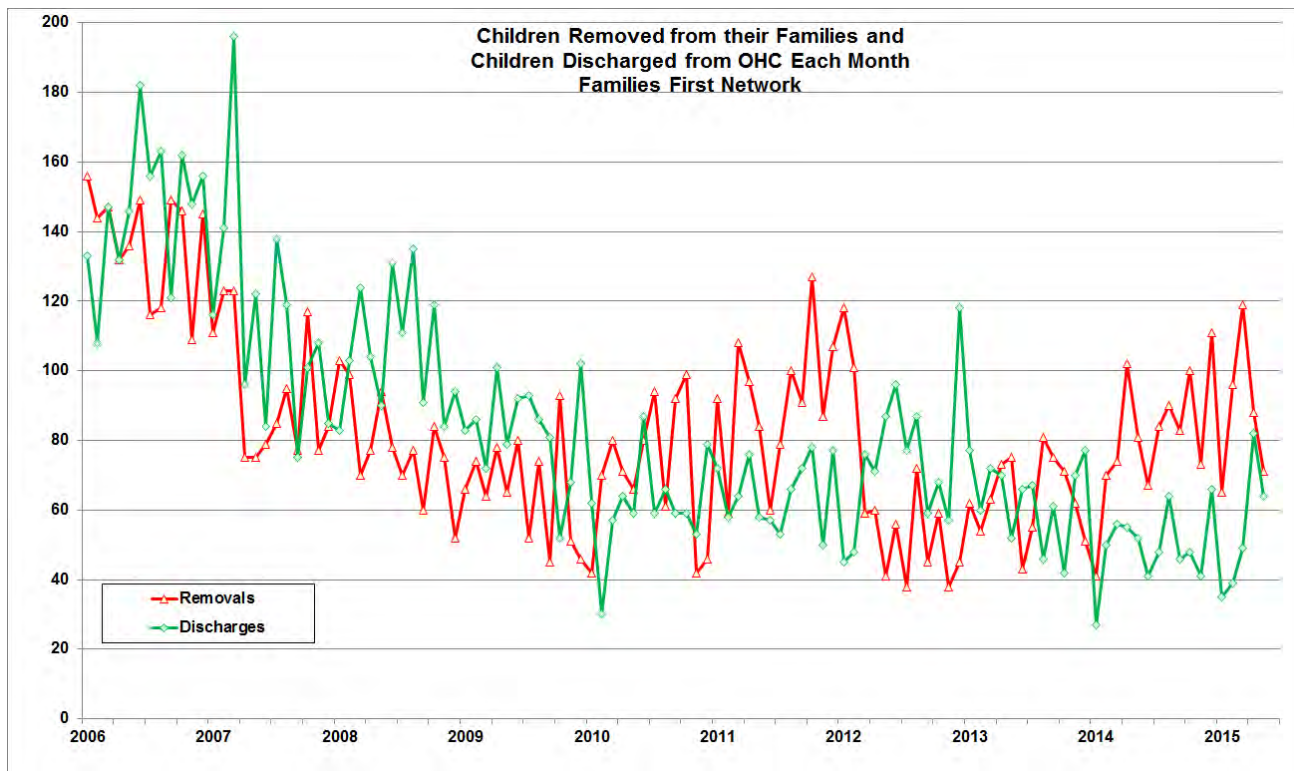
Families First Network, 1

Out-of-Home Care vs In-Home Services (Family Preservation and Post-Placement Supervision)

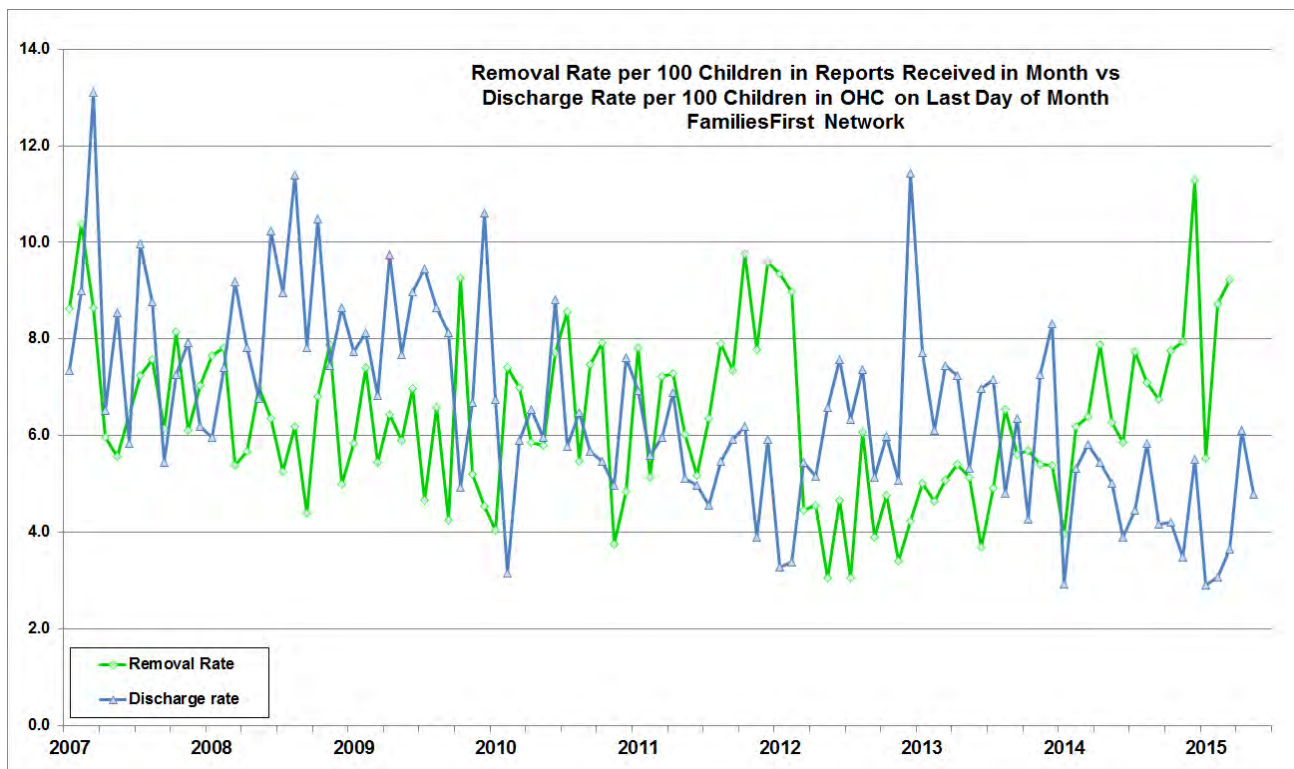


Families First Network, 2

Removals vs Discharges

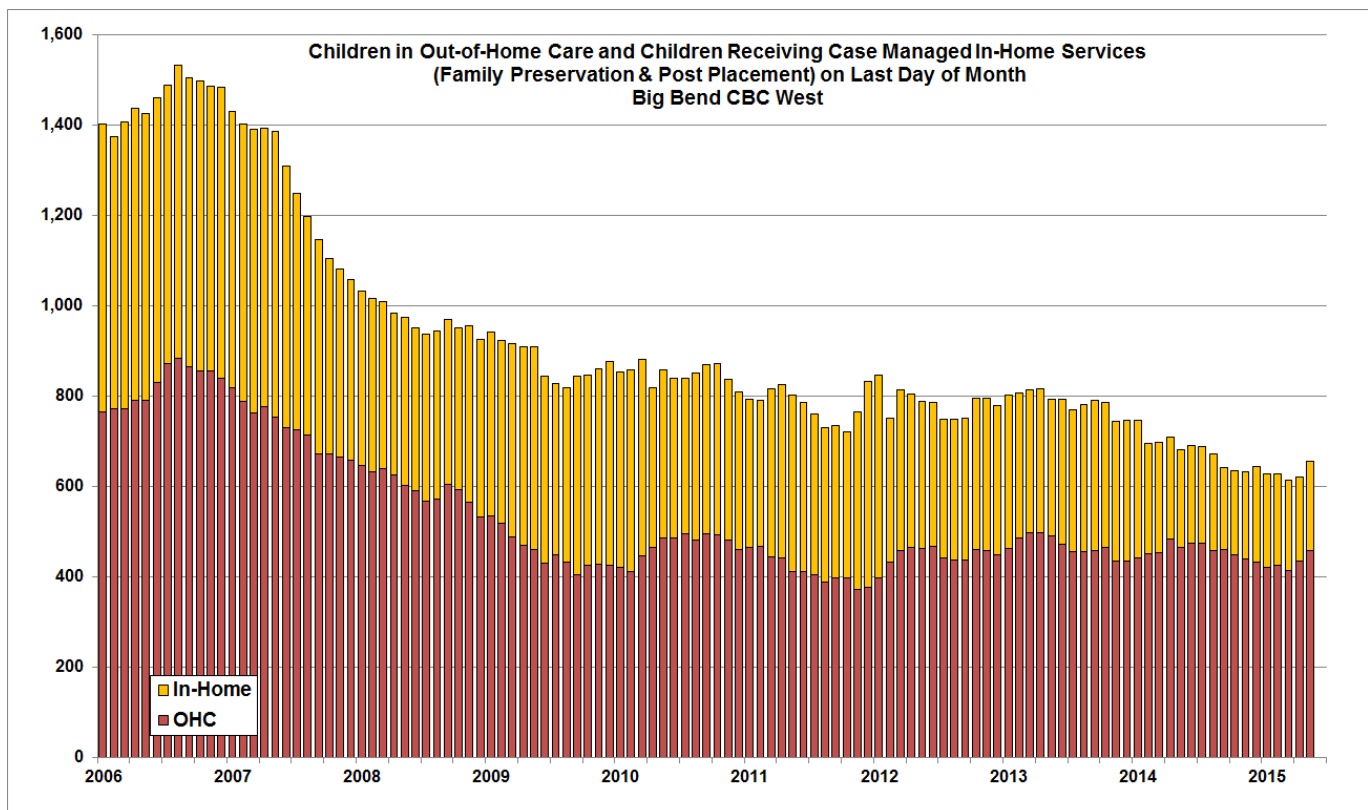
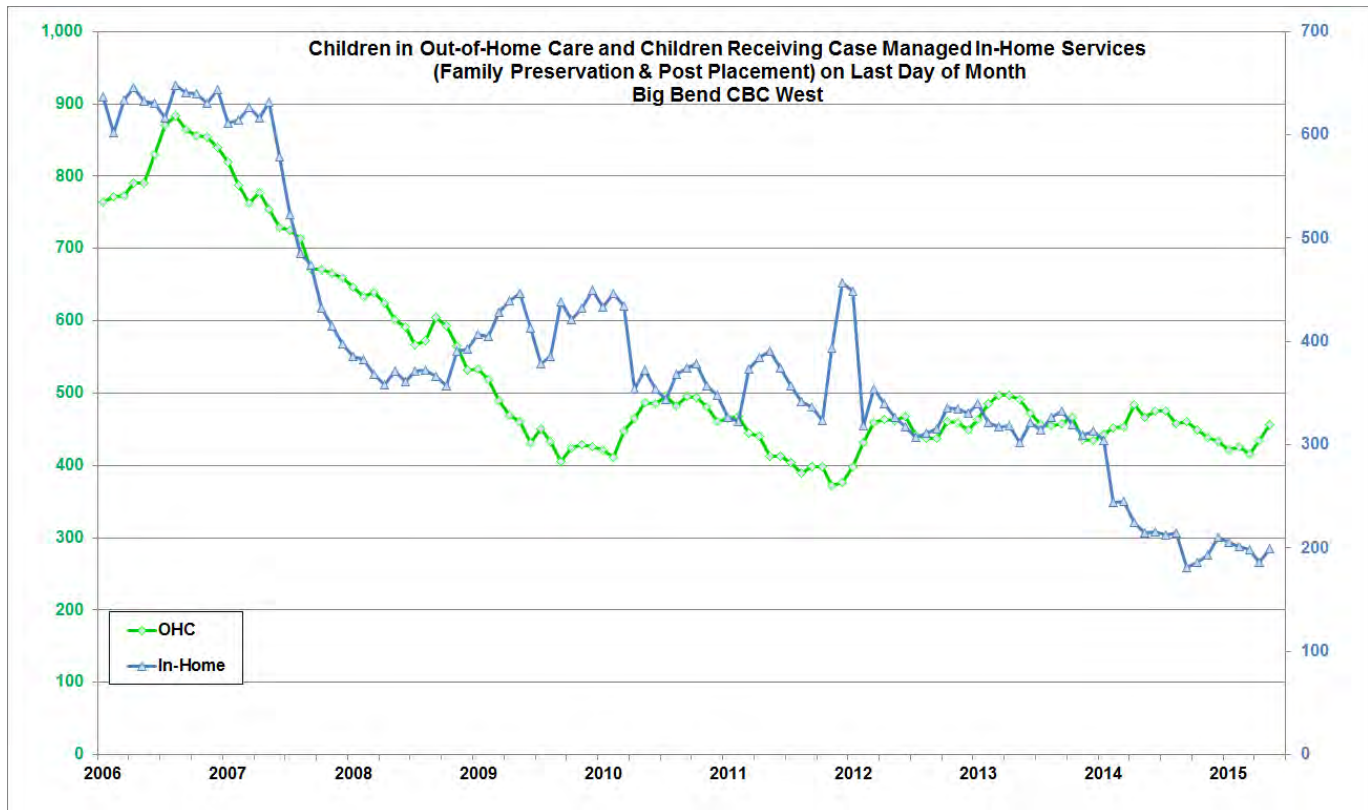


Removal Rate vs Discharge Rate



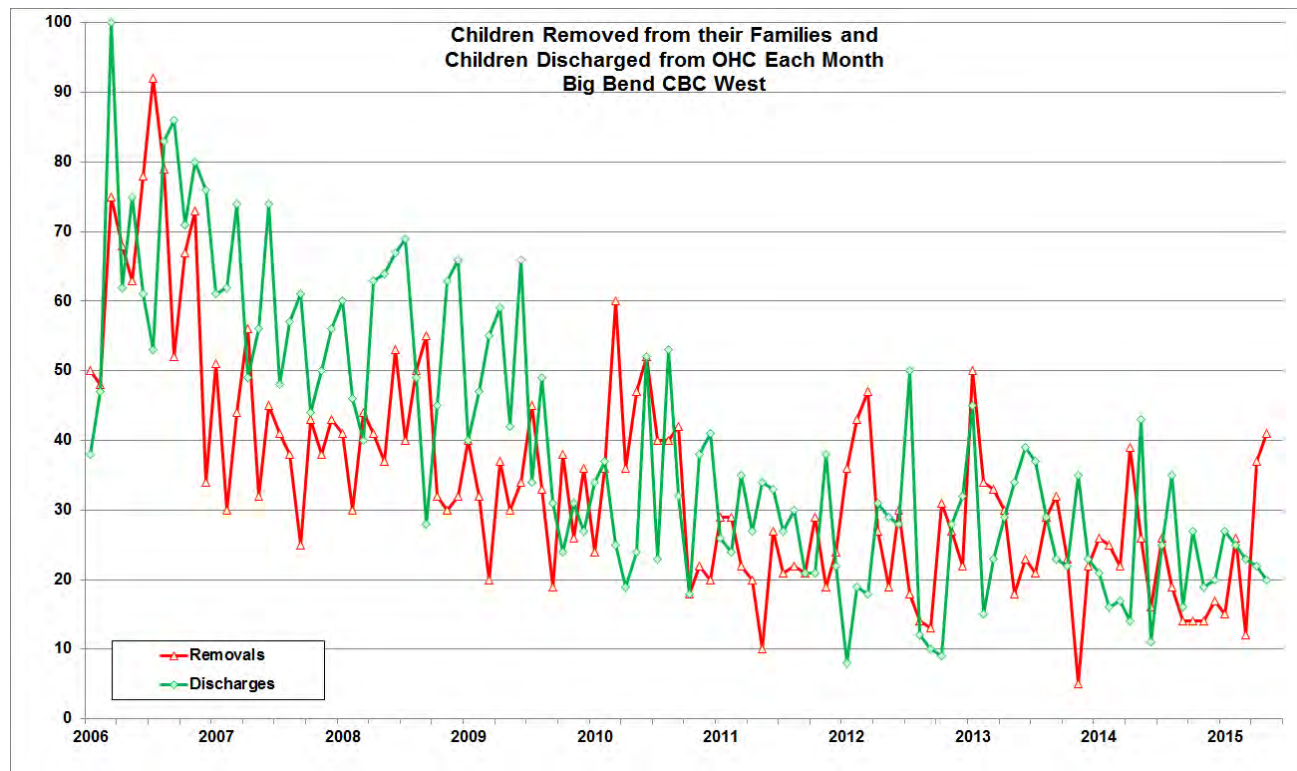
Big Bend CBC West, 1

Out-of-Home Care vs In-Home Services (Family Preservation and Post-Placement Supervision)

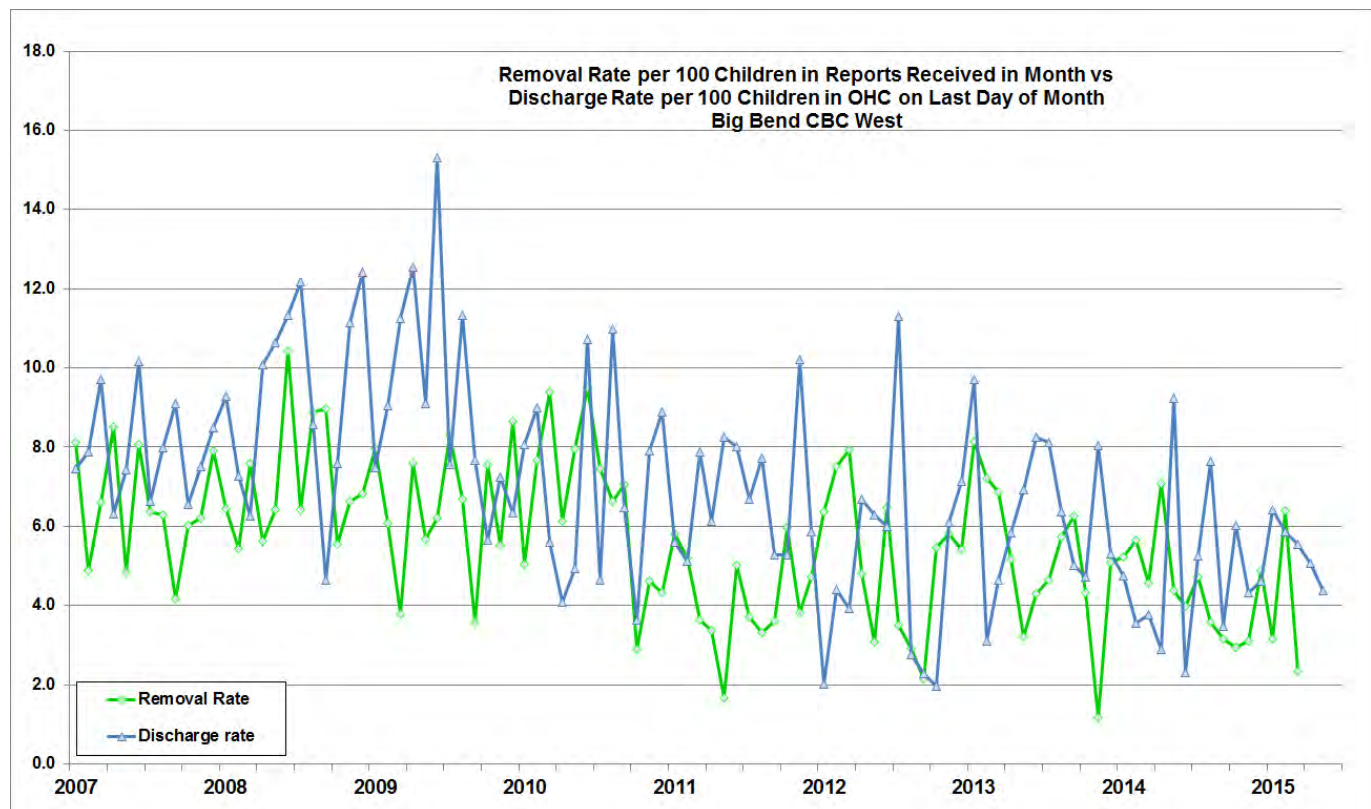


Big Bend CBC West, 2

Removals vs Discharges

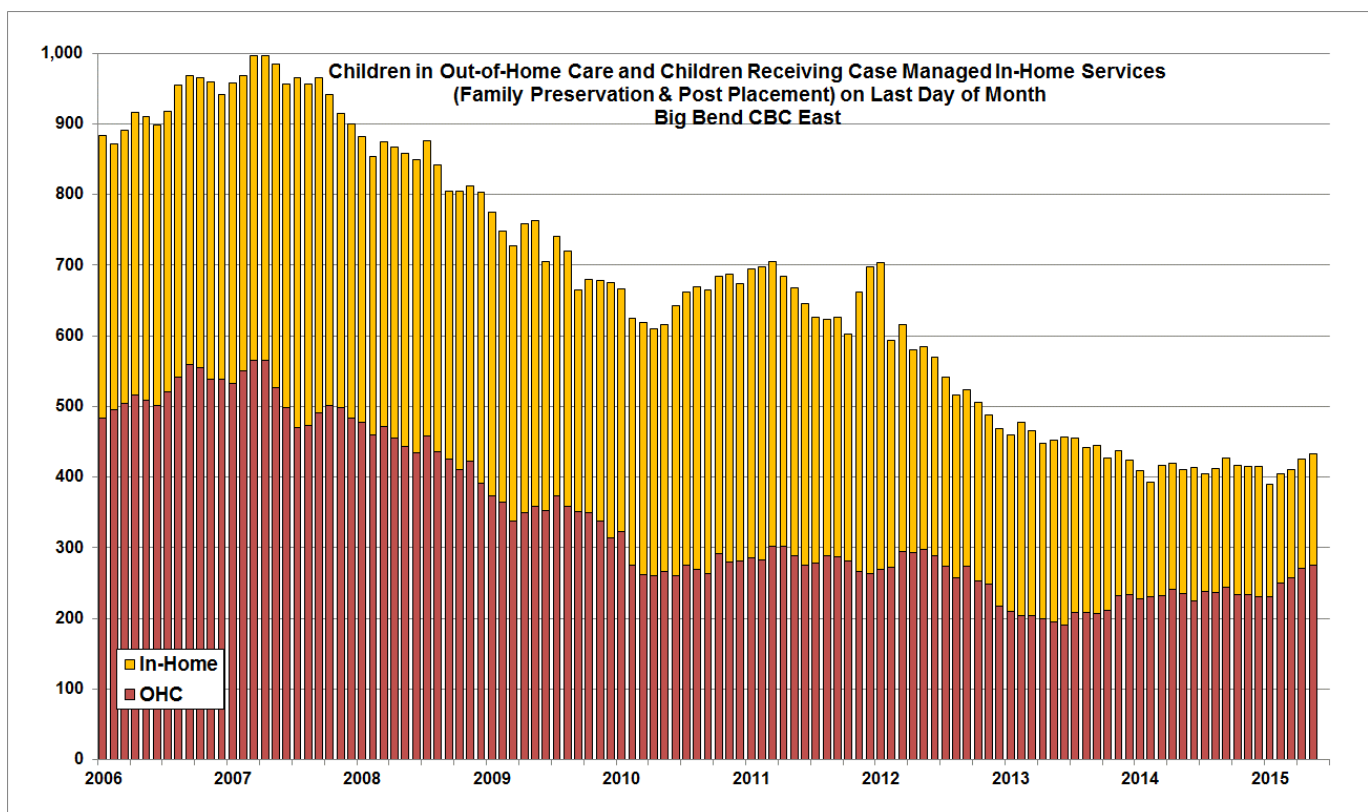
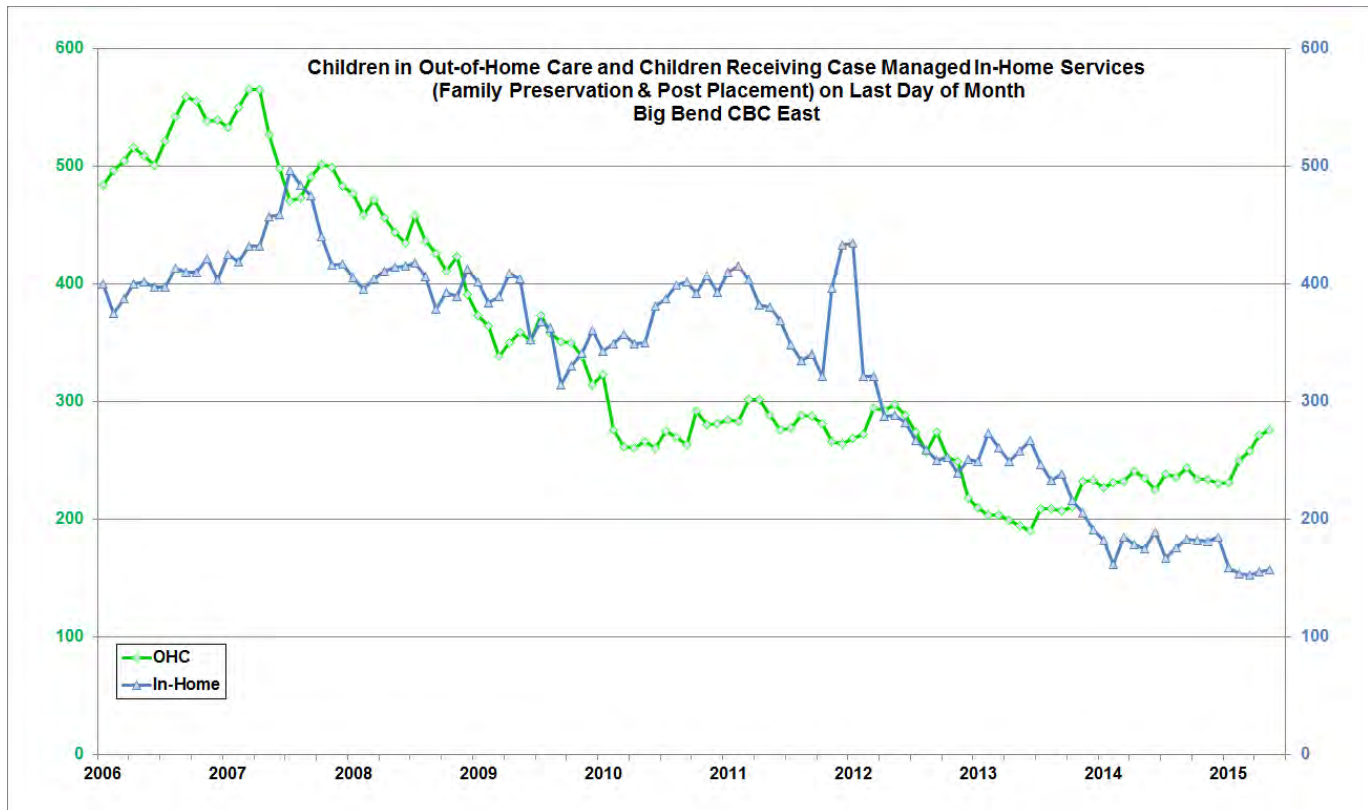


Removal Rate vs Discharge Rate



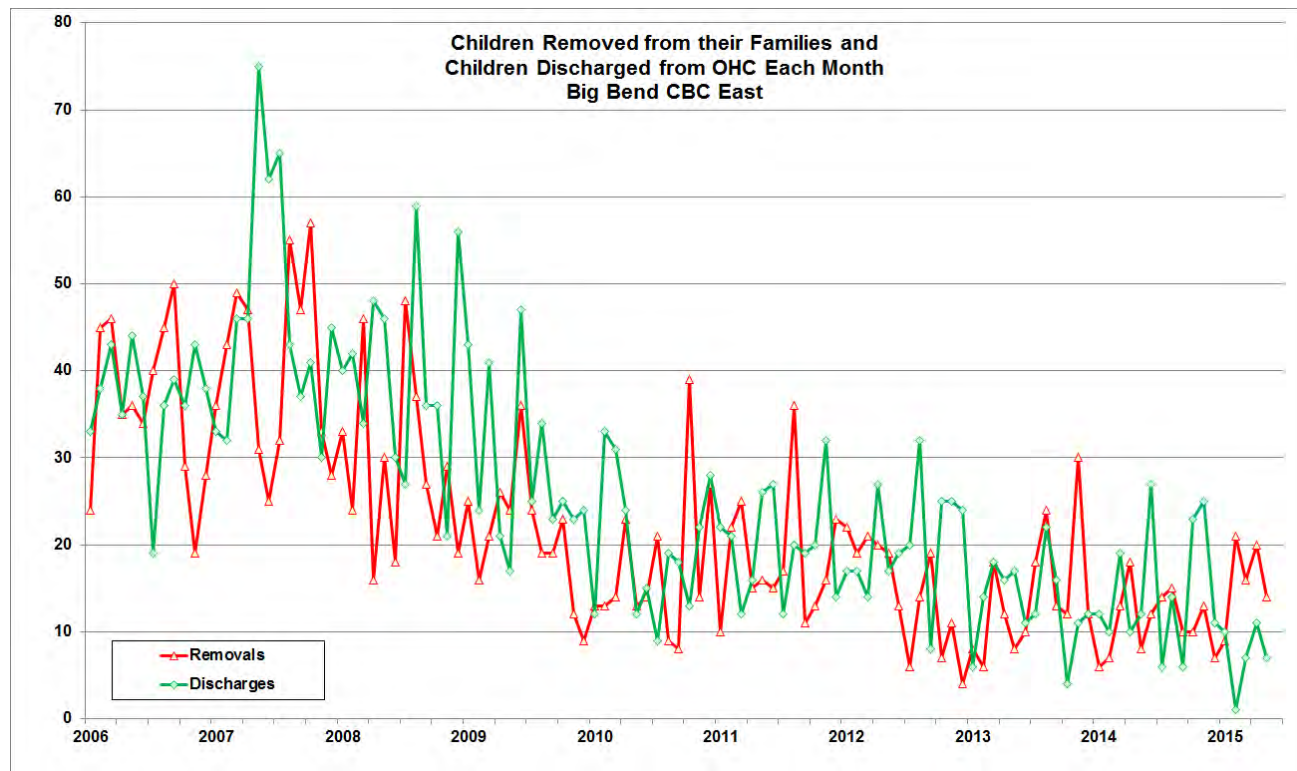
Big Bend CBC East, 1

Out-of-Home Care vs In-Home Services (Family Preservation and Post-Placement Supervision)

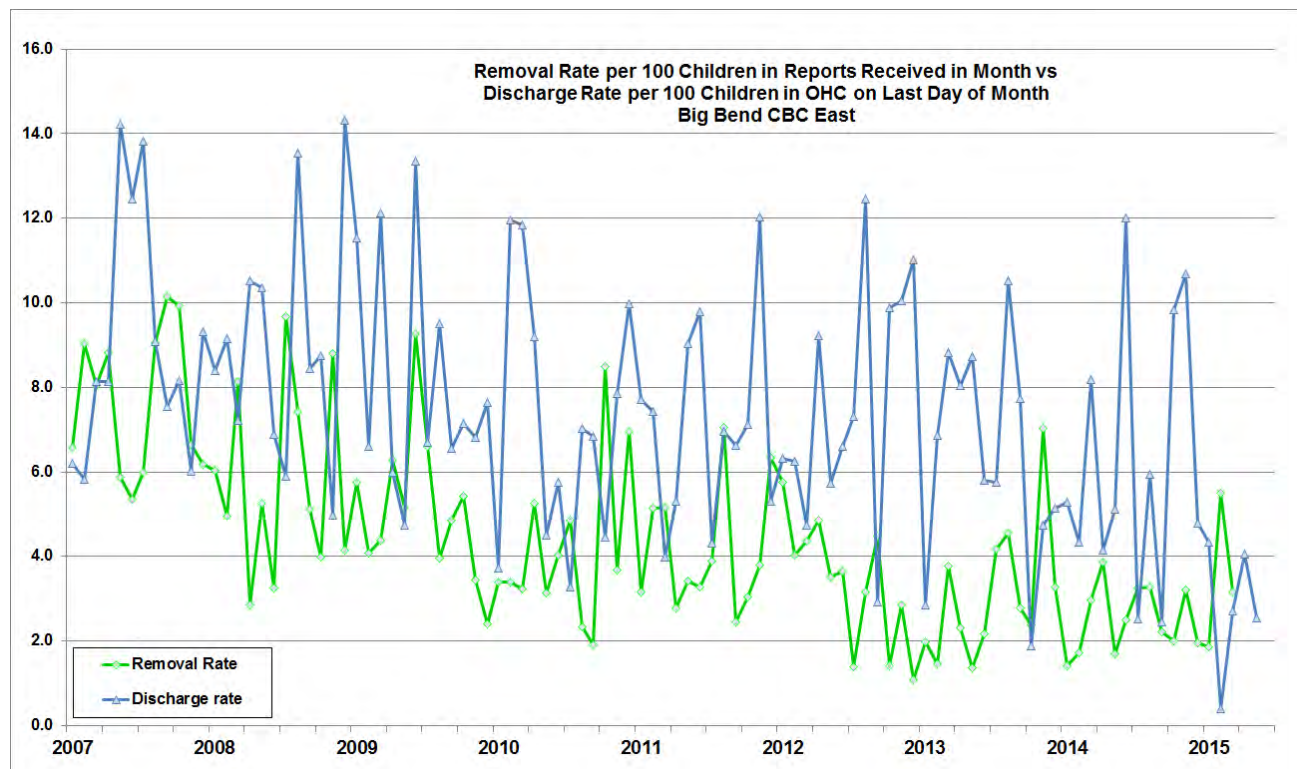


Big Bend CBC East, 2

Removals vs Discharges

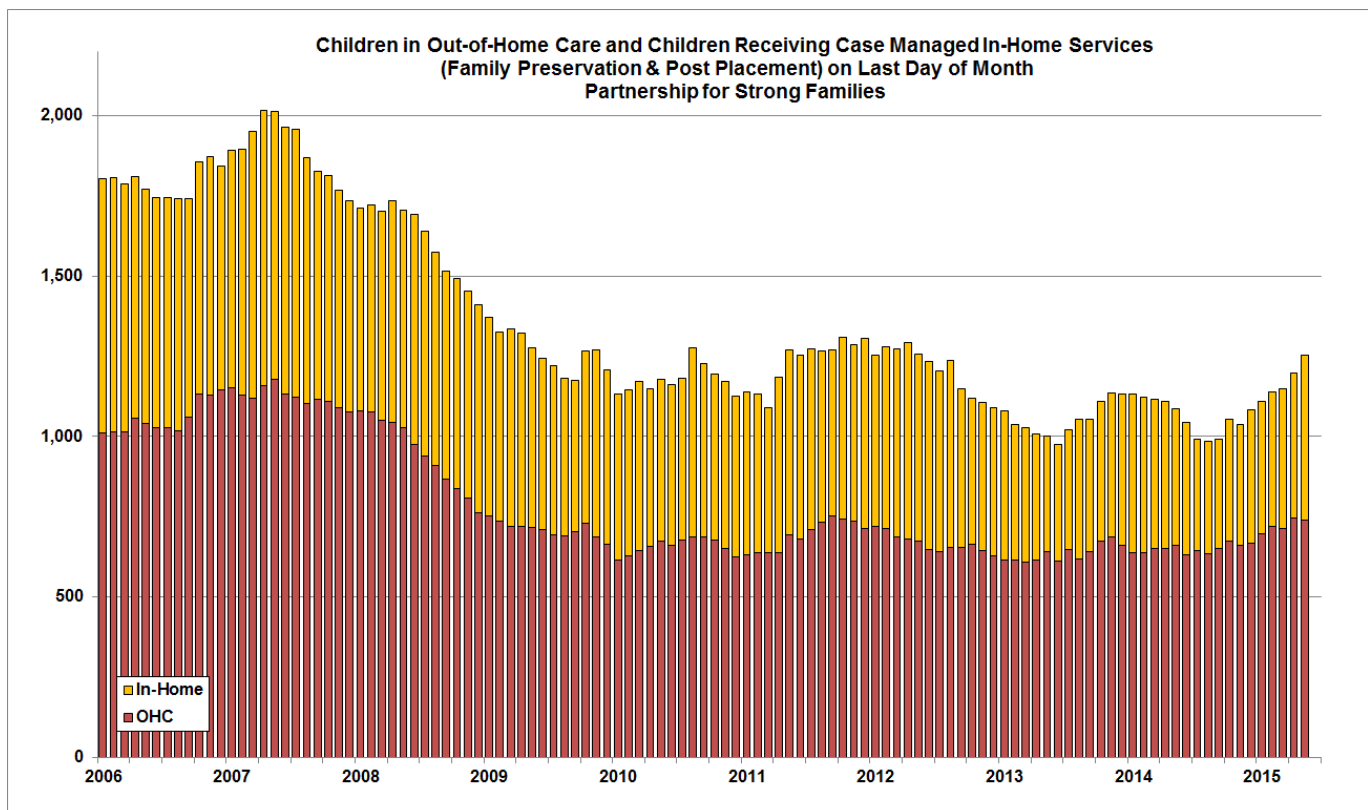
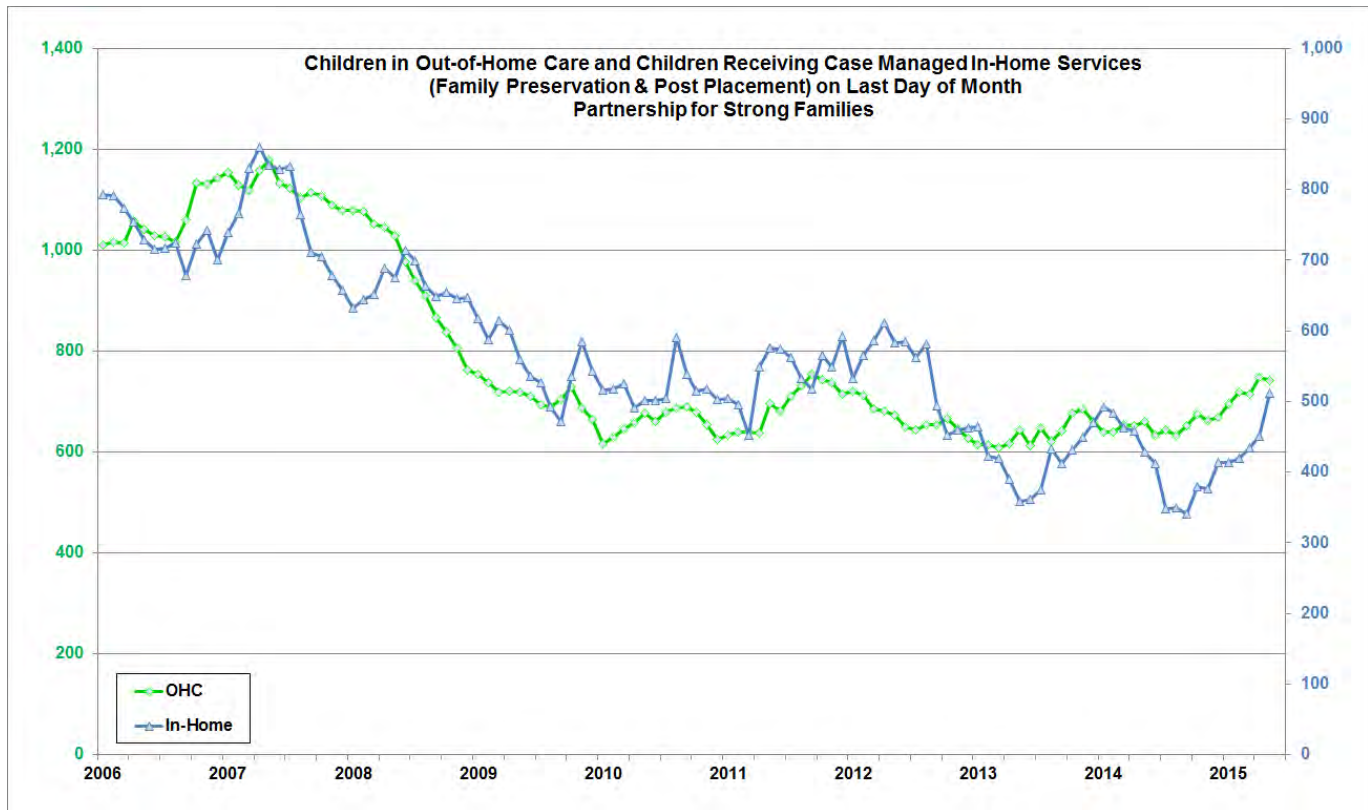


Removal Rate vs Discharge Rate



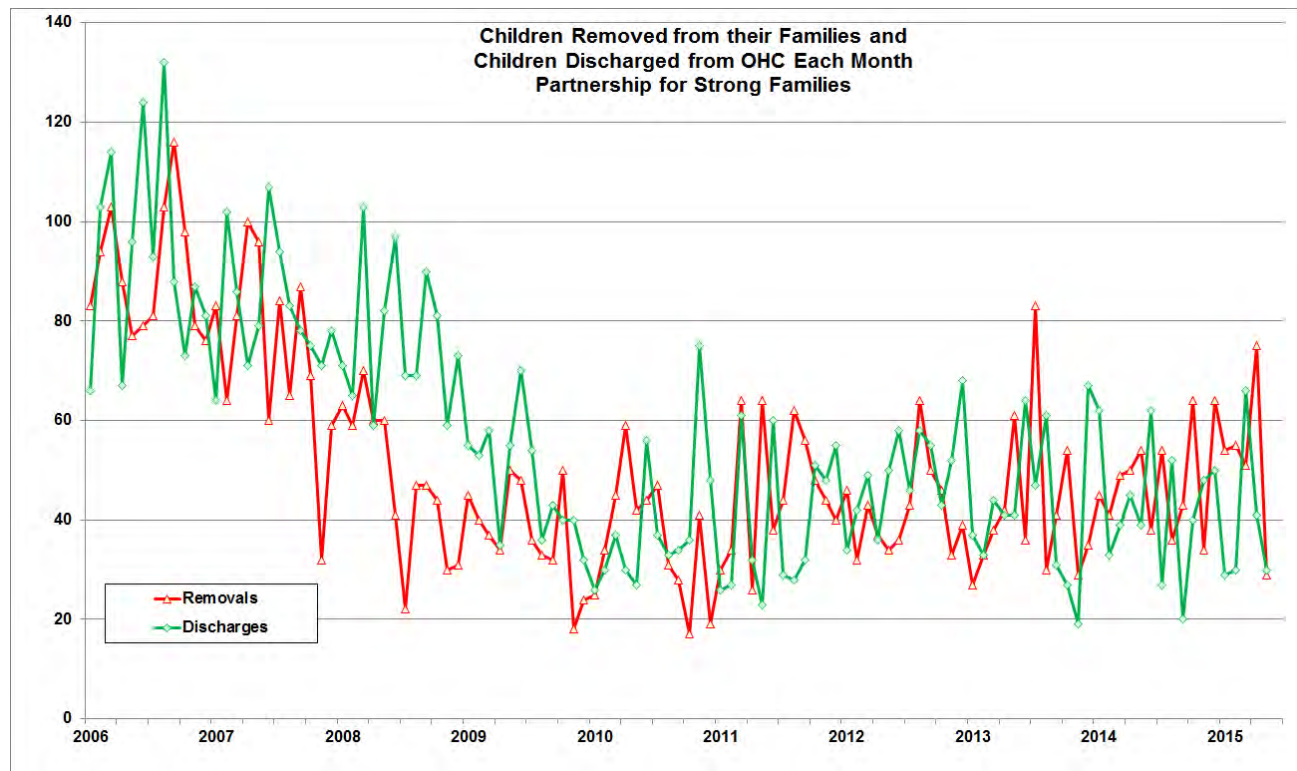
Partnership for Strong Families, 1

Out-of-Home Care vs In-Home Services (Family Preservation and Post-Placement Supervision)

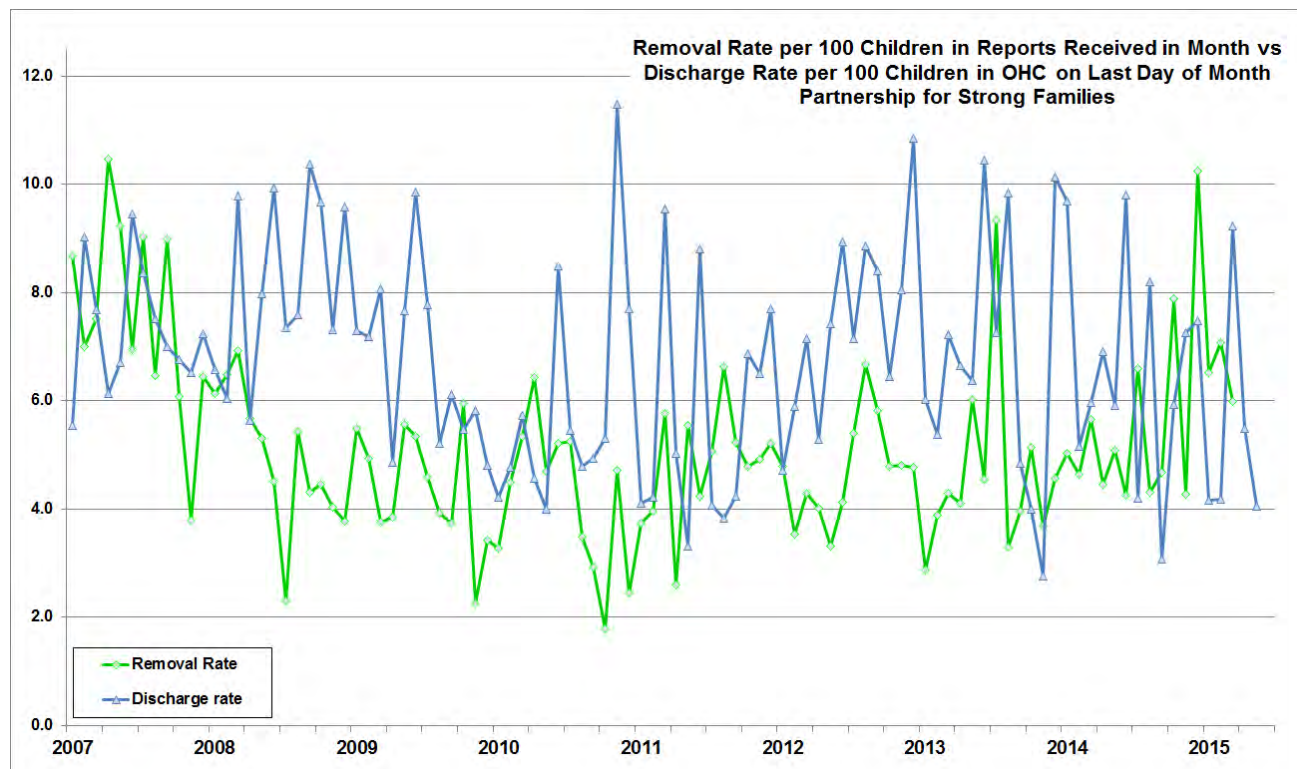


Partnership for Strong Families, 2

Removals vs Discharges

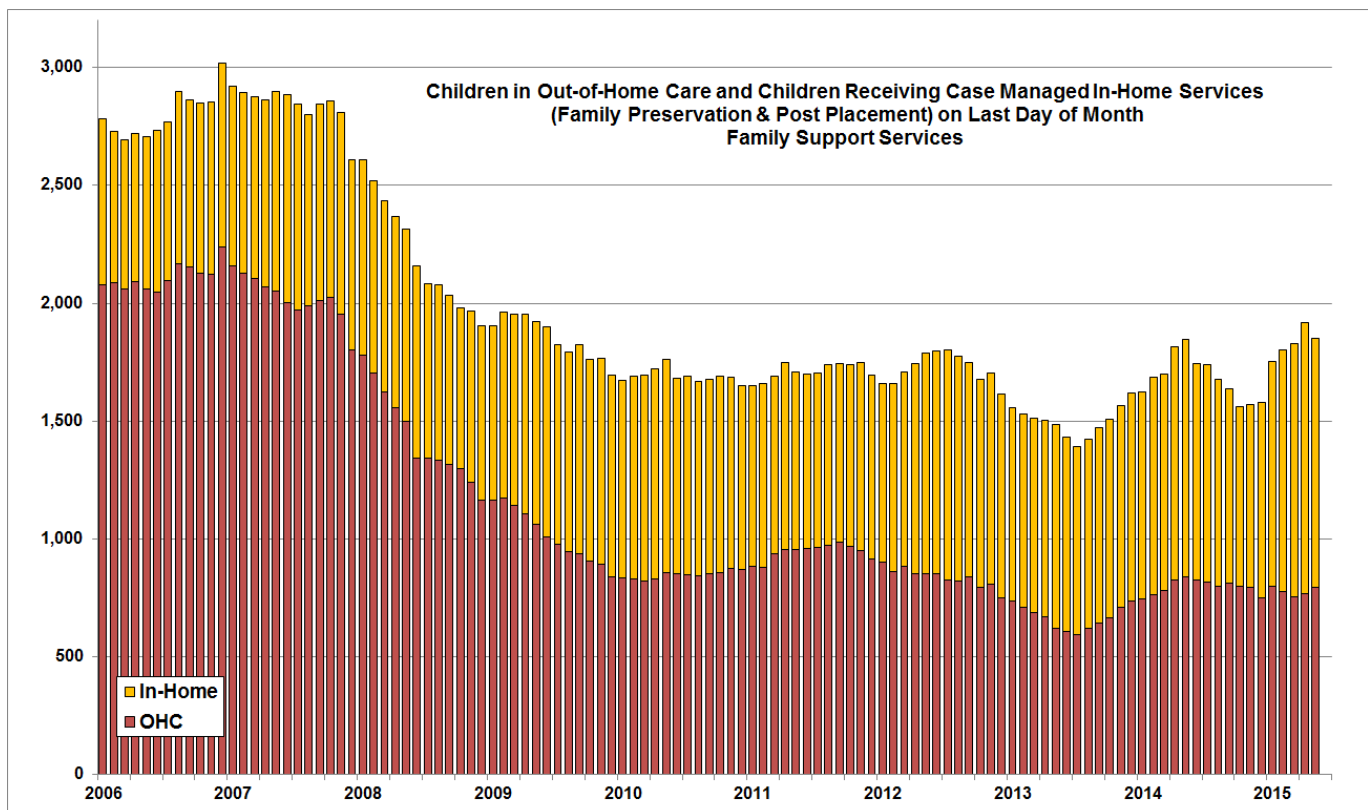
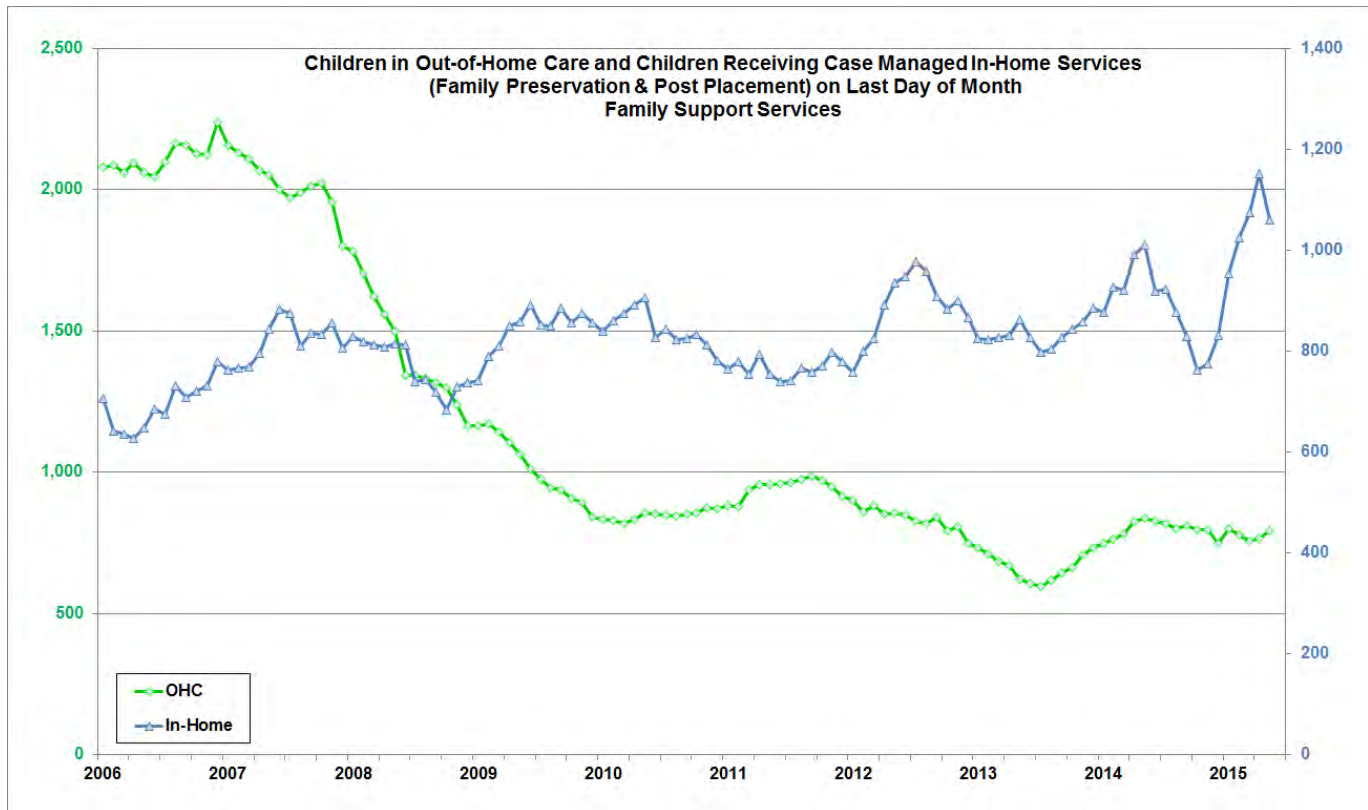


Removal Rate vs Discharge Rate



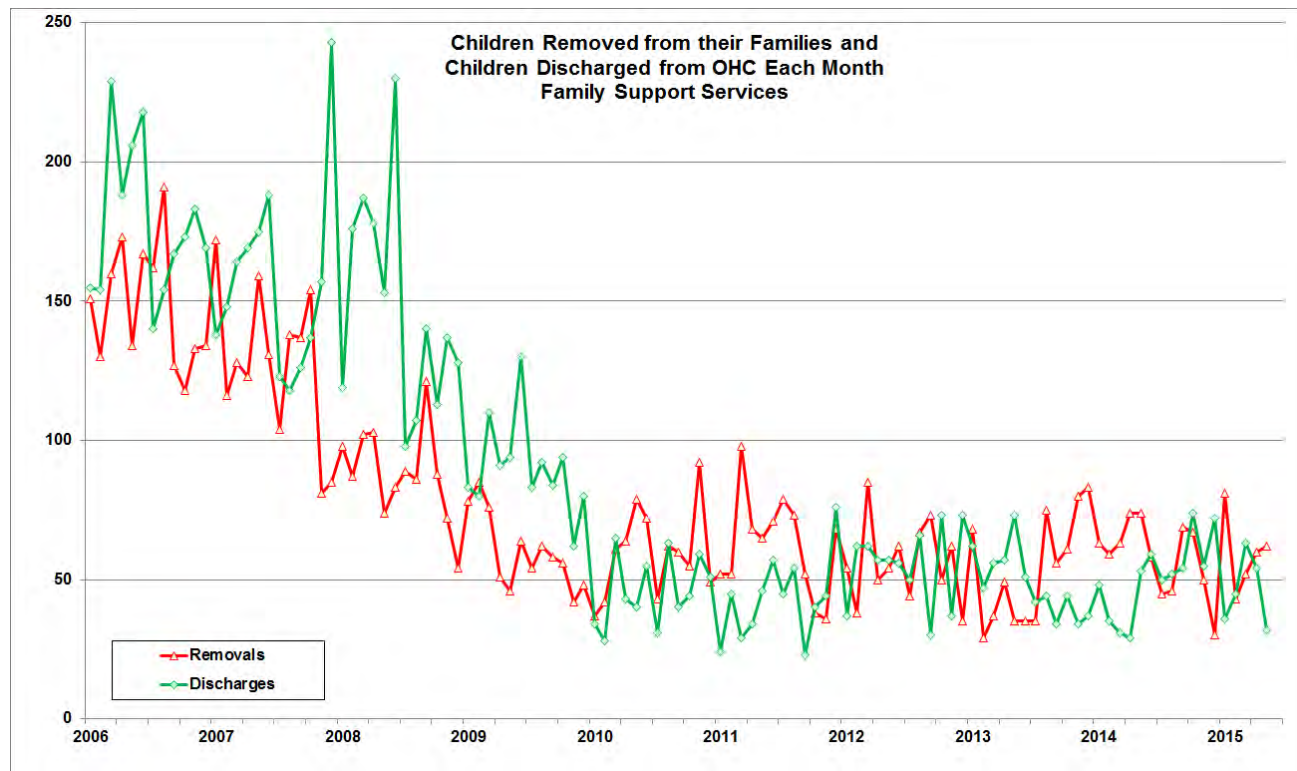
Family Support Services of North Florida, 1

Out-of-Home Care vs In-Home Services (Family Preservation and Post-Placement Supervision)

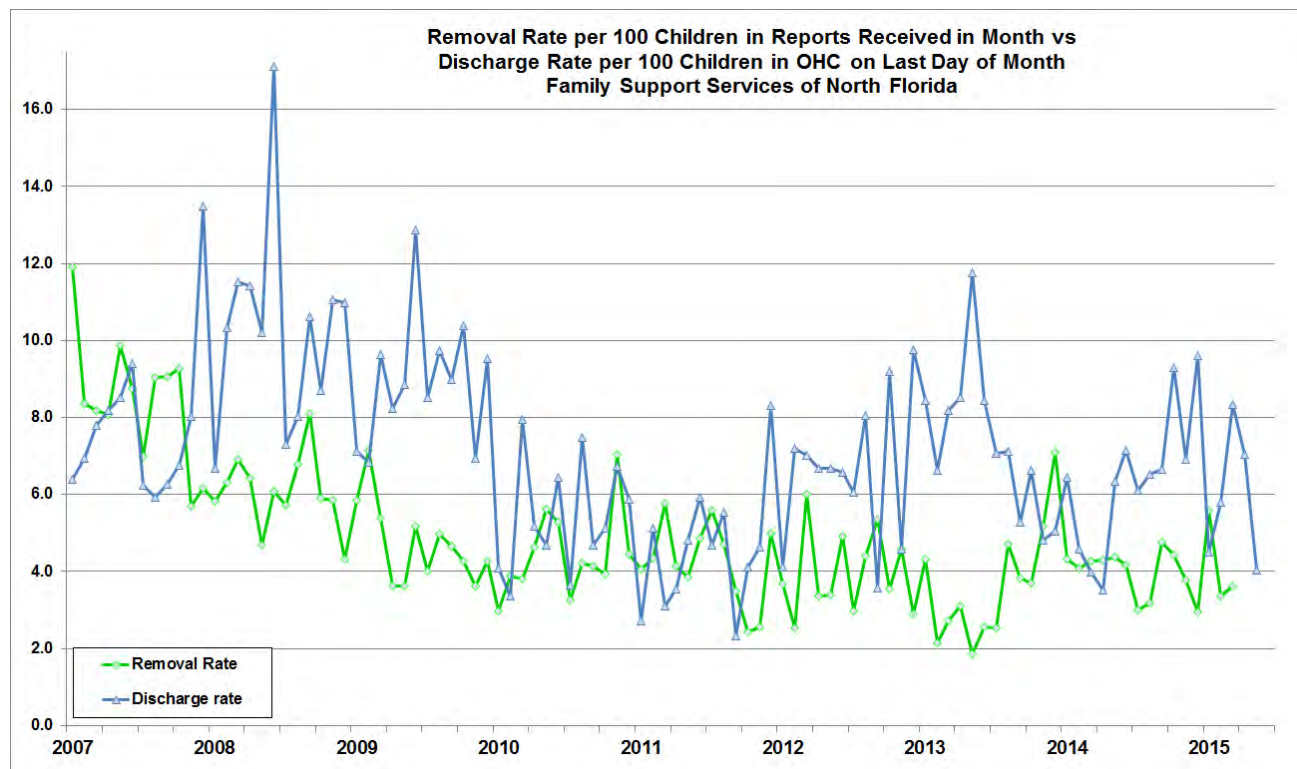


Family Support Services of North Florida, 2

Removals vs Discharges

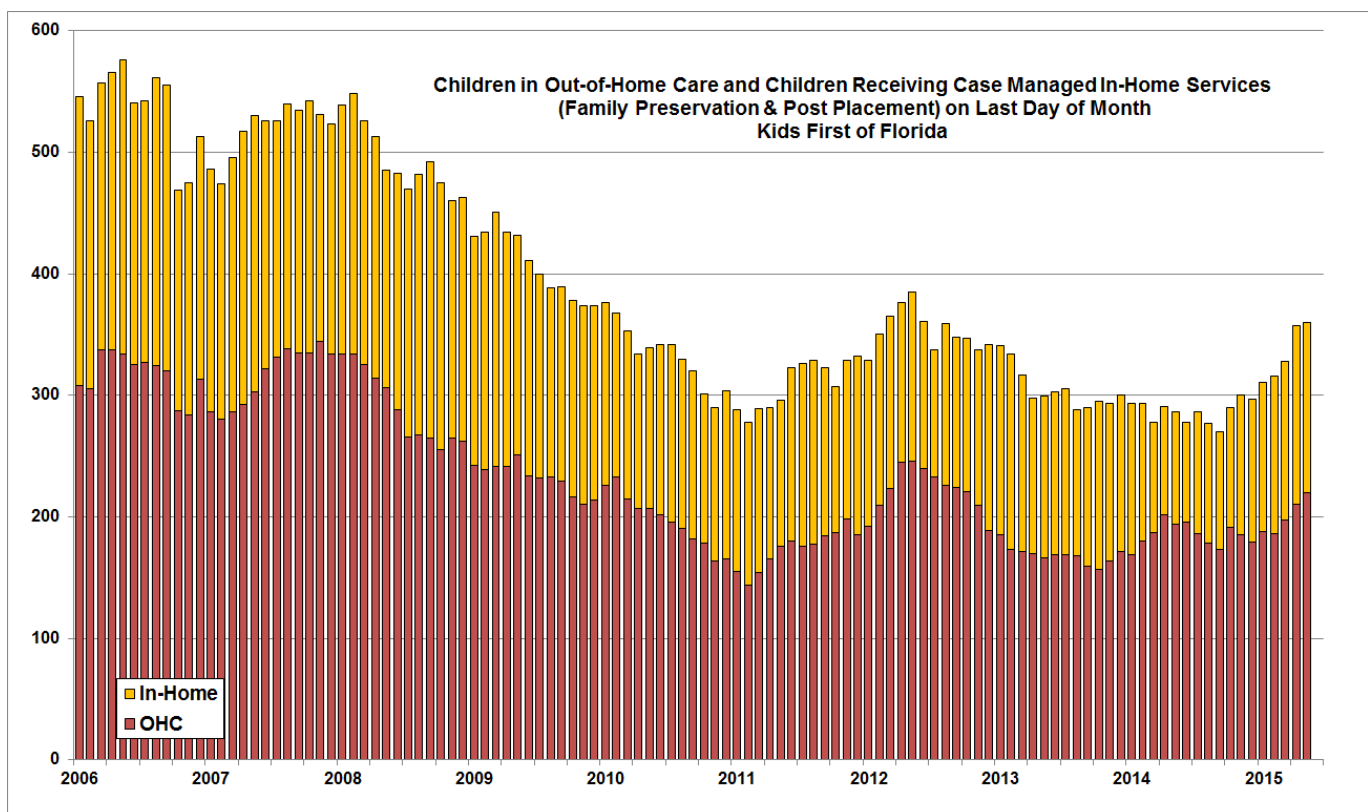
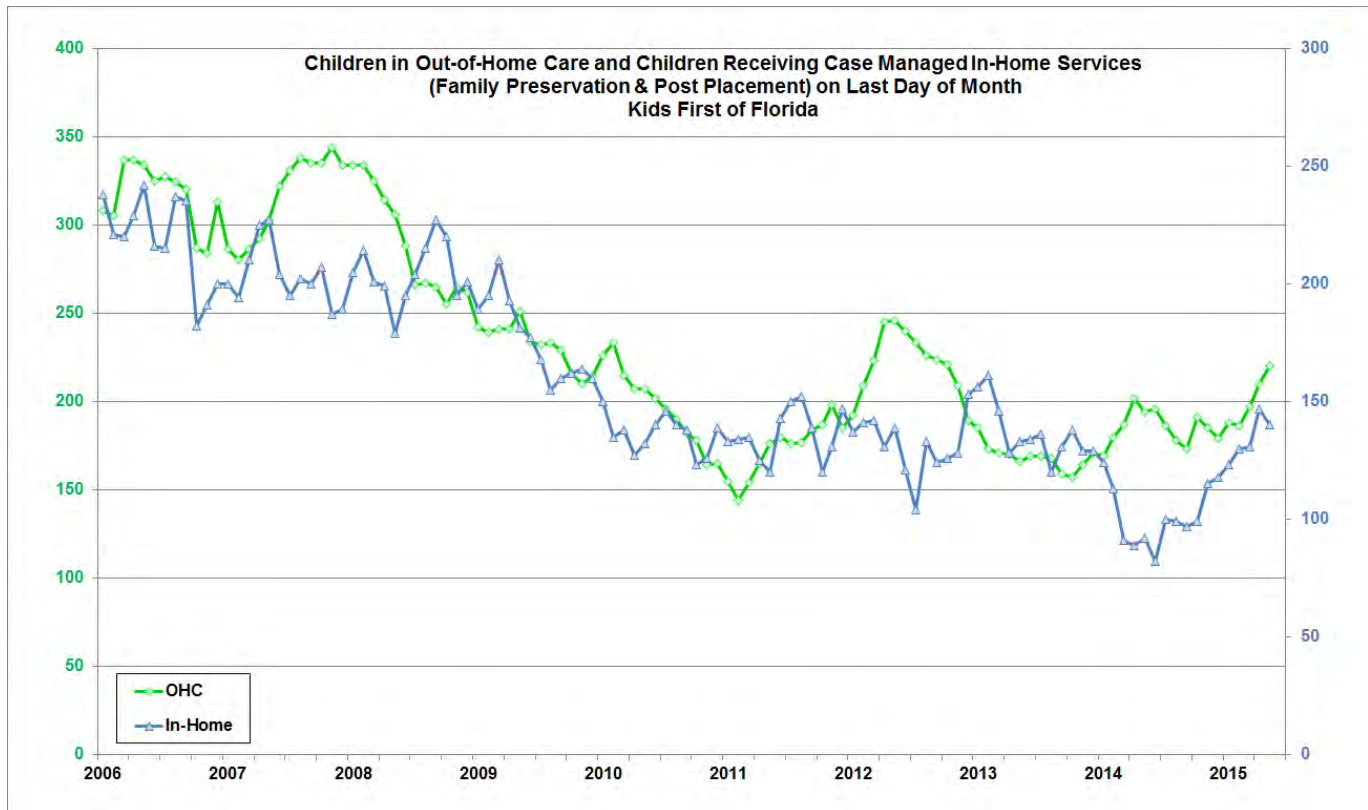


Removal Rate vs Discharge Rate



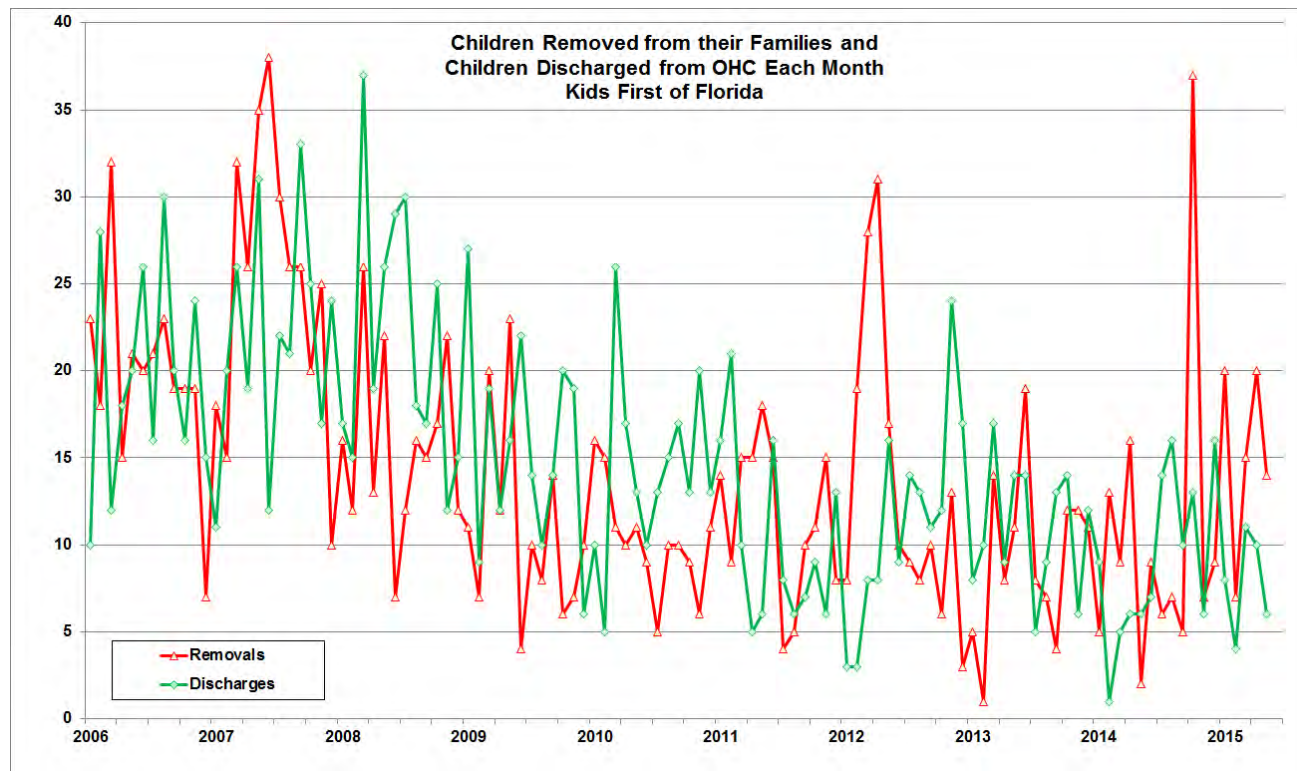
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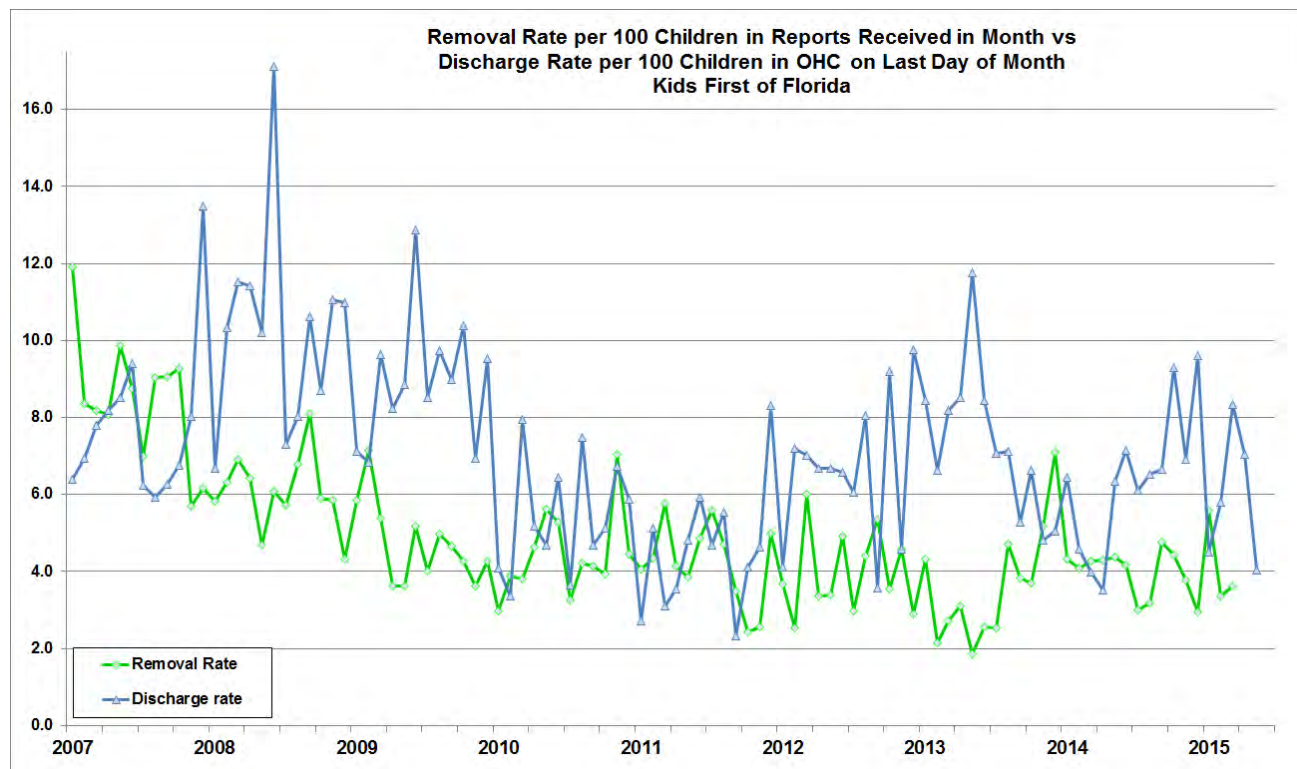


Kids First of Florida, 2

Removals vs Discharges

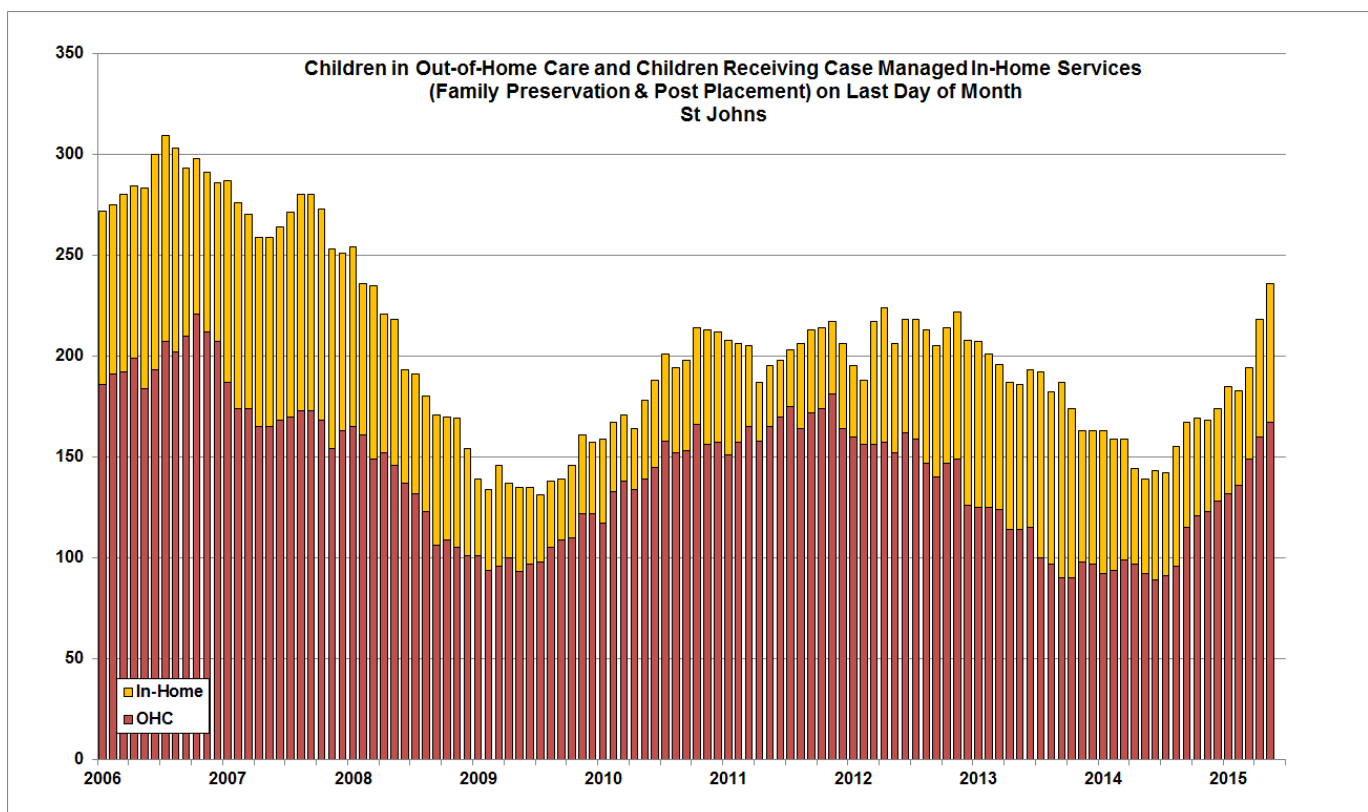
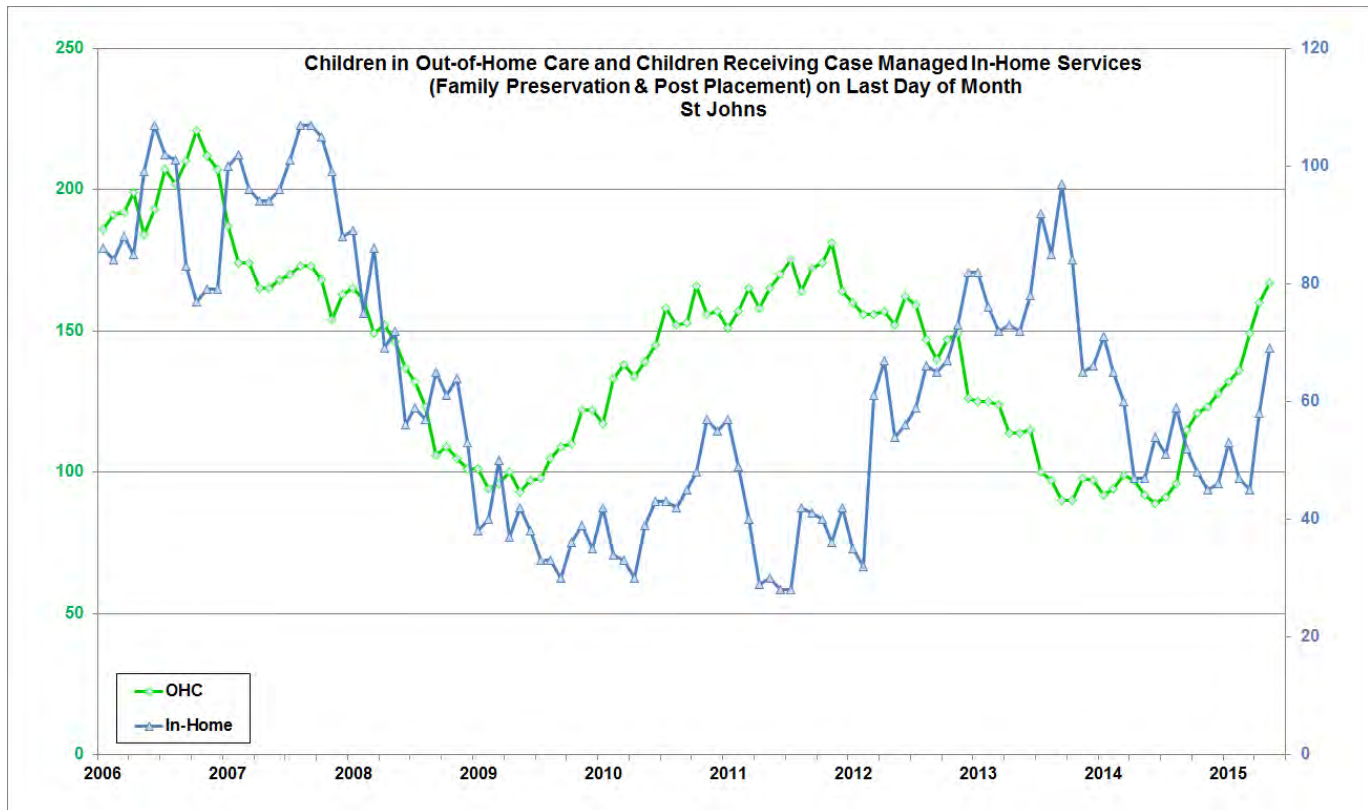


Removal Rate vs Discharge Rate



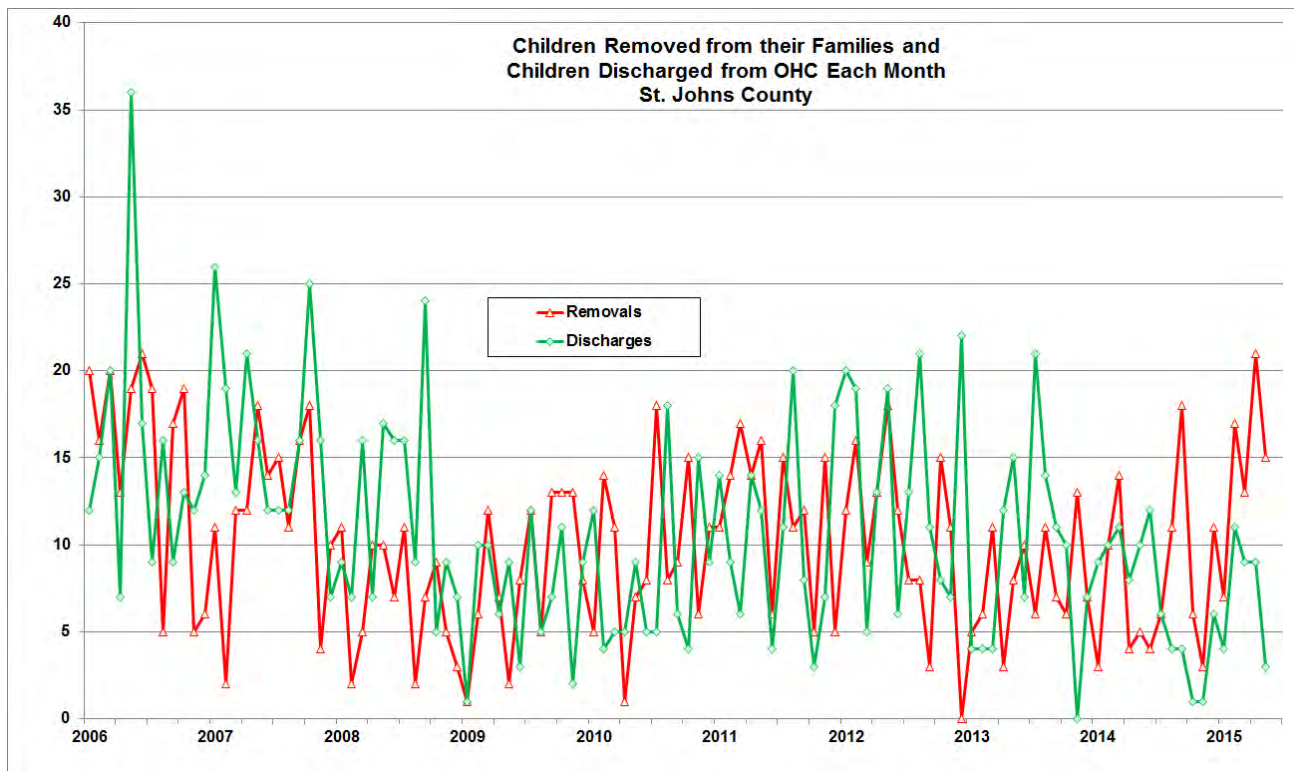
St. Johns County, 1

Out-of-Home Care vs In-Home Services (Family Preservation and Post-Placement Supervision)

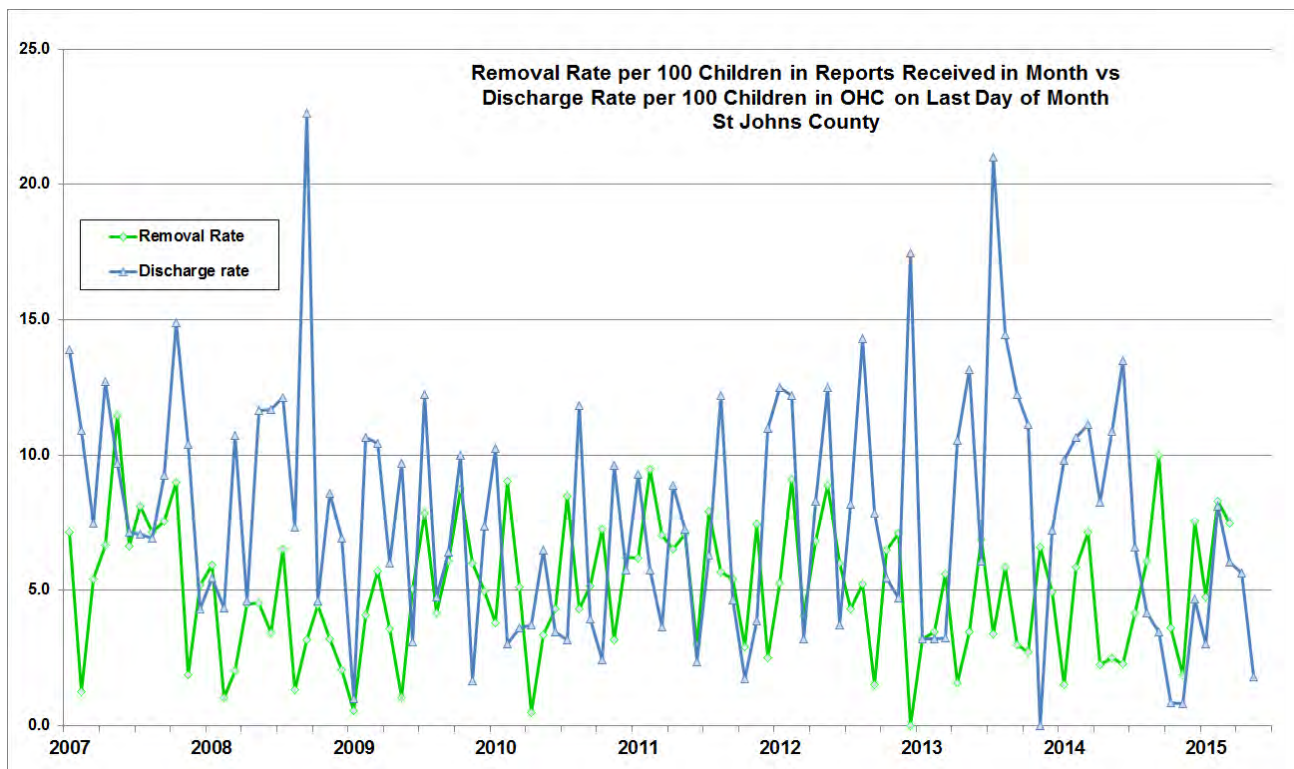


St. Johns County, 2

Removals vs Discharges

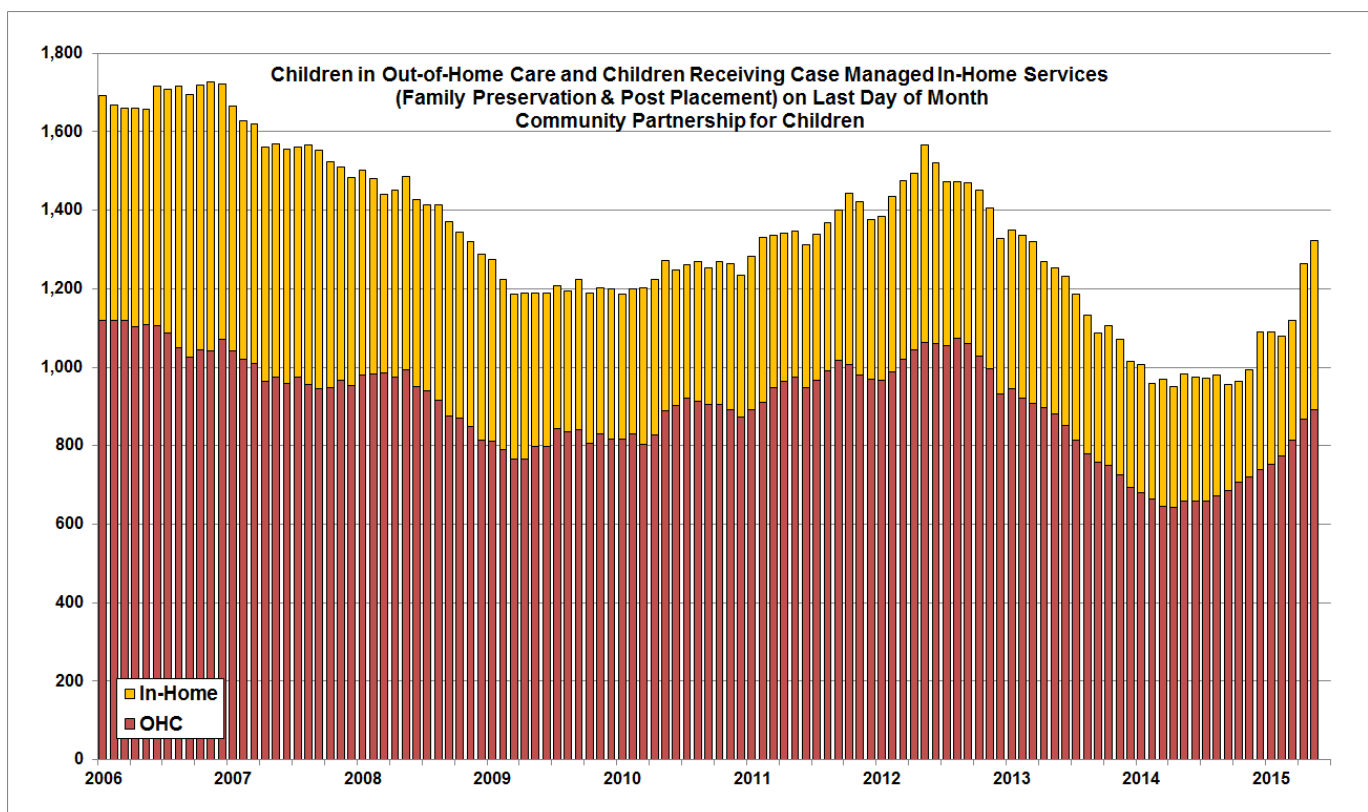
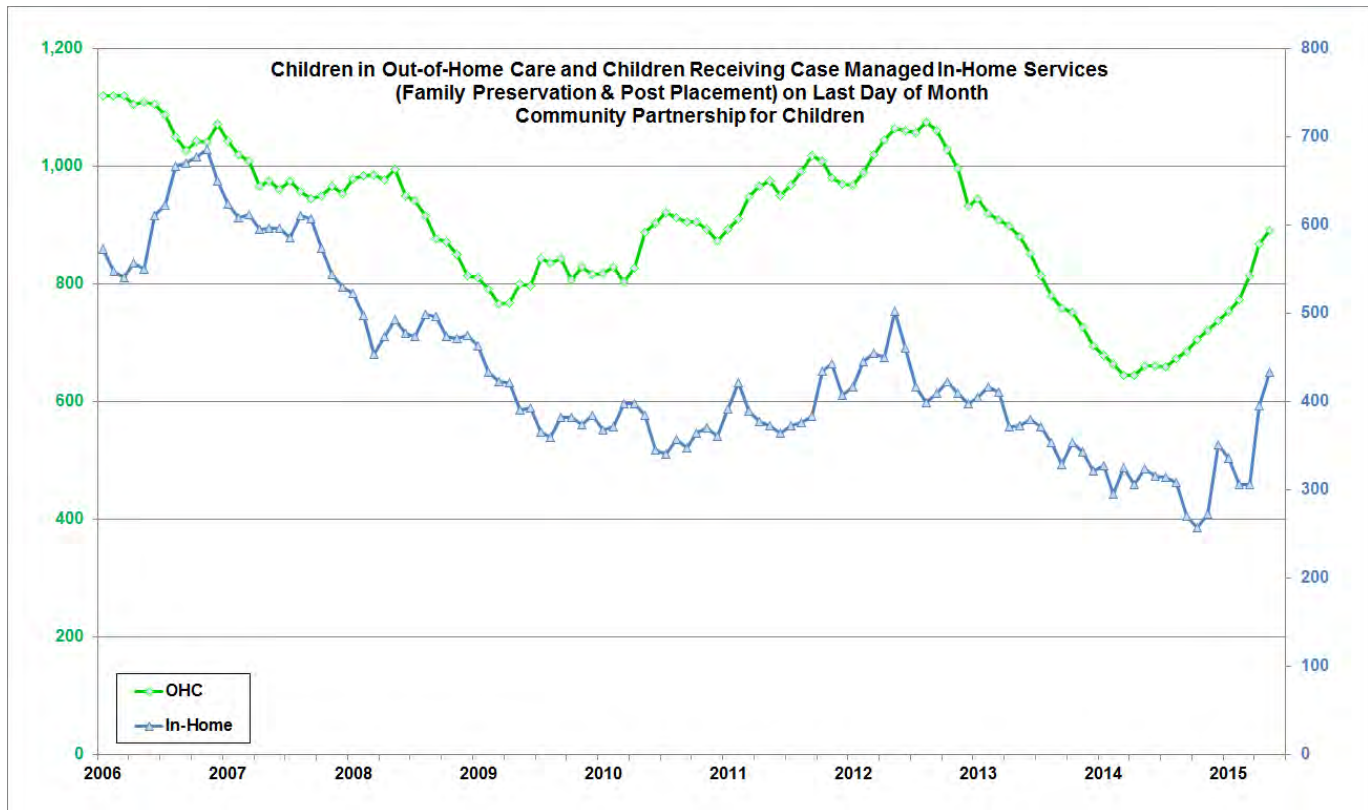


Removal Rate vs Discharge Rate



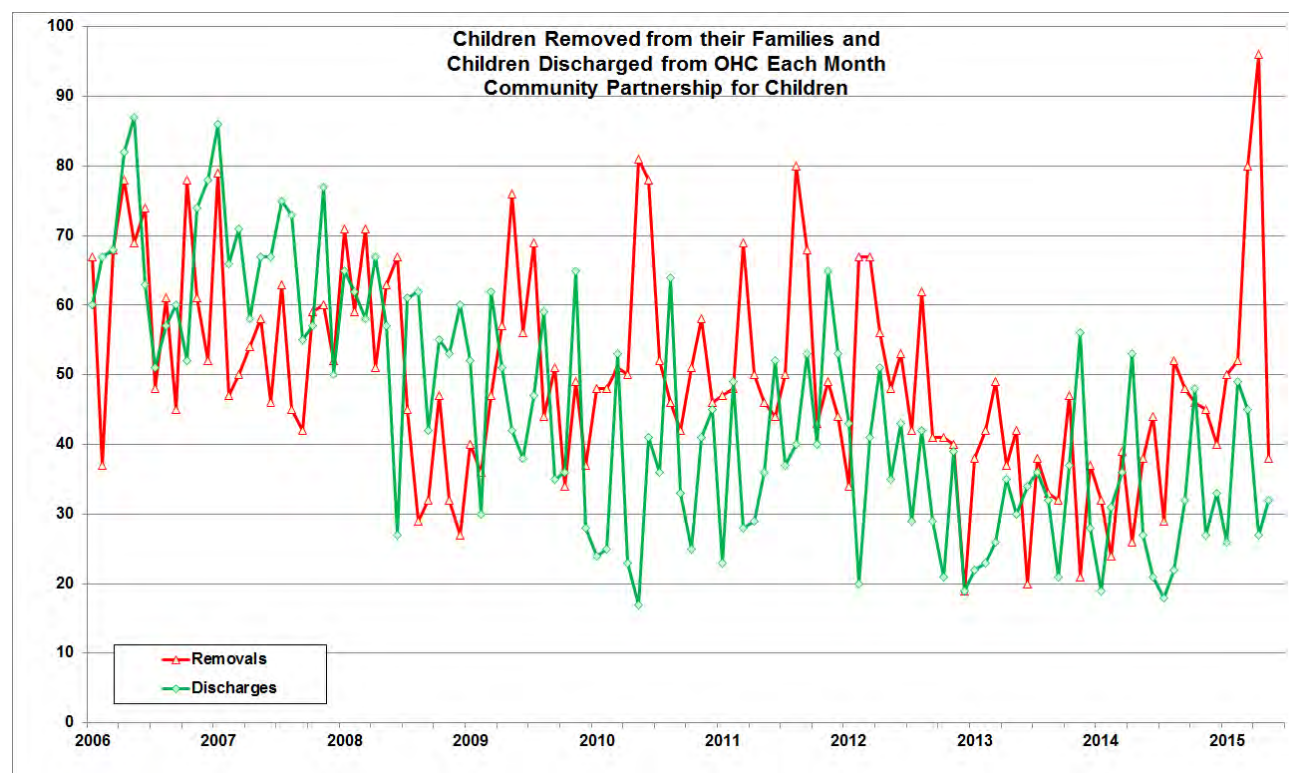
Community Partnership for Children, 1

Out-of-Home Care vs In-Home Services (Family Preservation and Post-Placement Supervision)

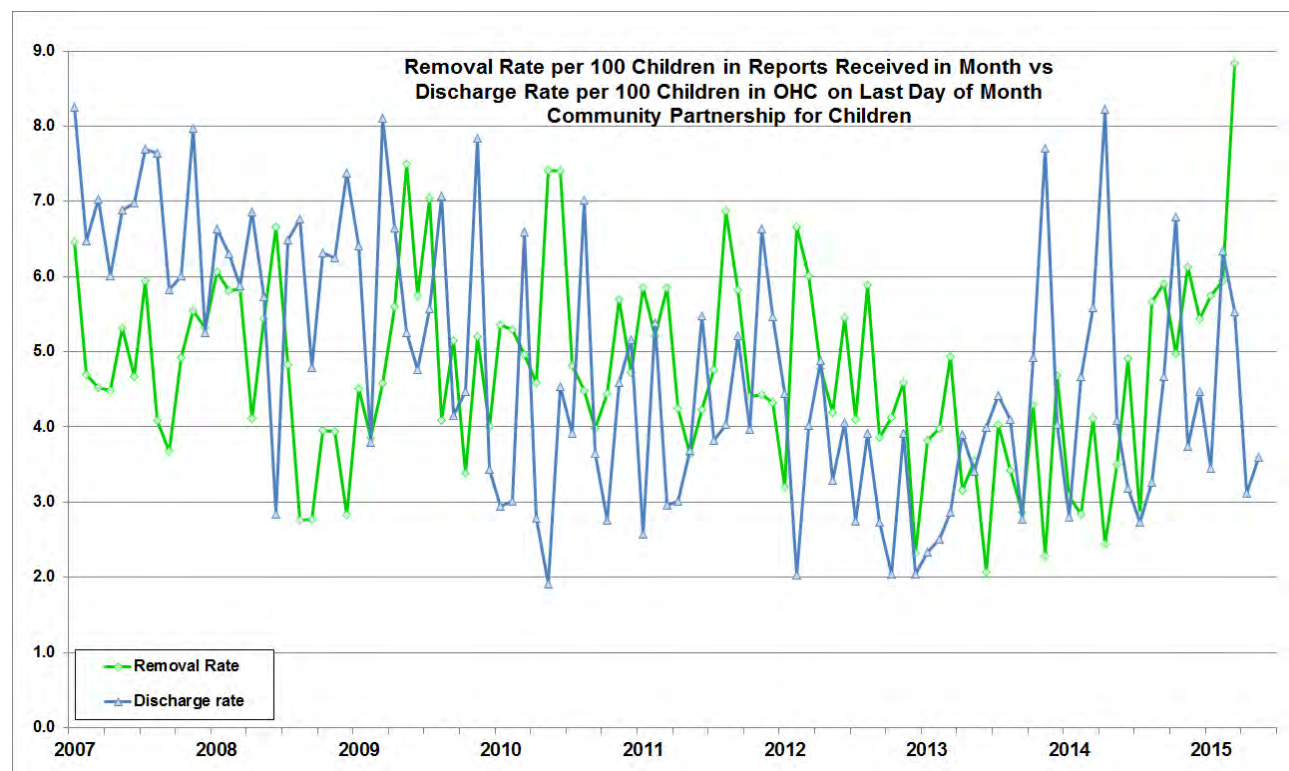


Community Partnership for Children, 2

Removals vs Discharges

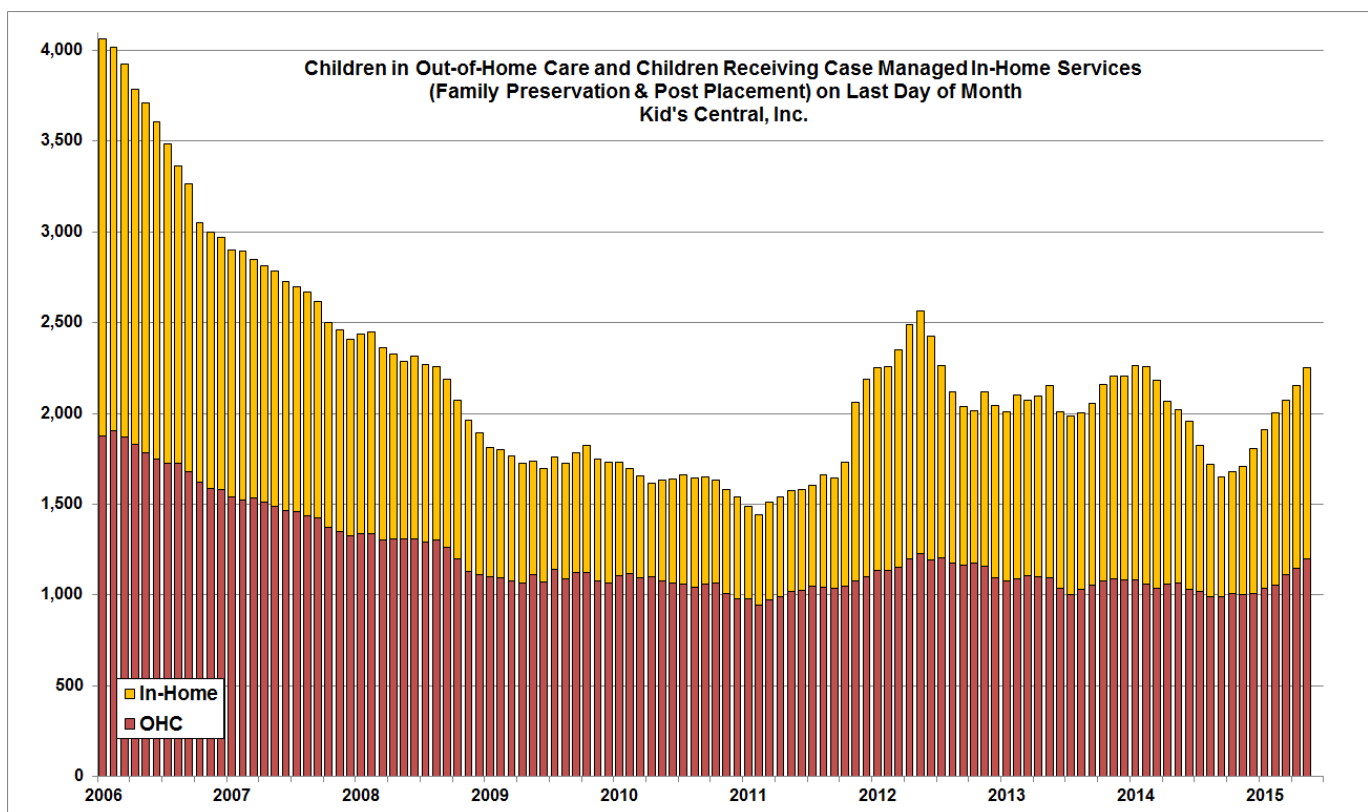
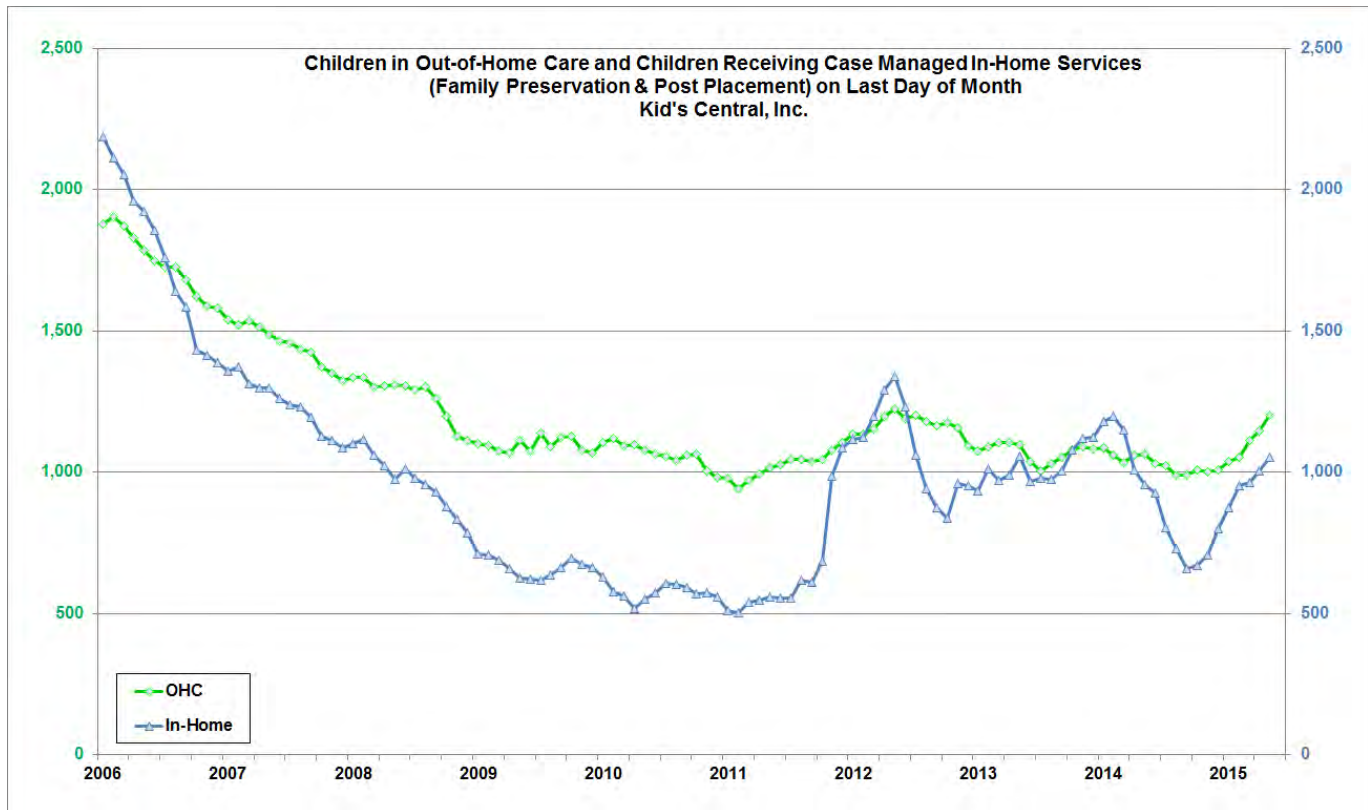


Removal Rate vs Discharge Rate



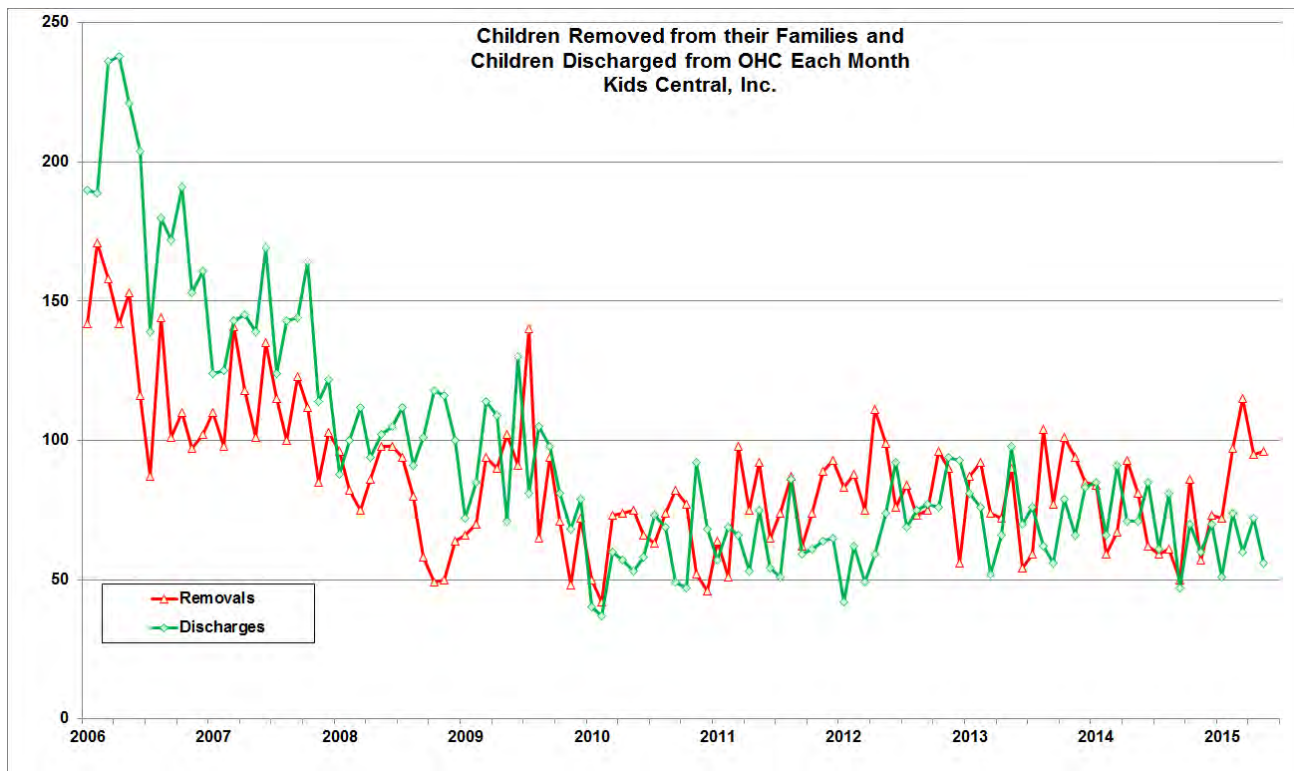
Kids Central, Inc., 1

Out-of-Home Care vs In-Home Services (Family Preservation and Post-Placement Supervision)

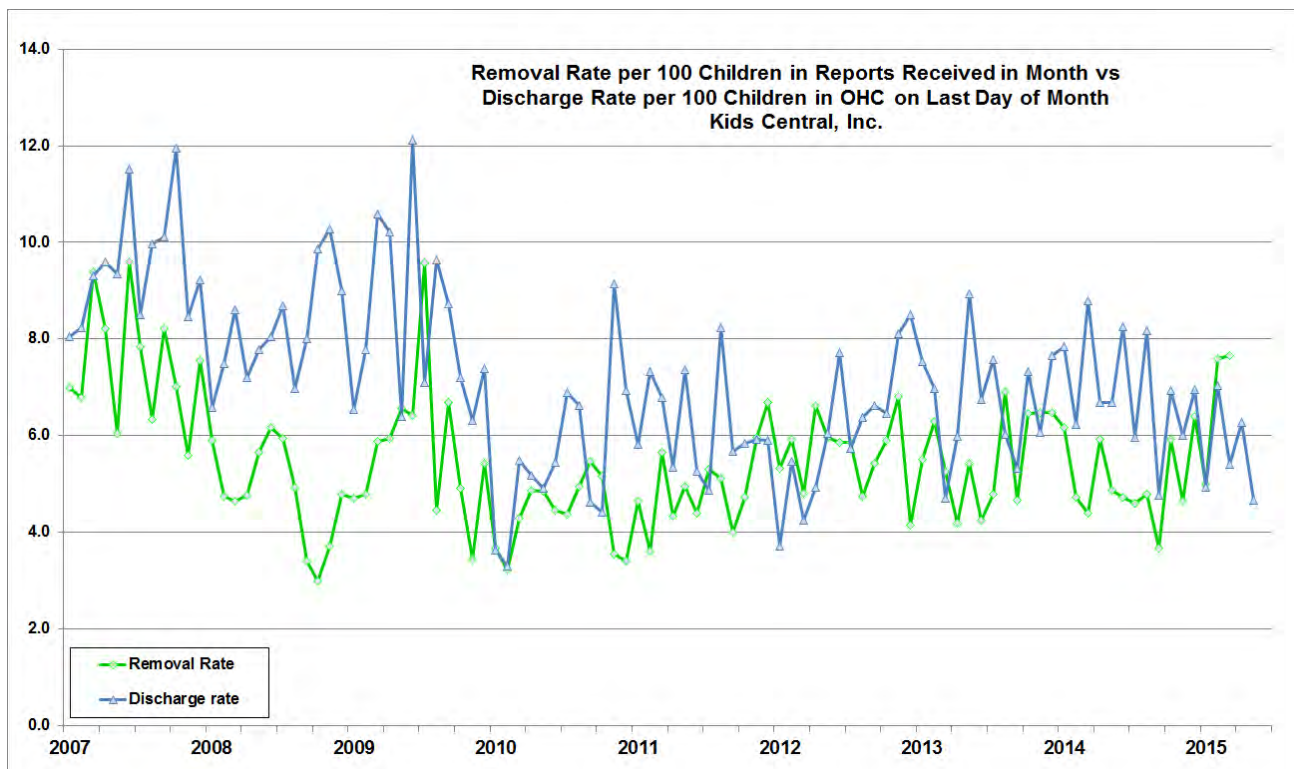


Kids Central, Inc., 2

Removals vs Discharges

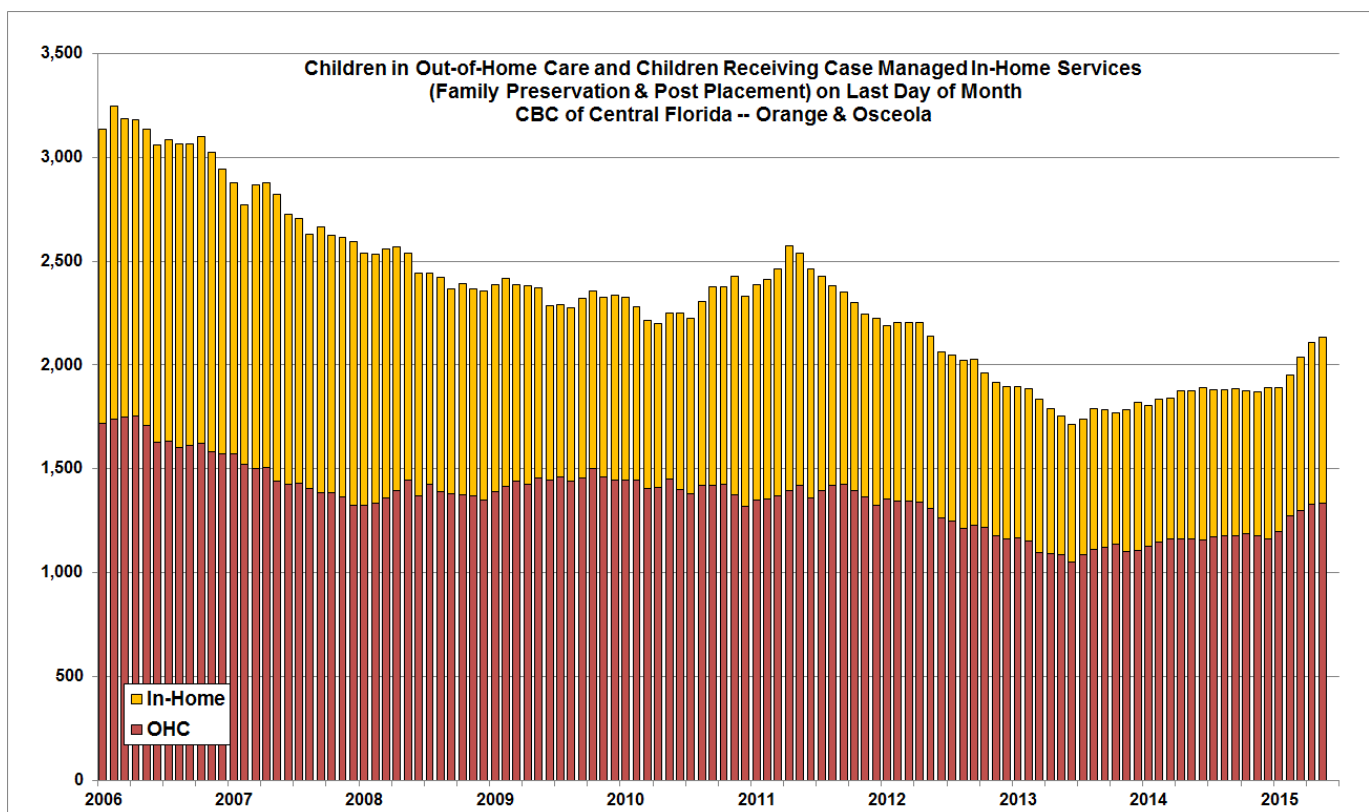
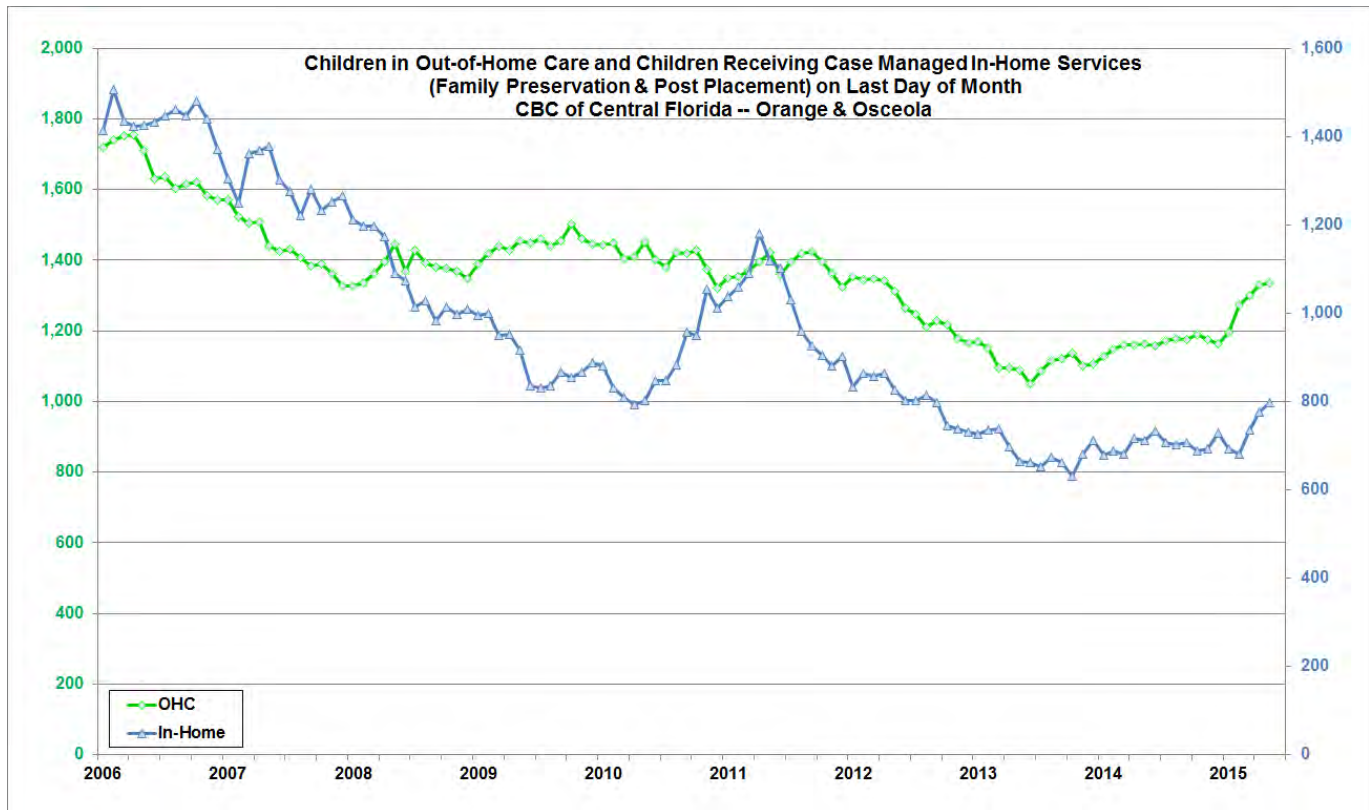


Removal Rate vs Discharge Rate



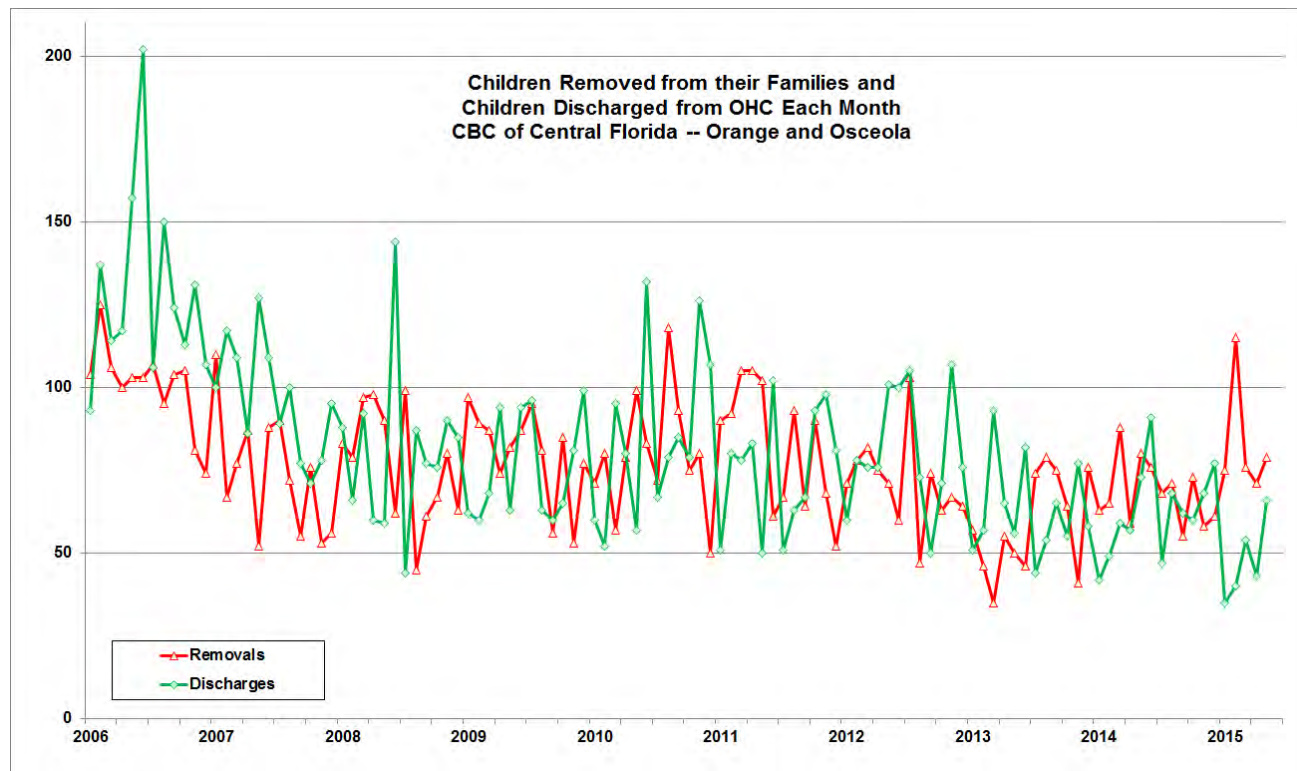
CBC of Central Florida – Orange & Osceola, 1

Out-of-Home Care vs In-Home Services (Family Preservation and Post-Placement Supervision)

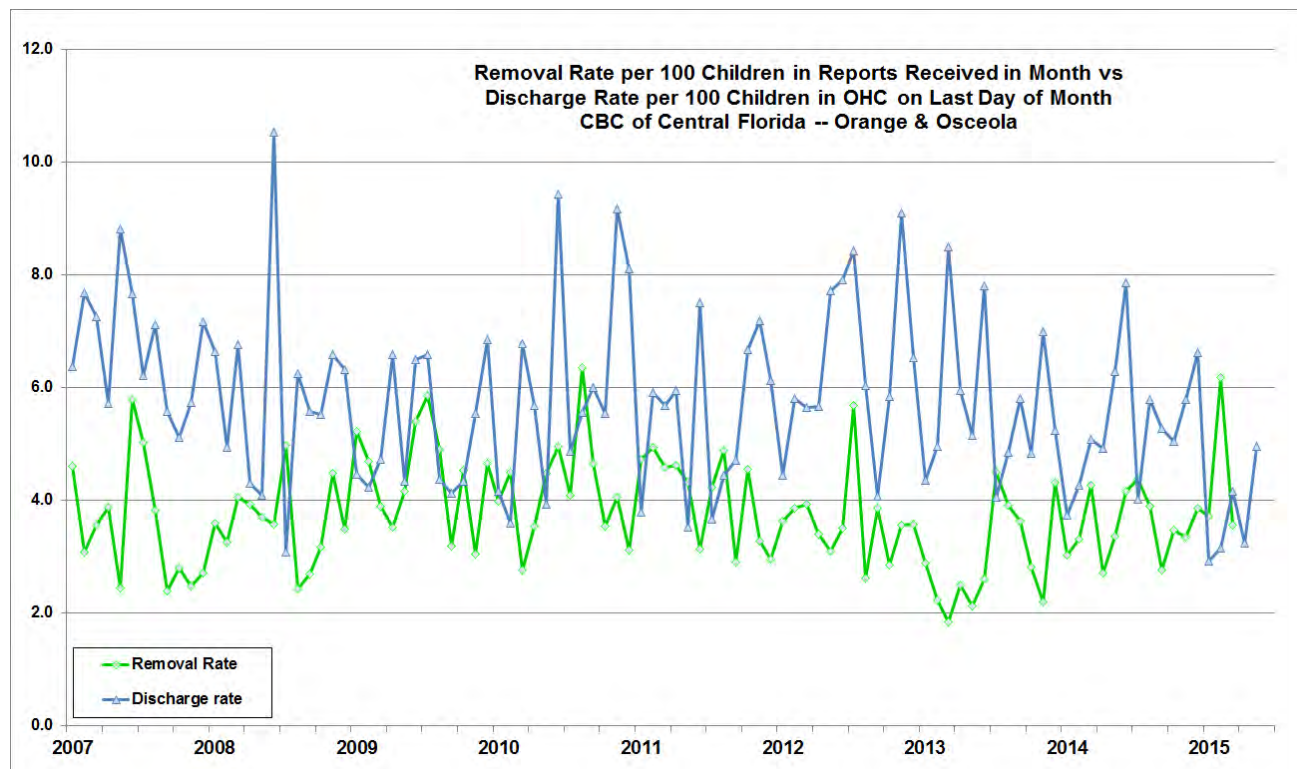


CBC of Central Florida – Orange & Osceola, 2

Removals vs Discharges

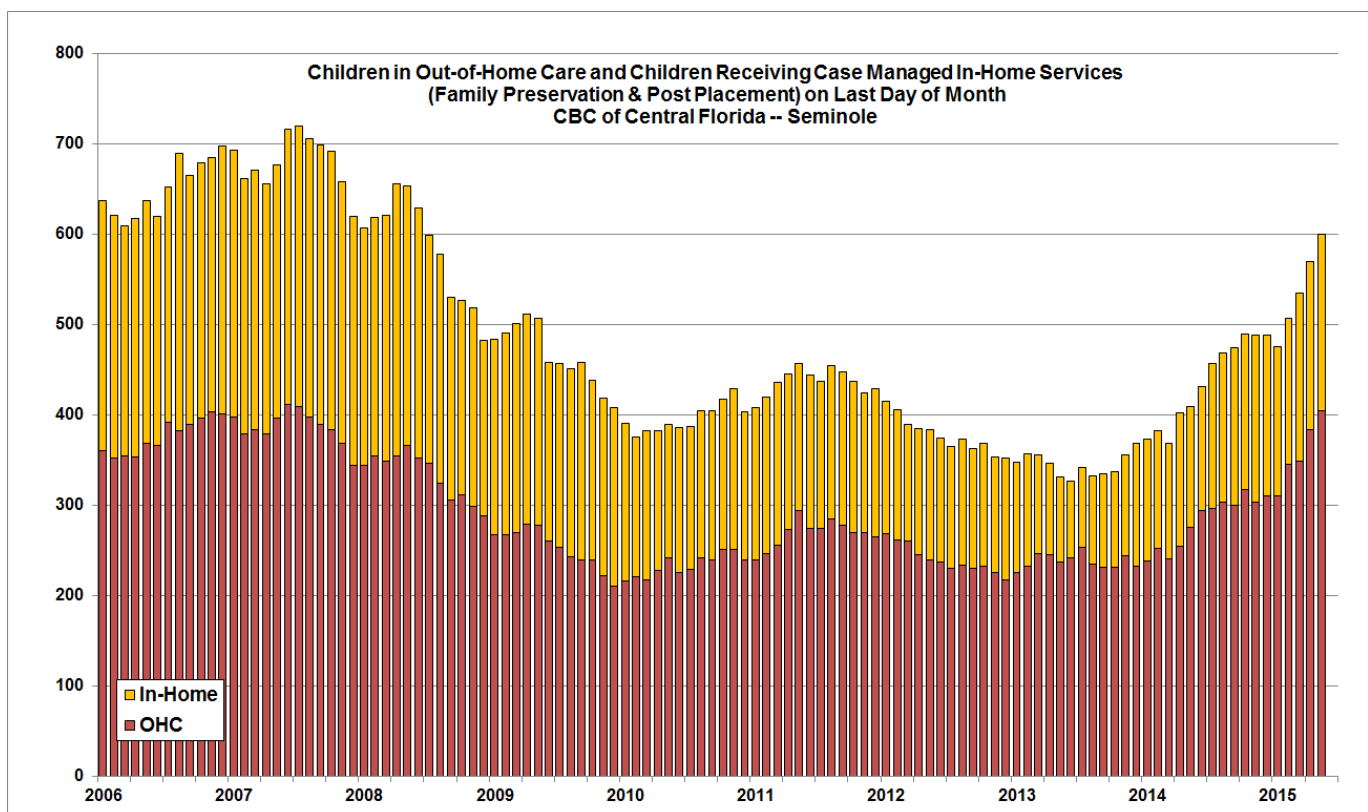
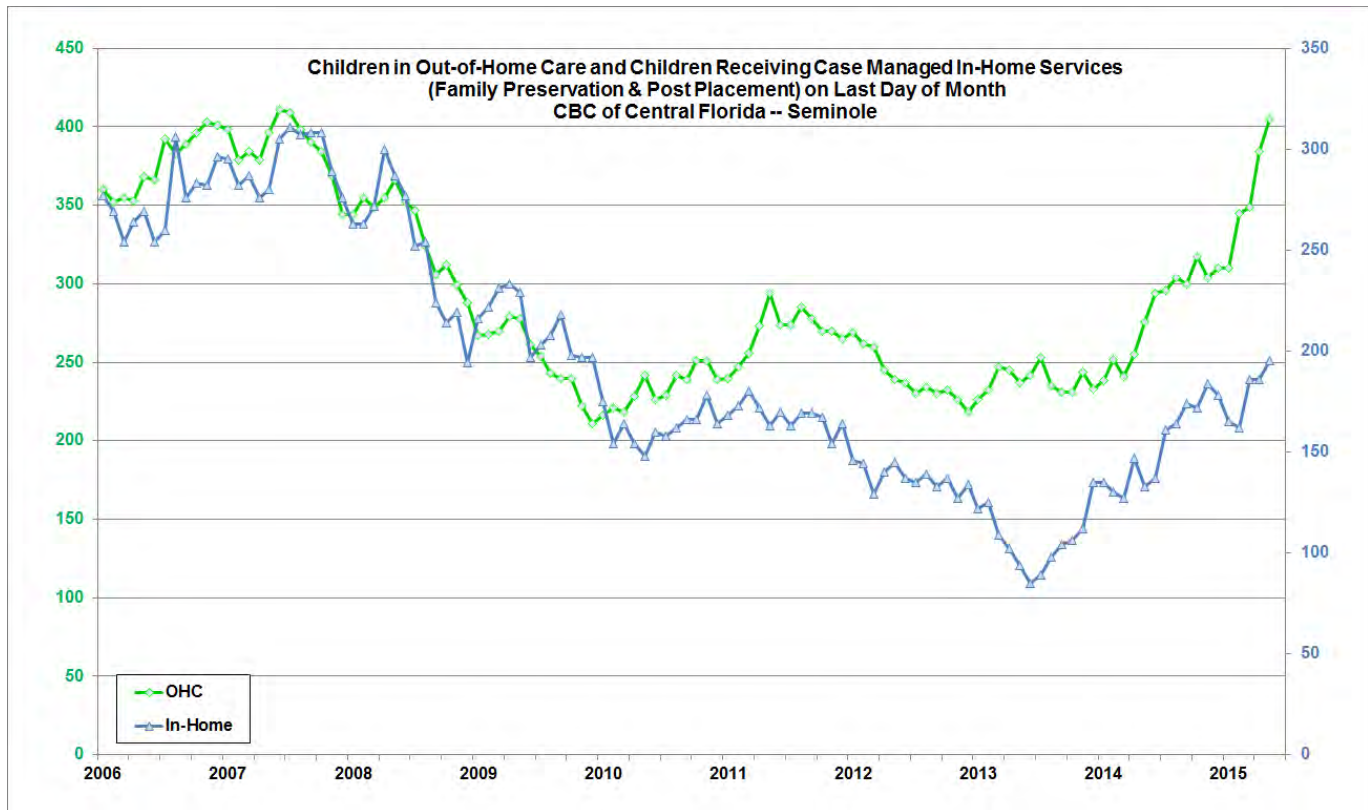


Removal Rate vs Discharge Rate



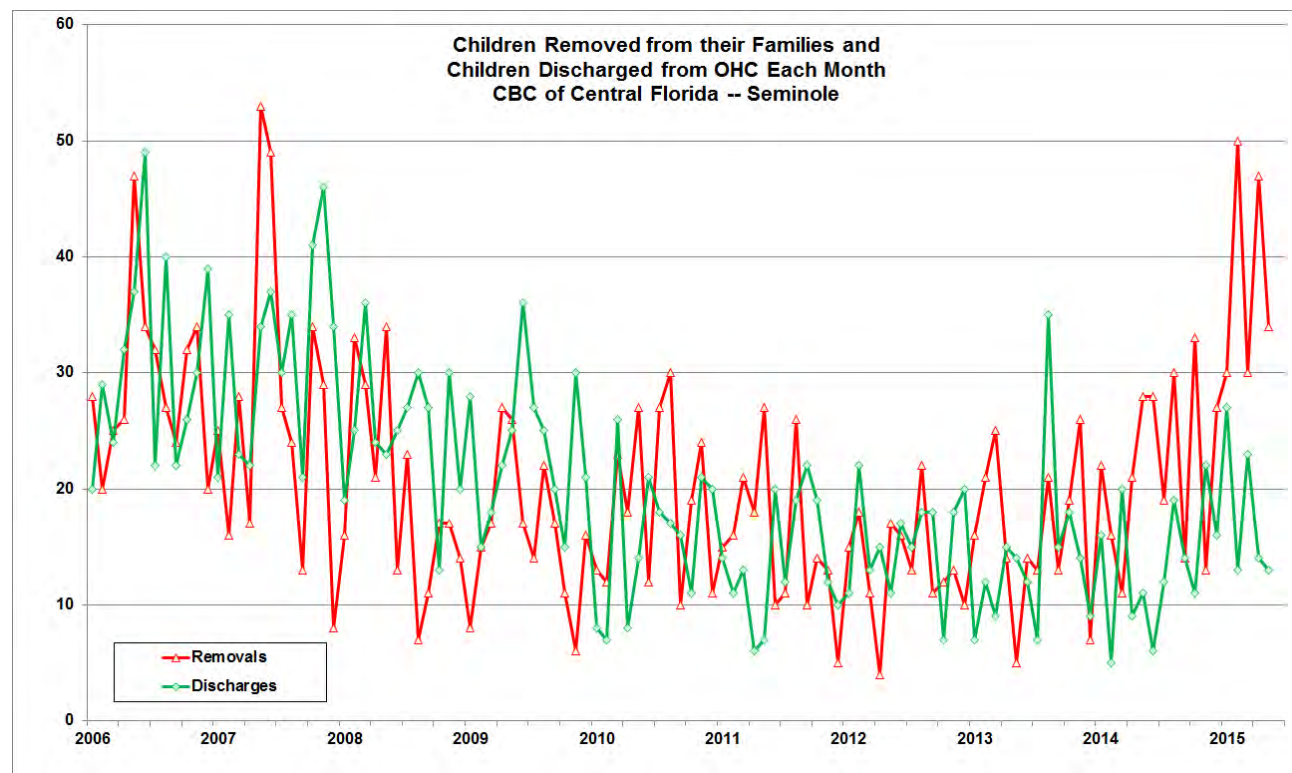
CBC of Central Florida—Seminole, 1

Out-of-Home Care vs In-Home Services (Family Preservation and Post-Placement Supervision)

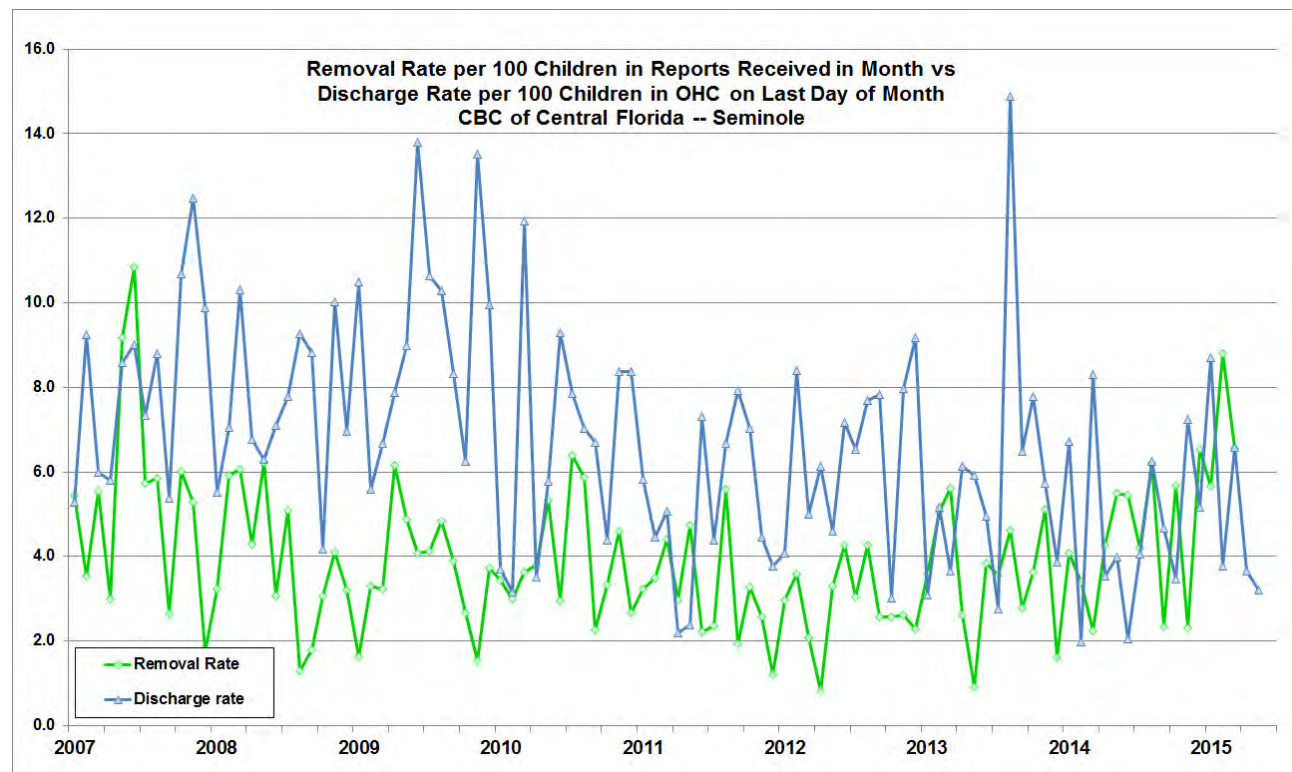


CBC of Central Florida—Seminole, 2

Removals vs Discharges

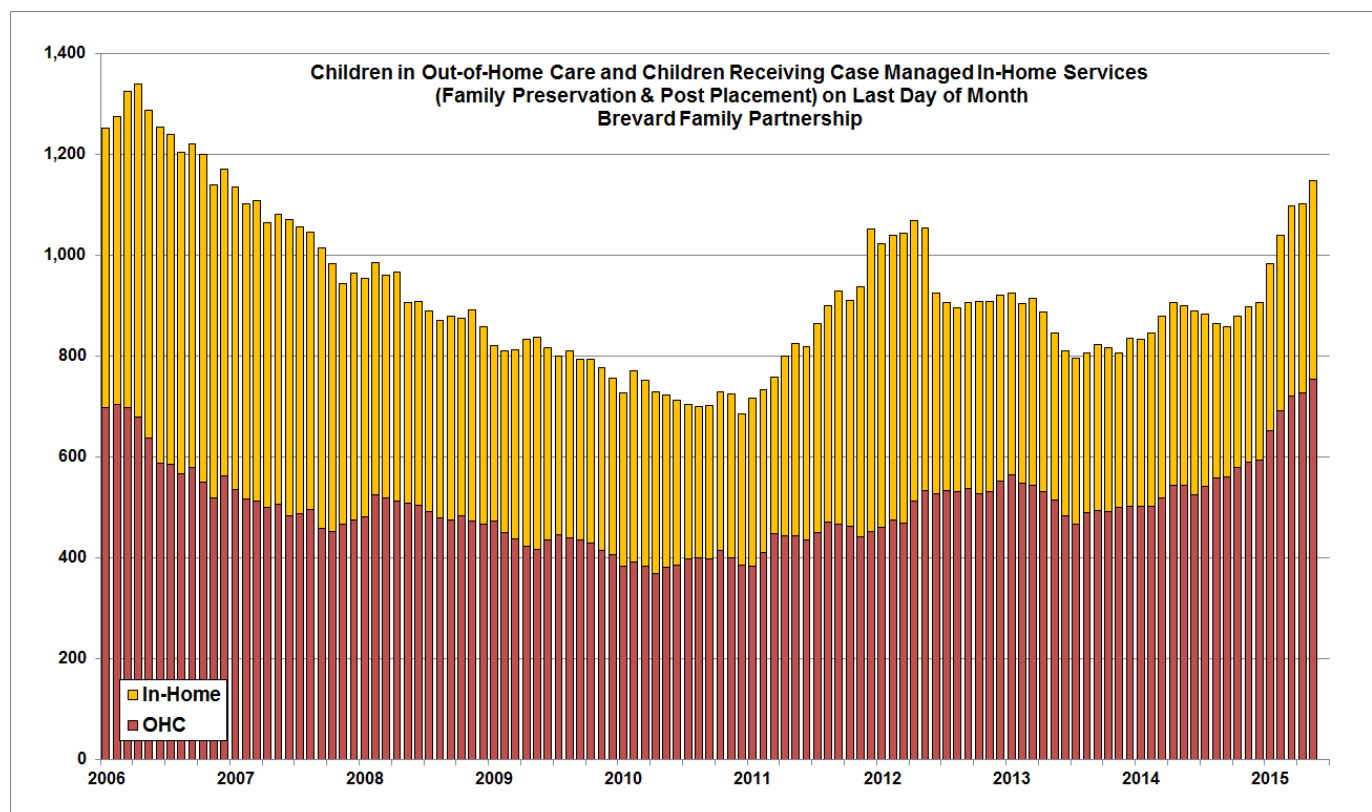
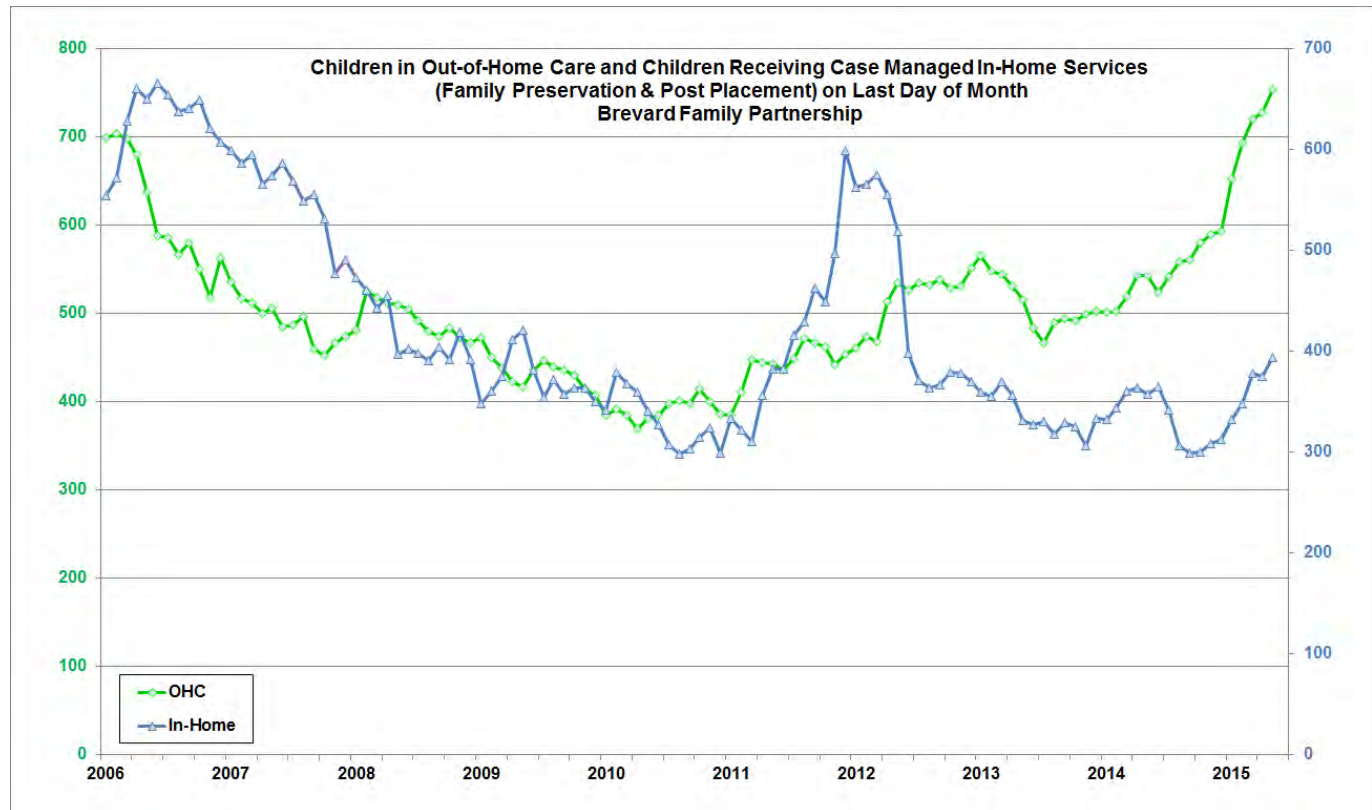


Removal Rate vs Discharge Rate



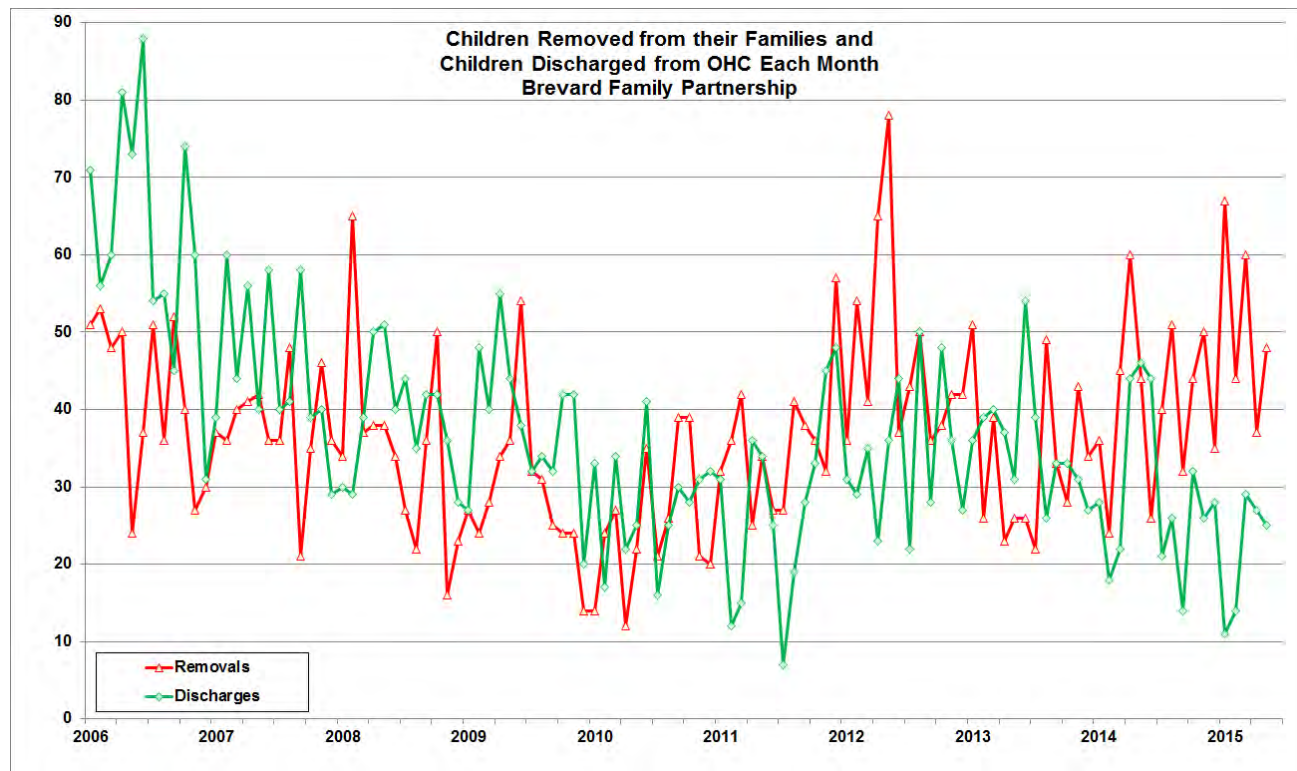
Brevard Family Partnership, 1

Out-of-Home Care vs In-Home Services (Family Preservation and Post-Placement Supervision)

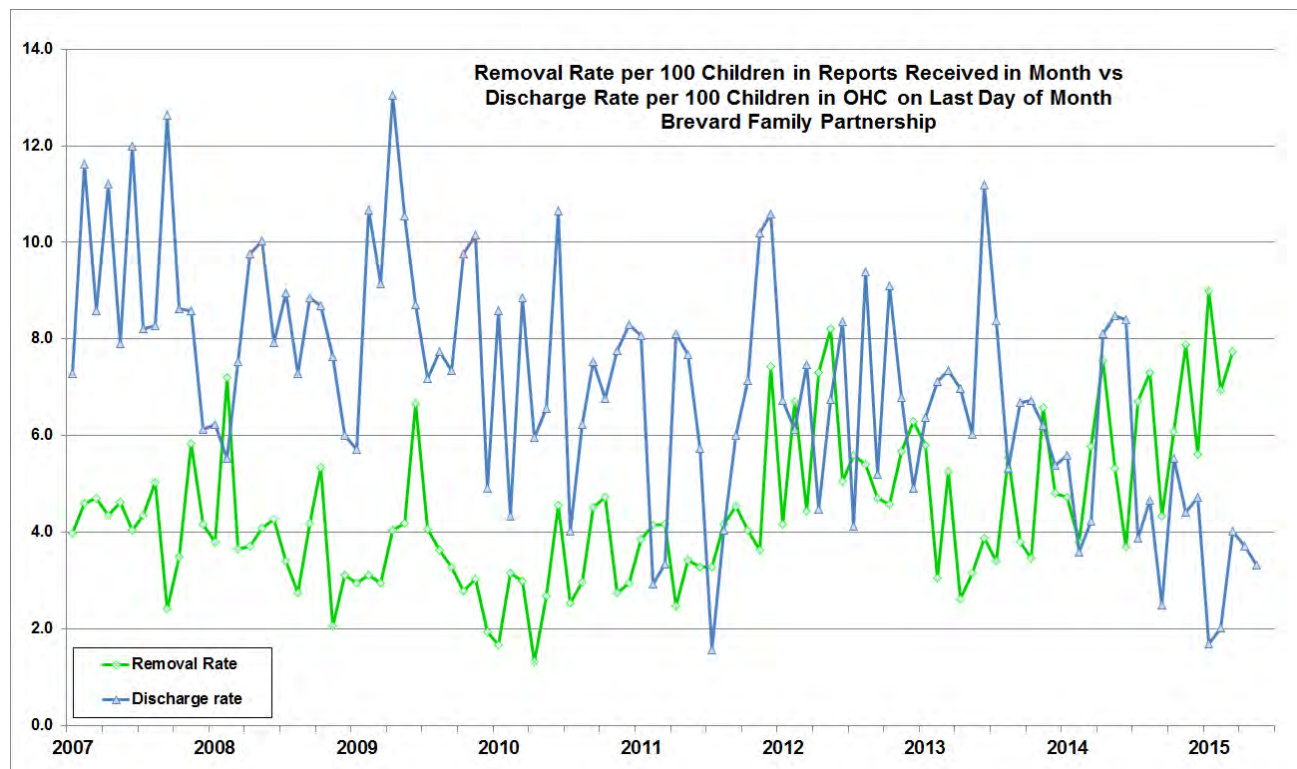


Brevard Family Partnership, 2

Removals vs Discharges

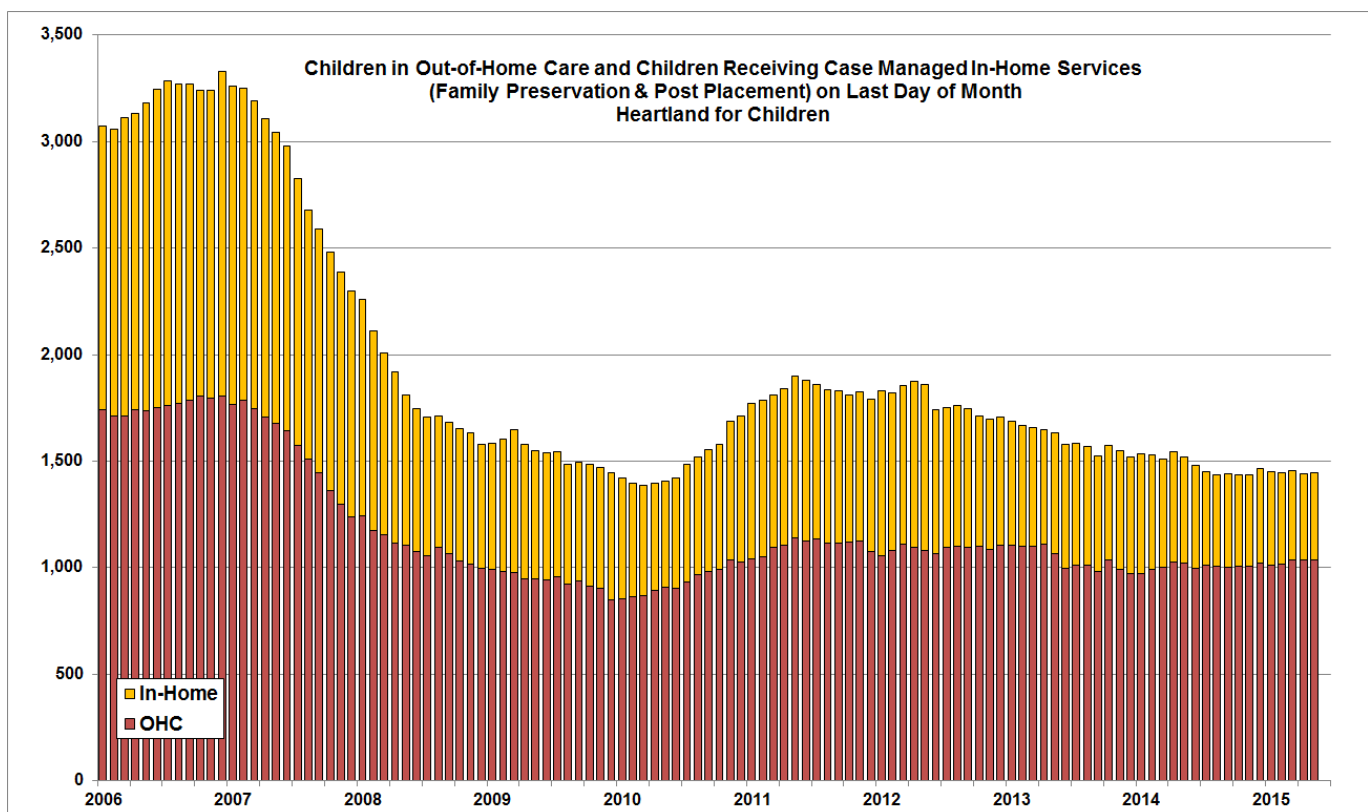
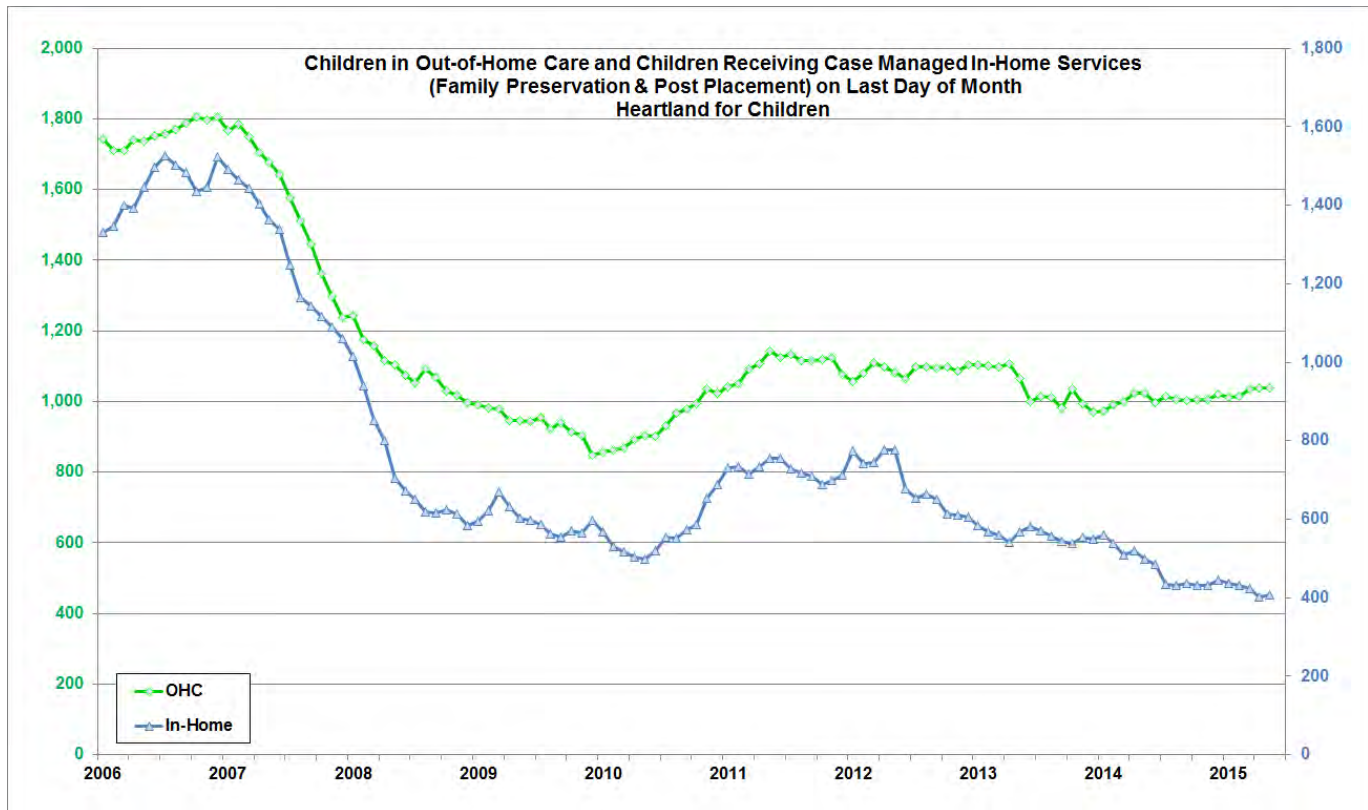


Removal Rate vs Discharge Rate



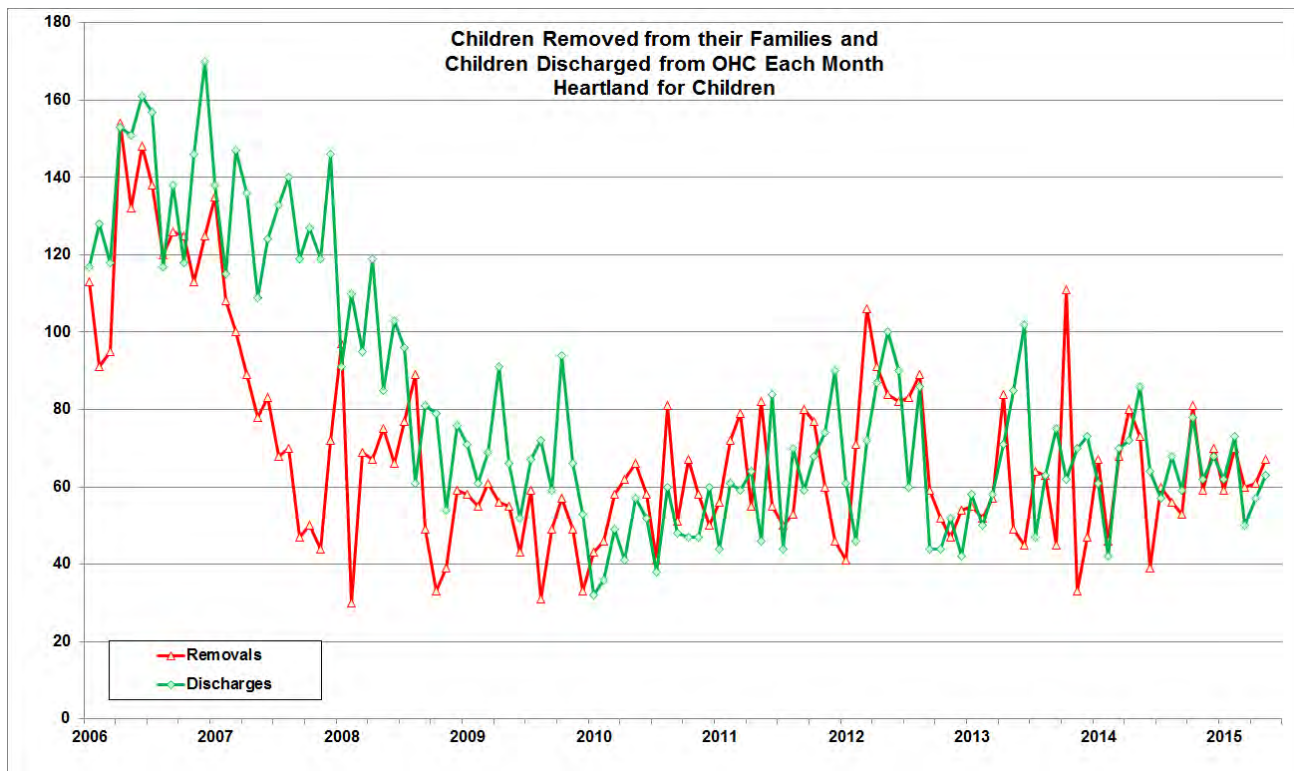
Heartland for Children, 1

Out-of-Home Care vs In-Home Services (Family Preservation and Post-Placement Supervision)

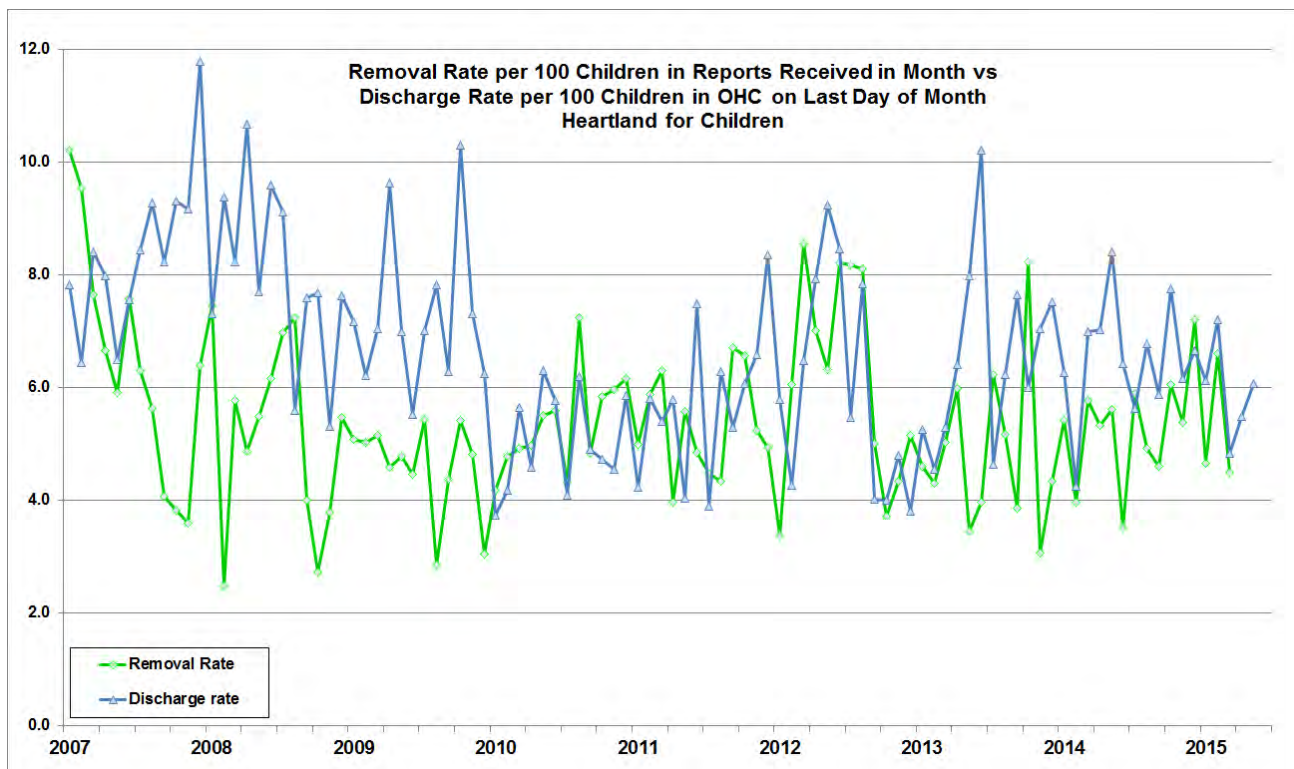


Heartland for Children, 2

Removals vs Discharges

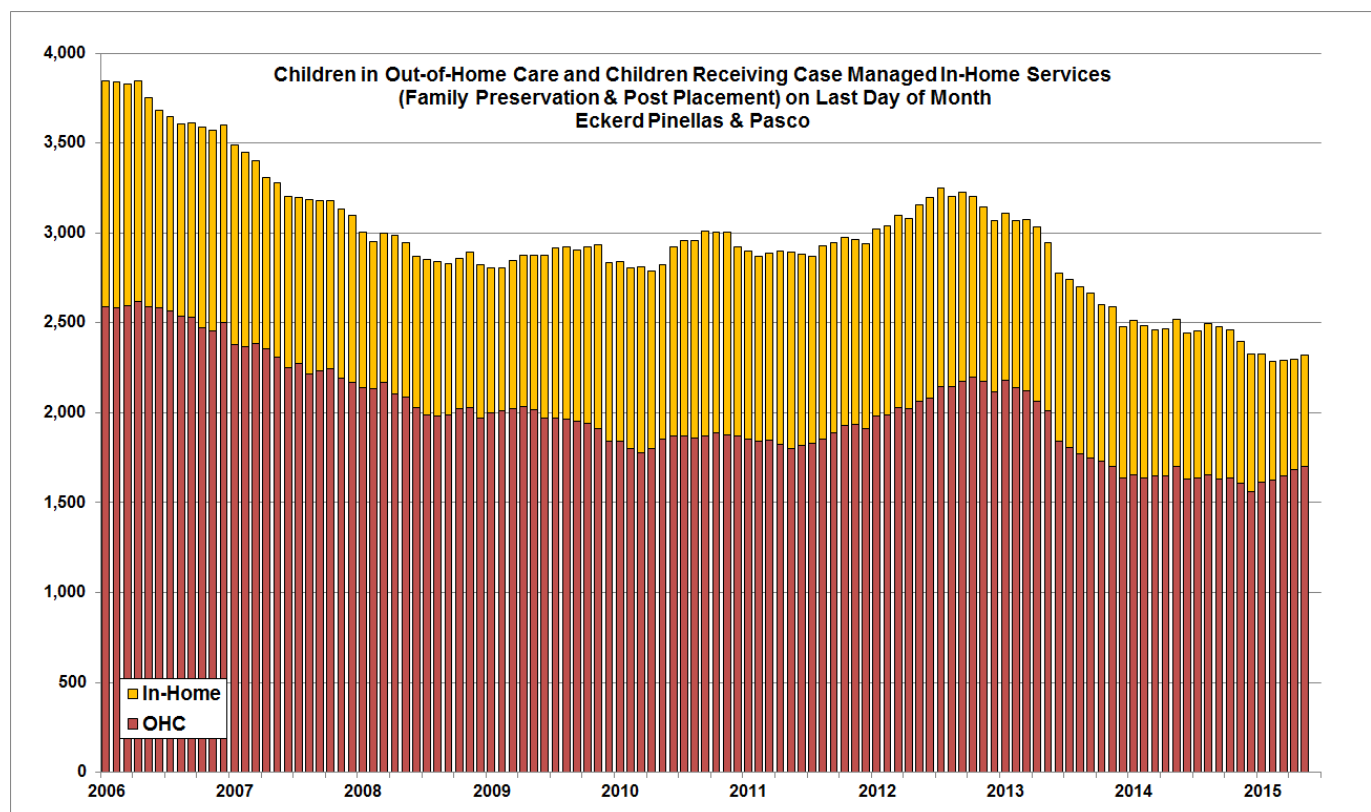
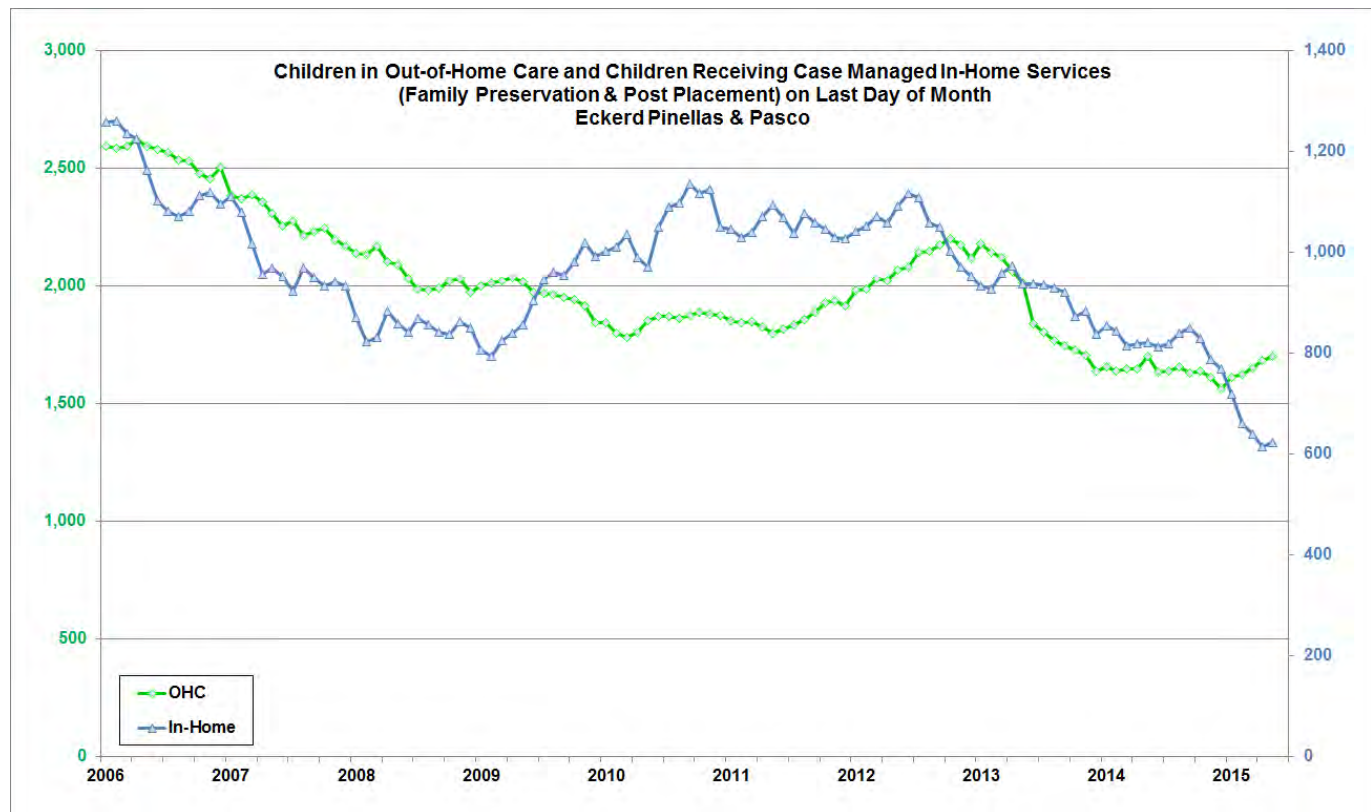


Removal Rate vs Discharge Rate



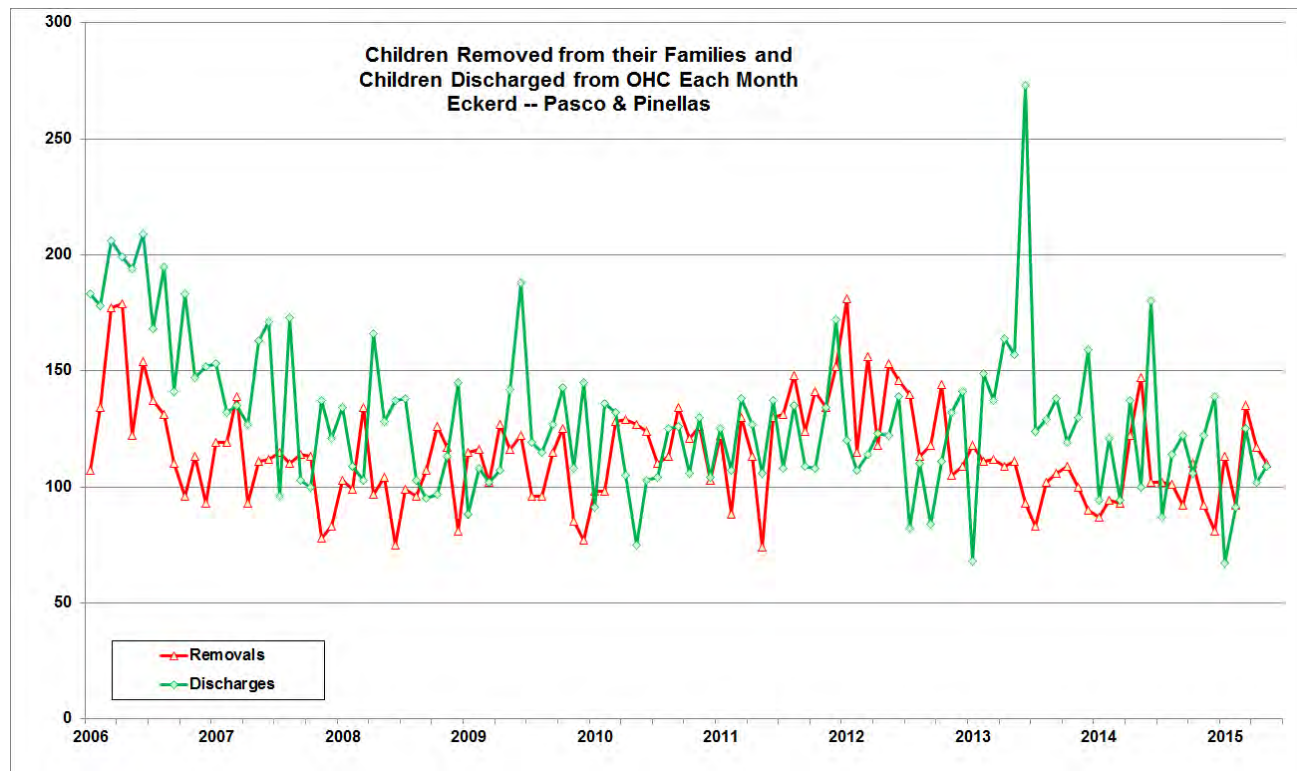
Eckerd Pinellas & Pasco, 1

Out-of-Home Care vs In-Home Services (Family Preservation and Post-Placement Supervision)

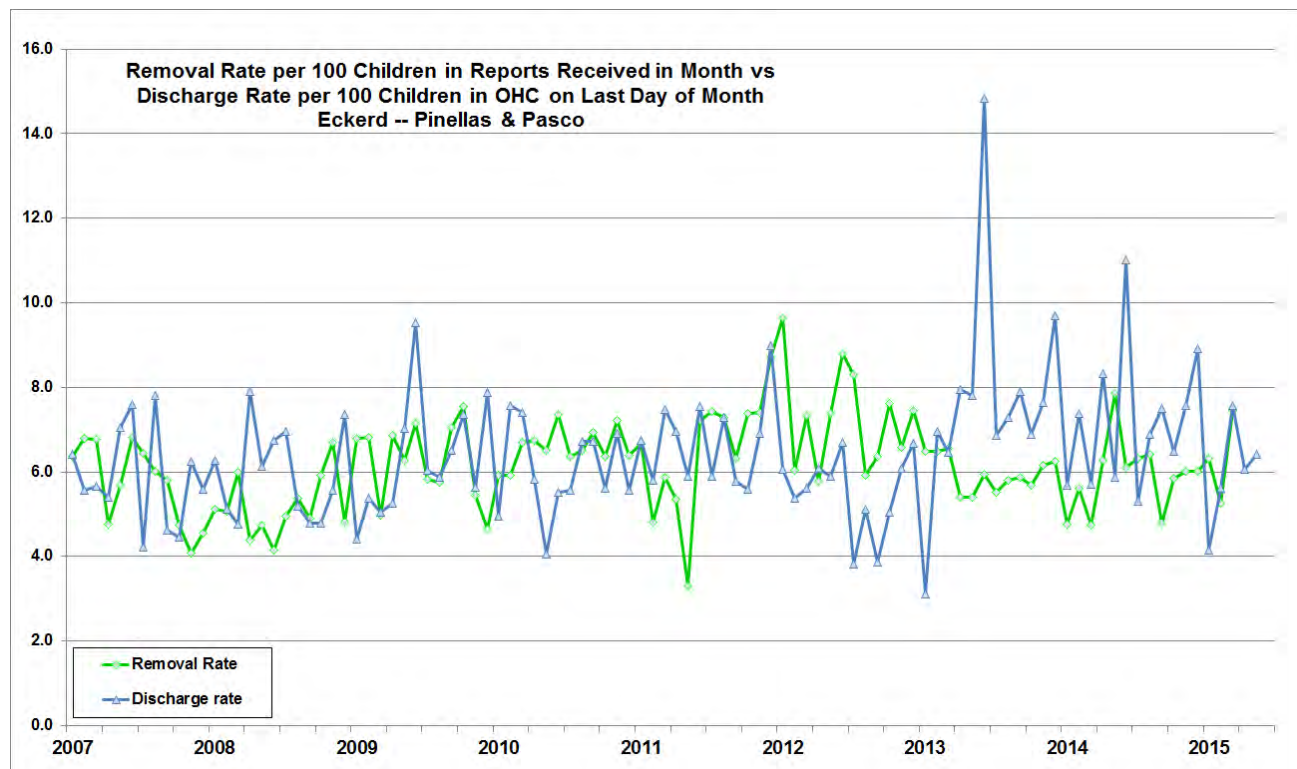


Eckerd Pinellas & Pasco, 2

Removals vs Discharges

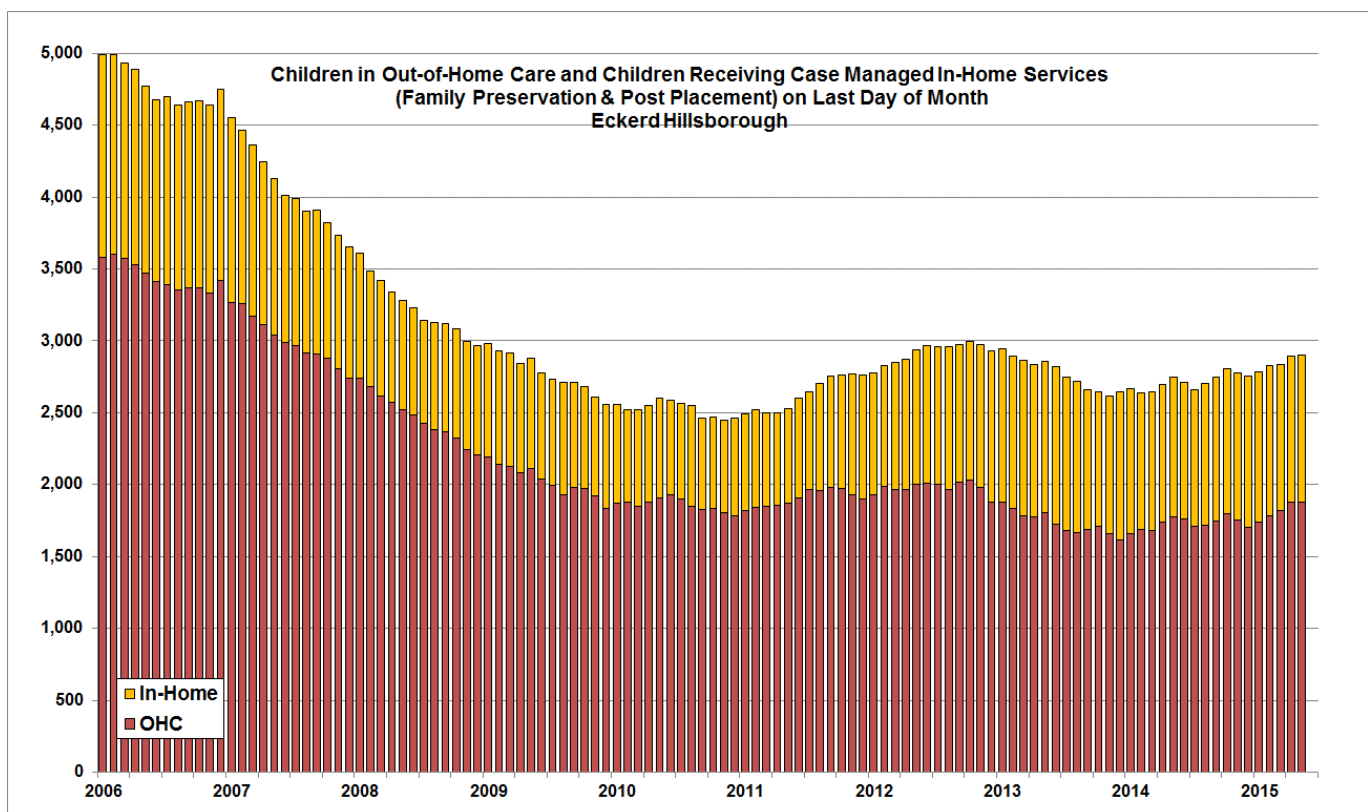
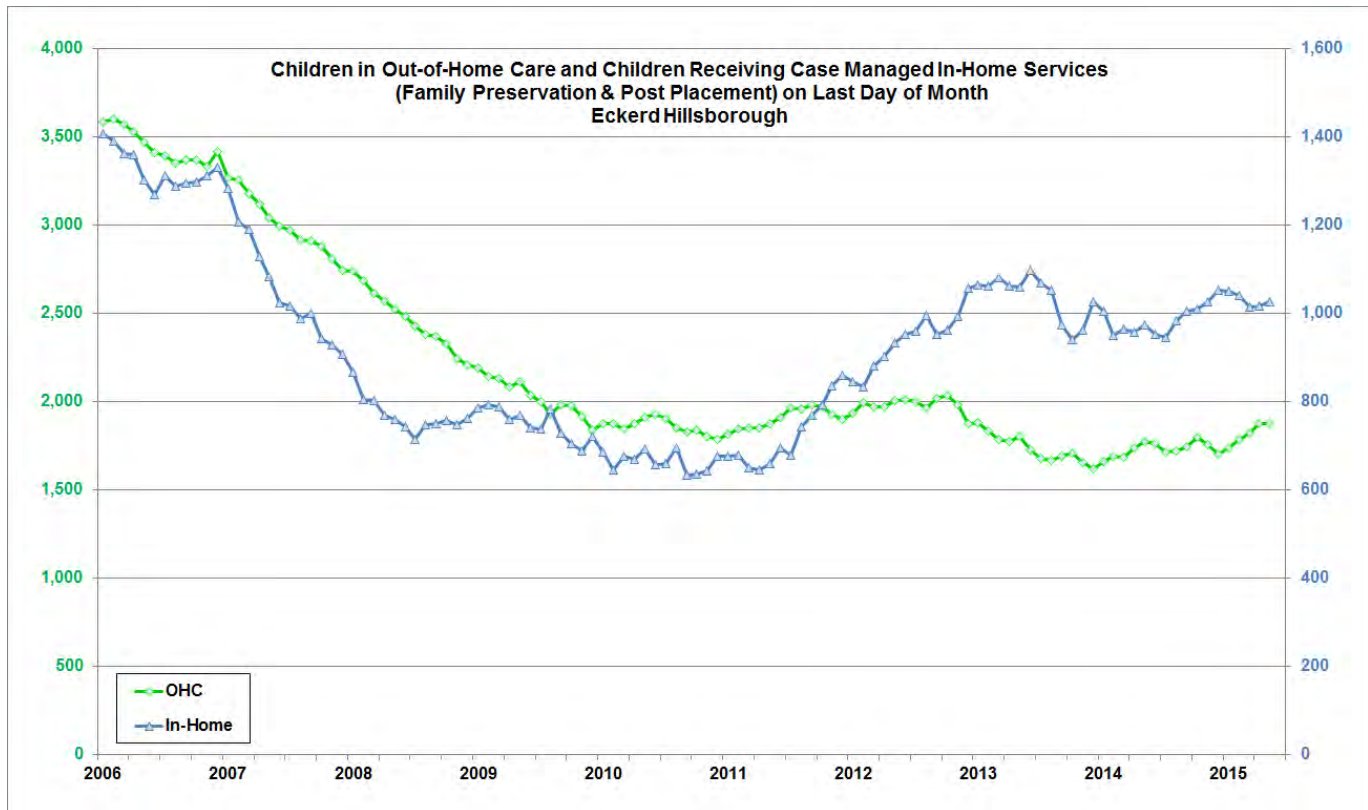


Removal Rate vs Discharge Rate



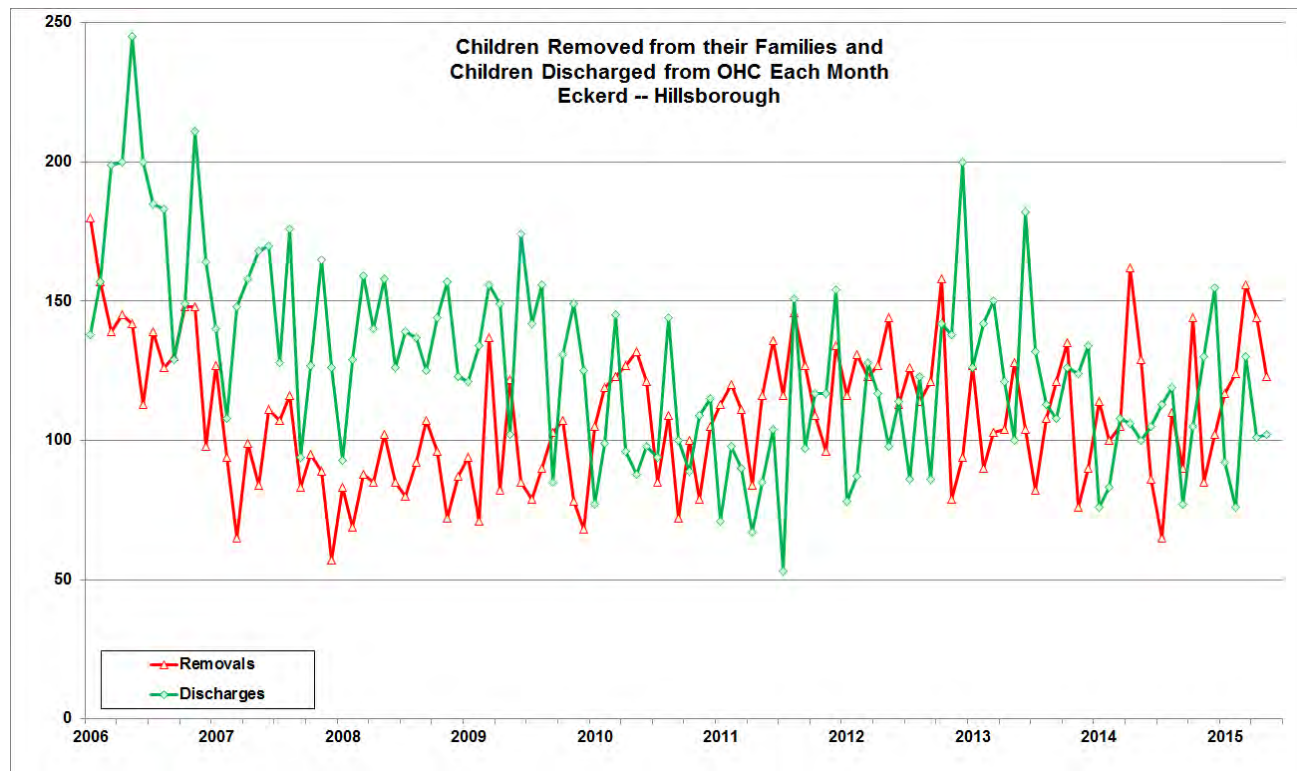
Eckerd Hillsborough, 1

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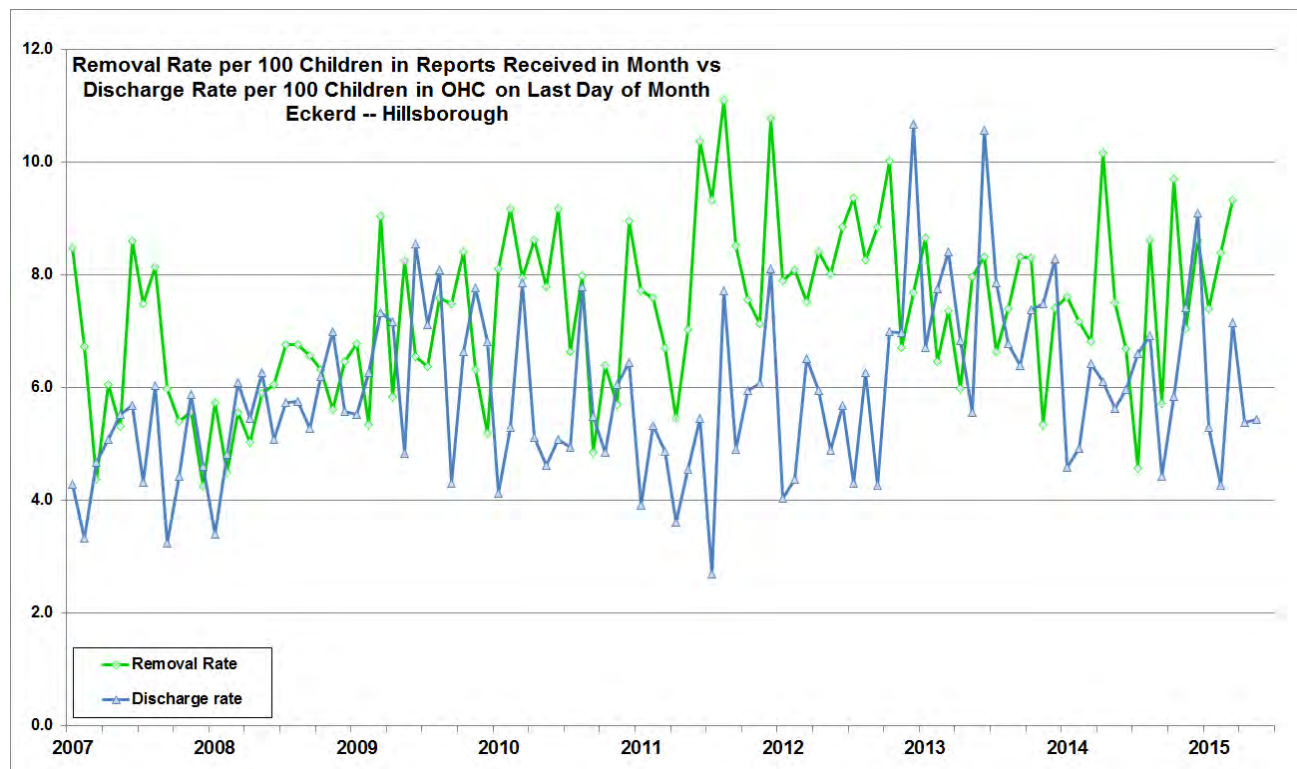


Eckerd Hillsborough, 2

Removals vs Discharges

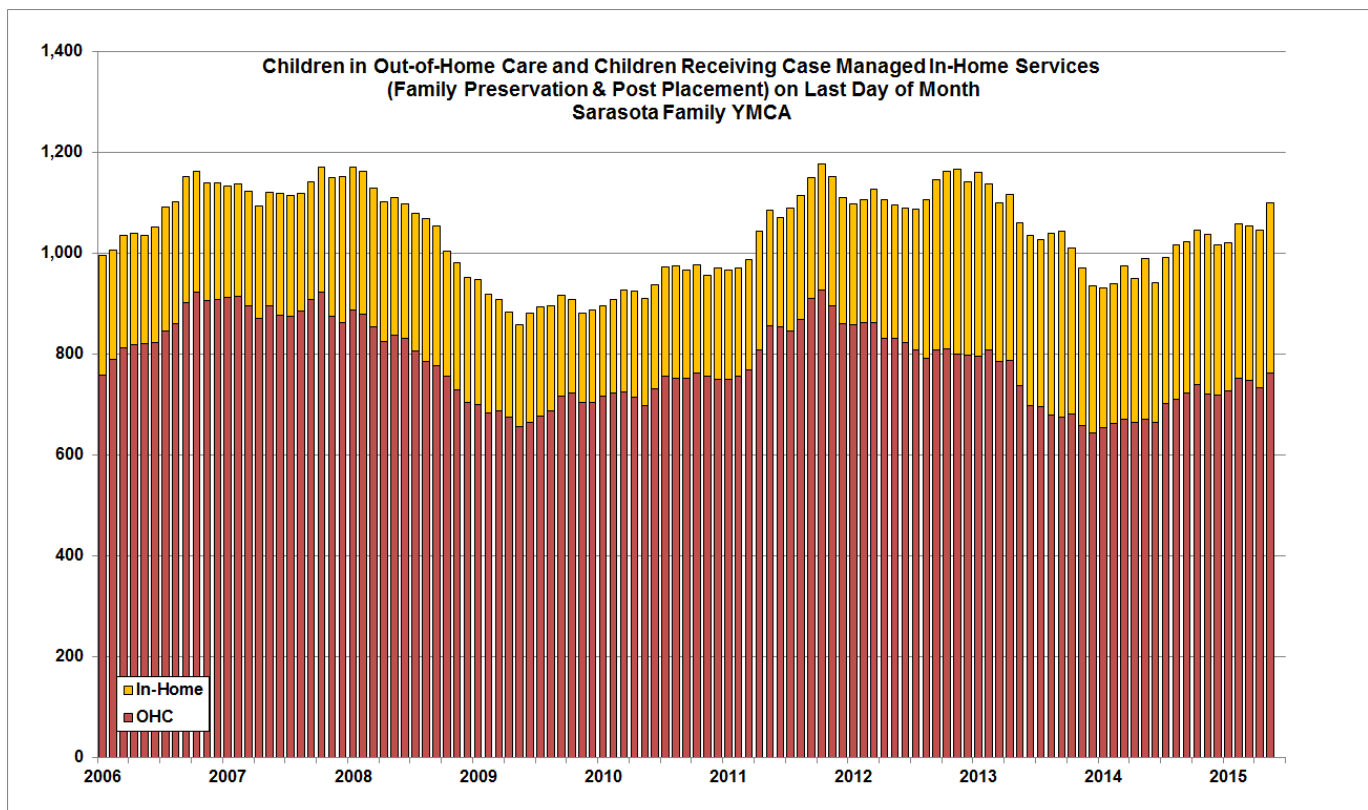
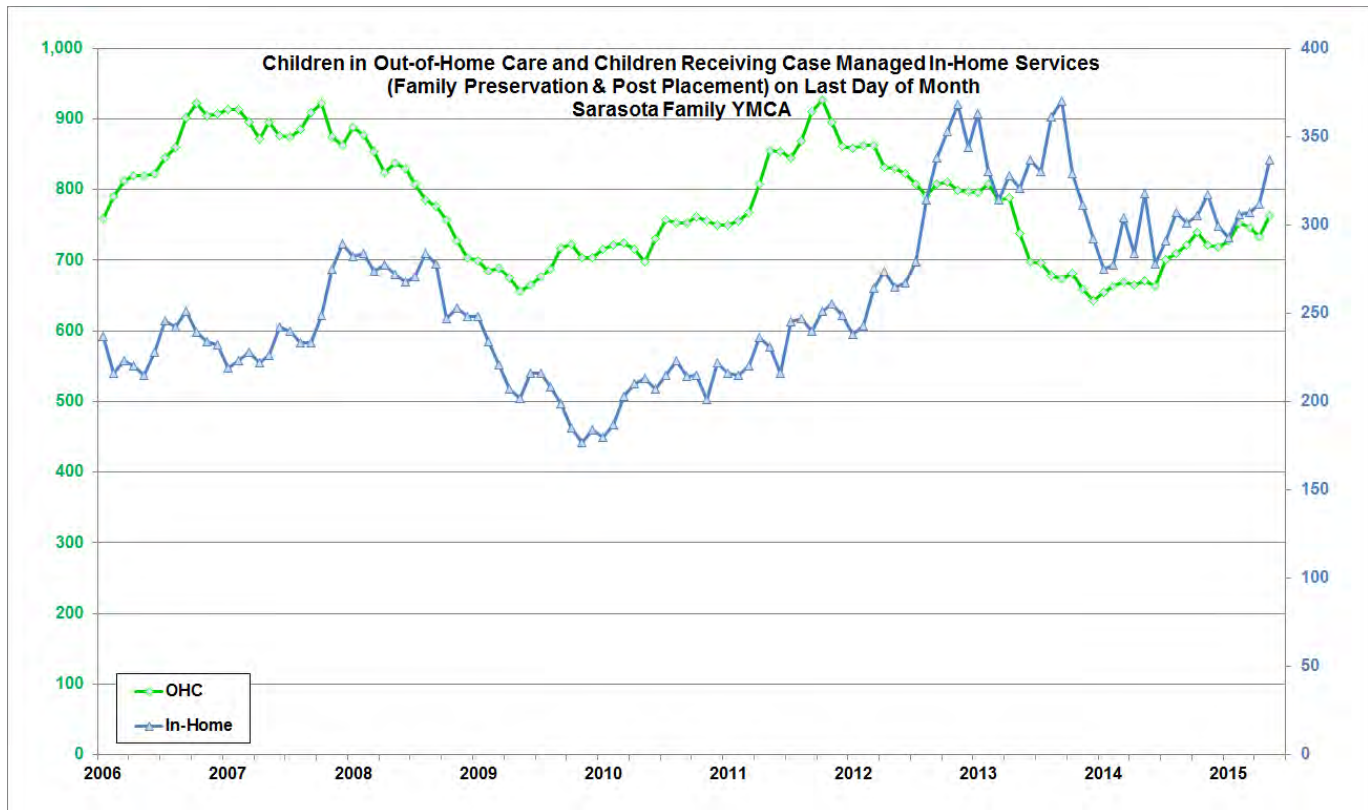


Removal Rate vs Discharge Rate



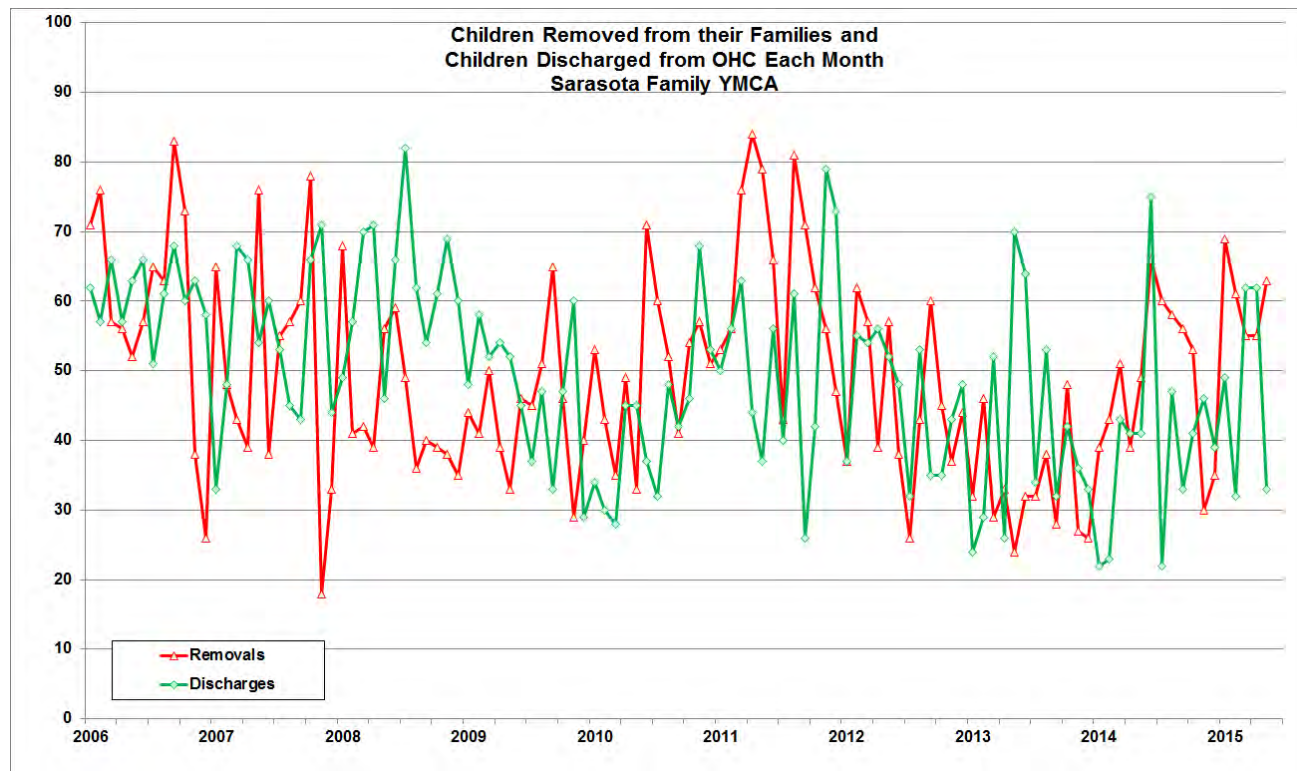
Sarasota Family YMCA, 1

Out-of-Home Care vs In-Home Services (Family Preservation and Post-Placement Supervision)

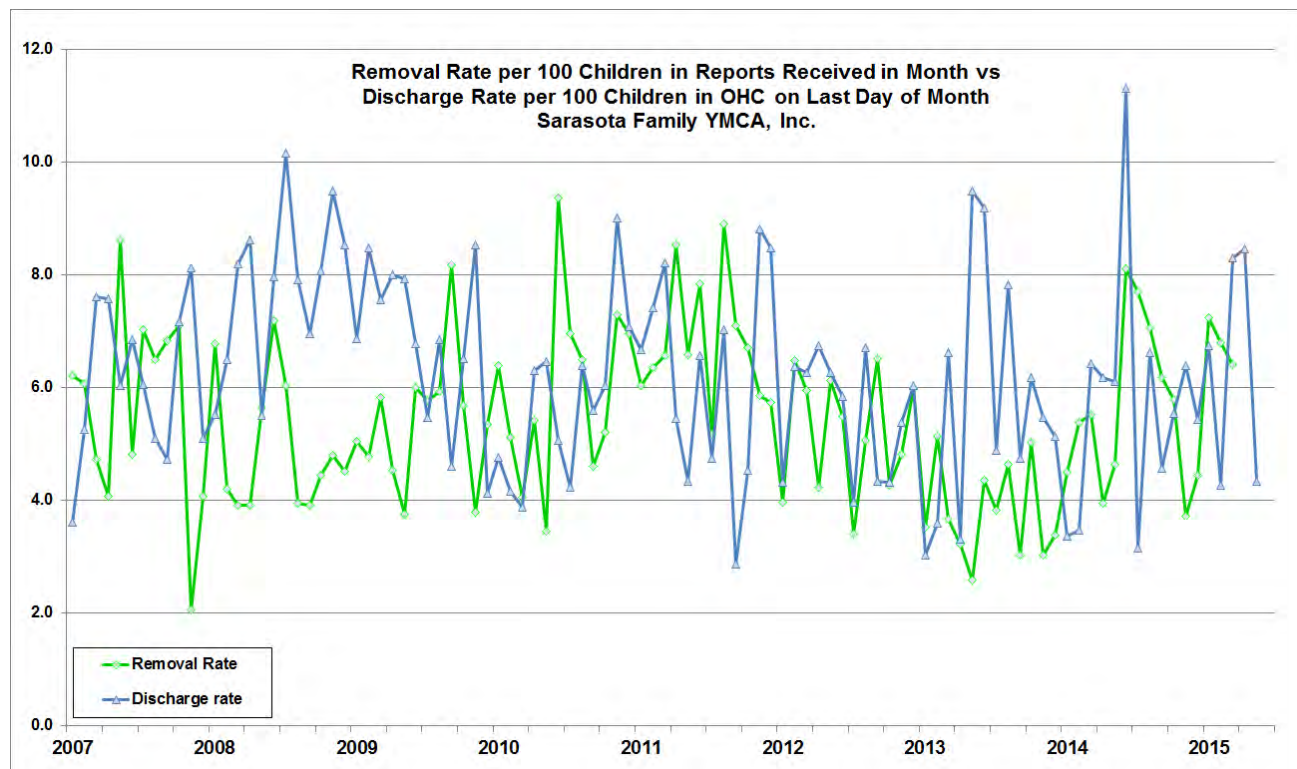


Sarasota Family YMCA, 2

Removals vs Discharges

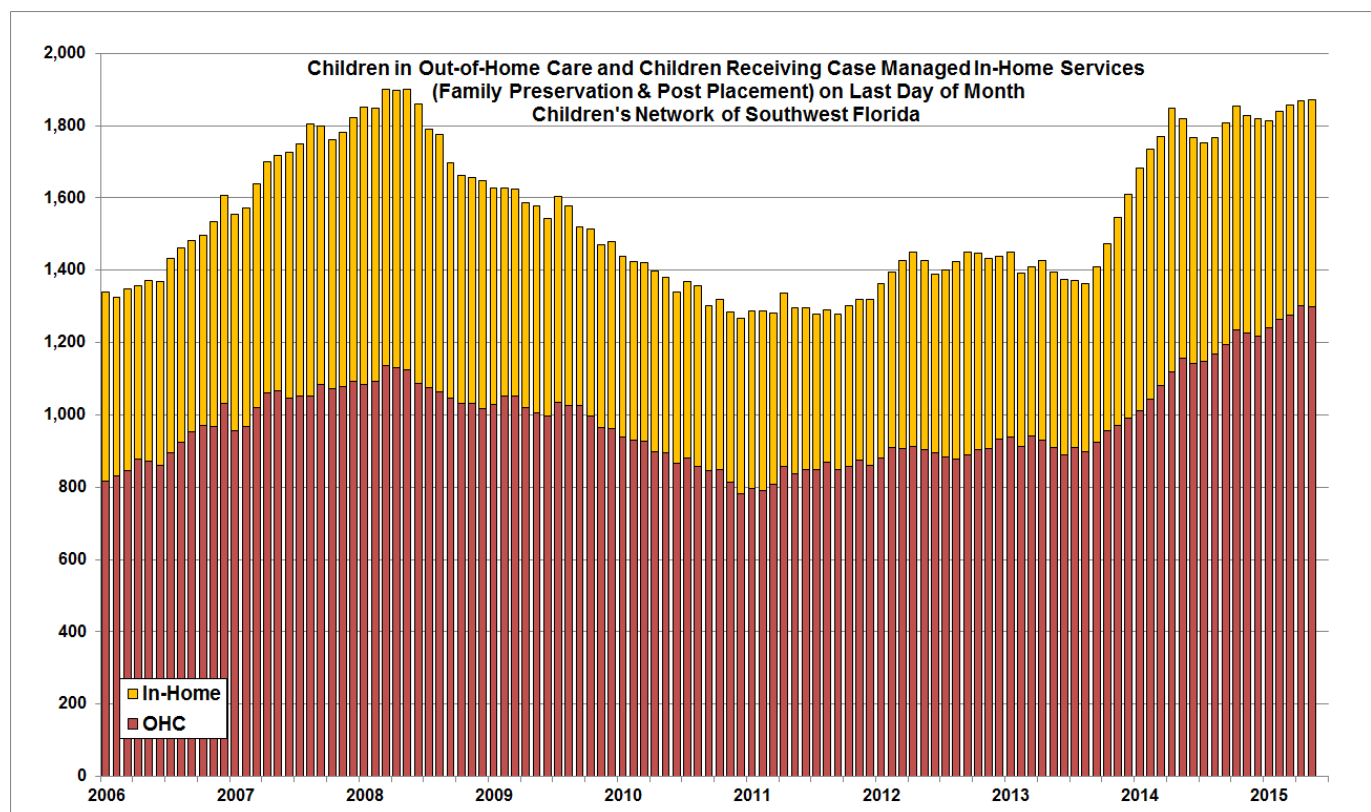
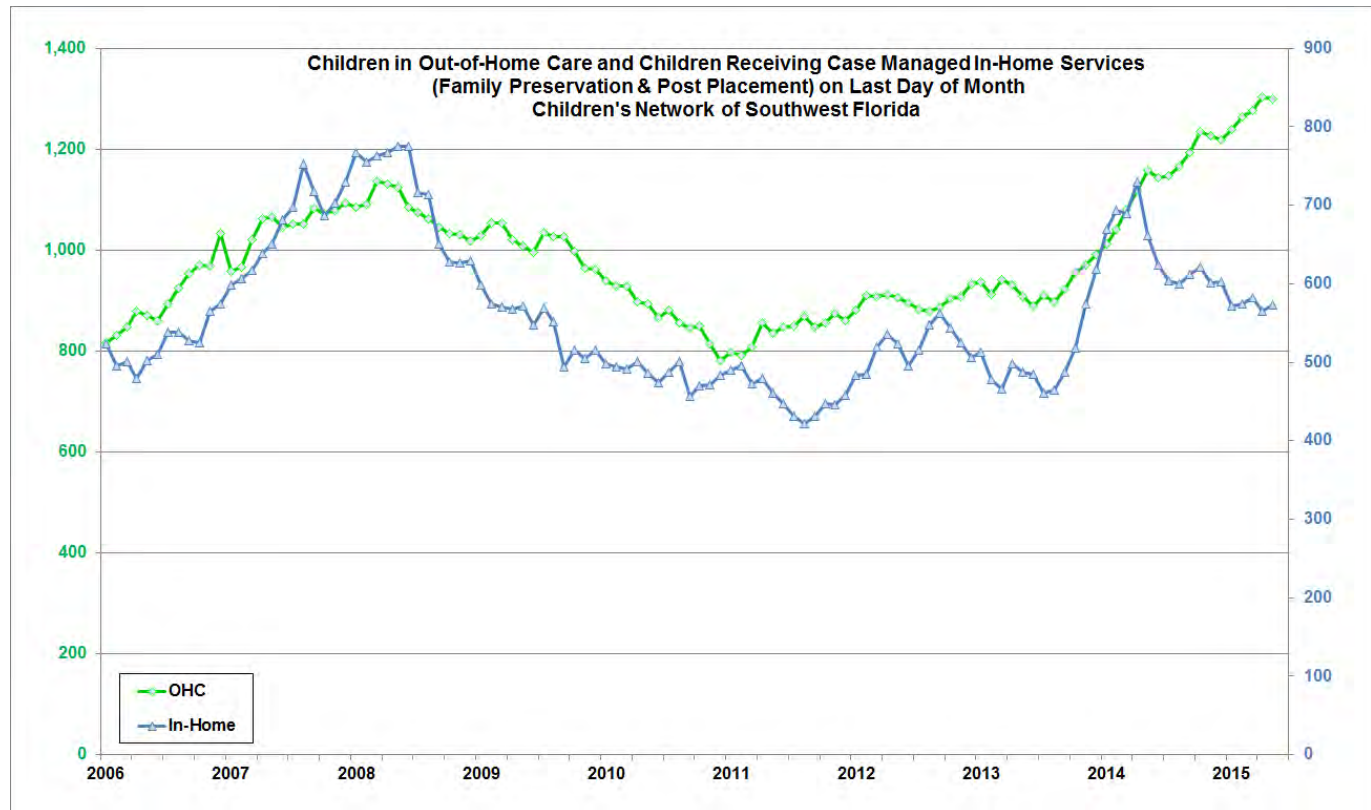


Removal Rate vs Discharge Rate



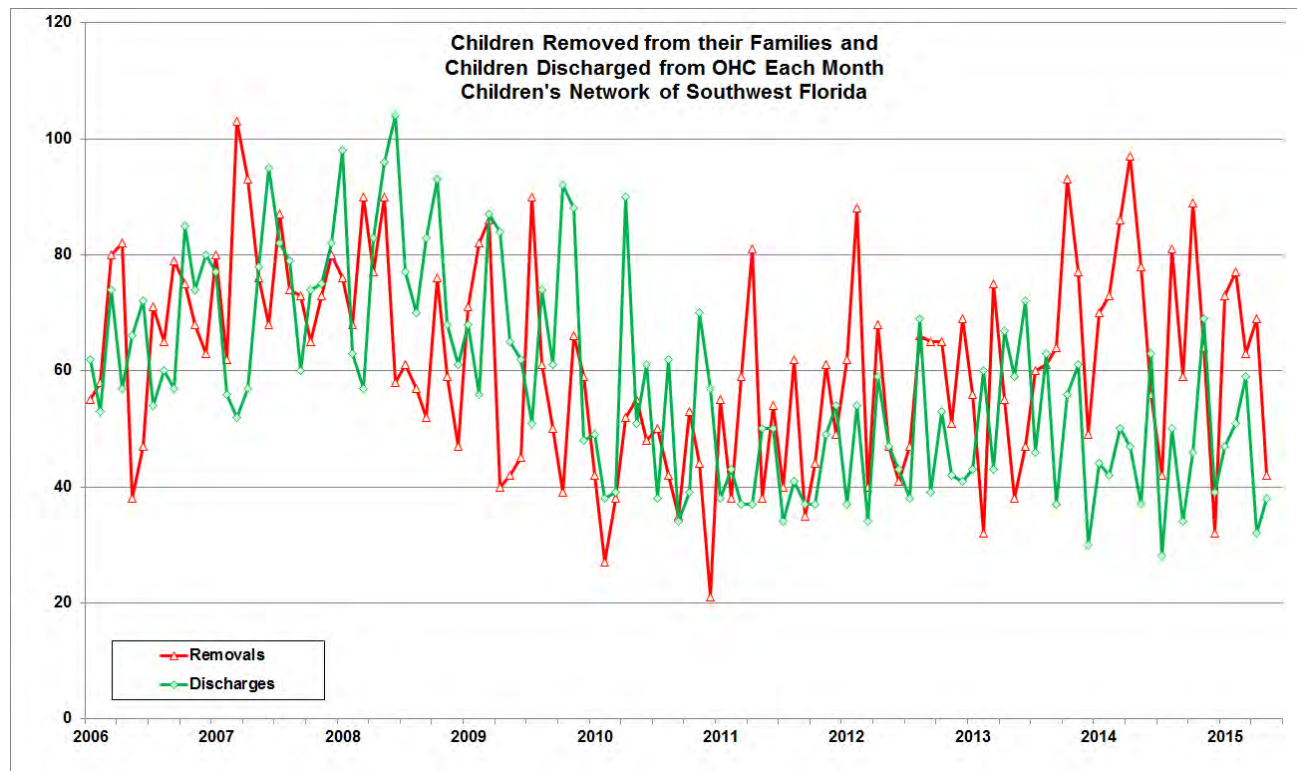
Children's Network of SW Florida, 1

Out-of-Home Care vs In-Home Services (Family Preservation and Post-Placement Supervision)

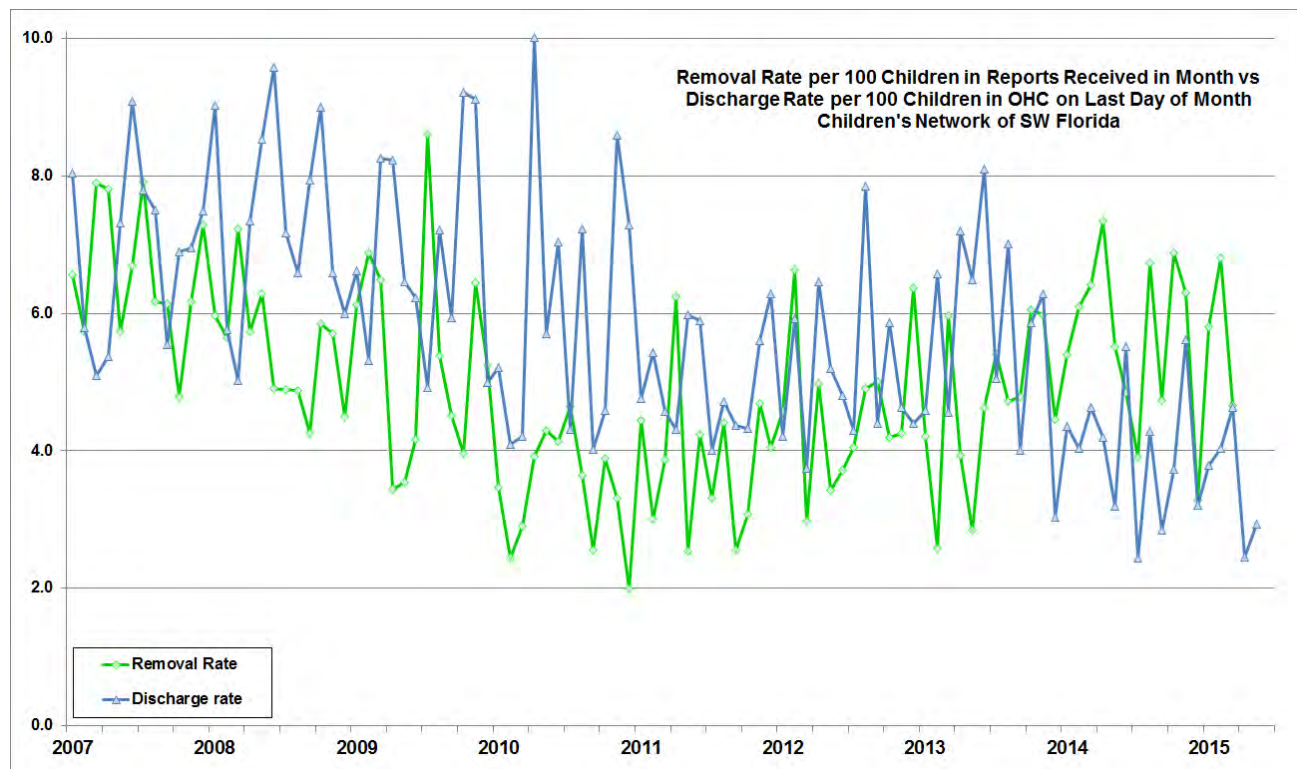


Children's Network of SW Florida, 2

Removals vs Discharges

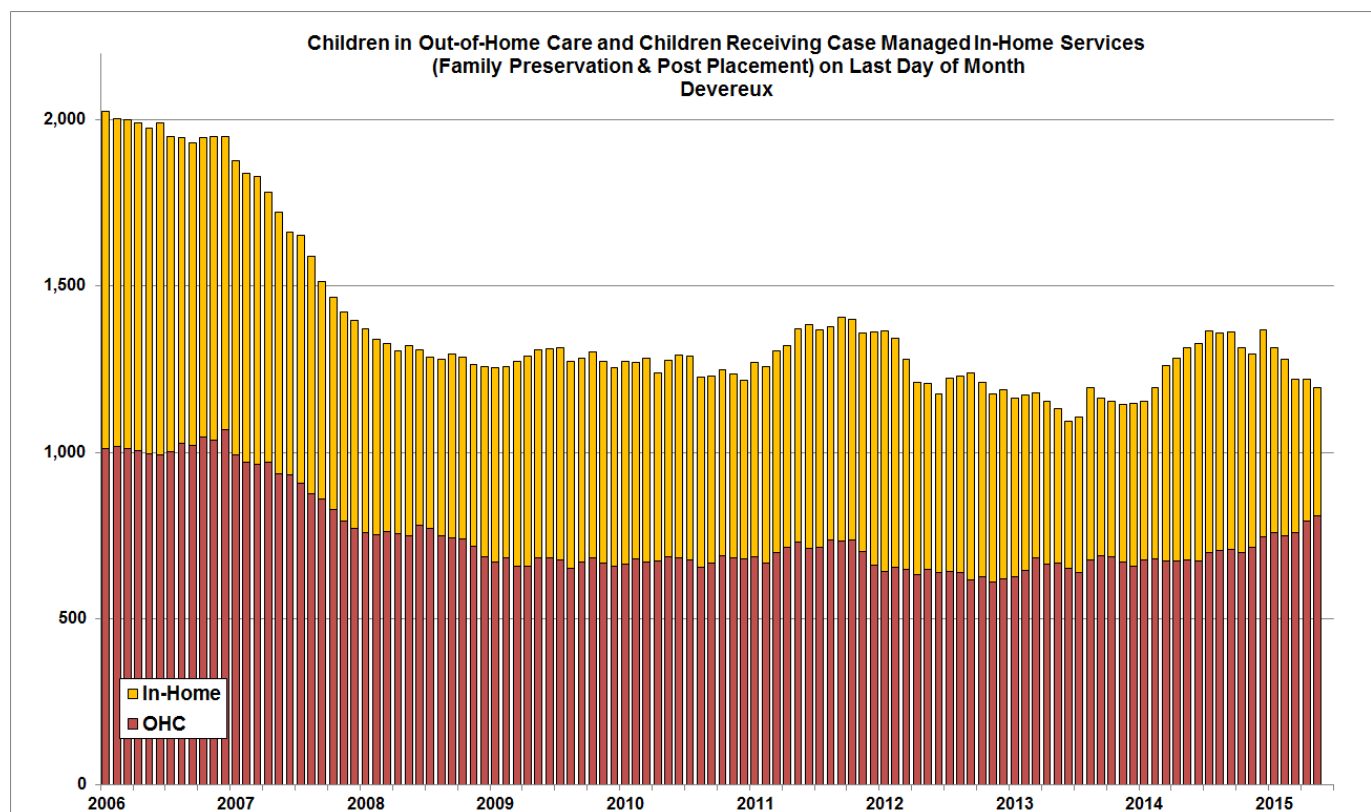
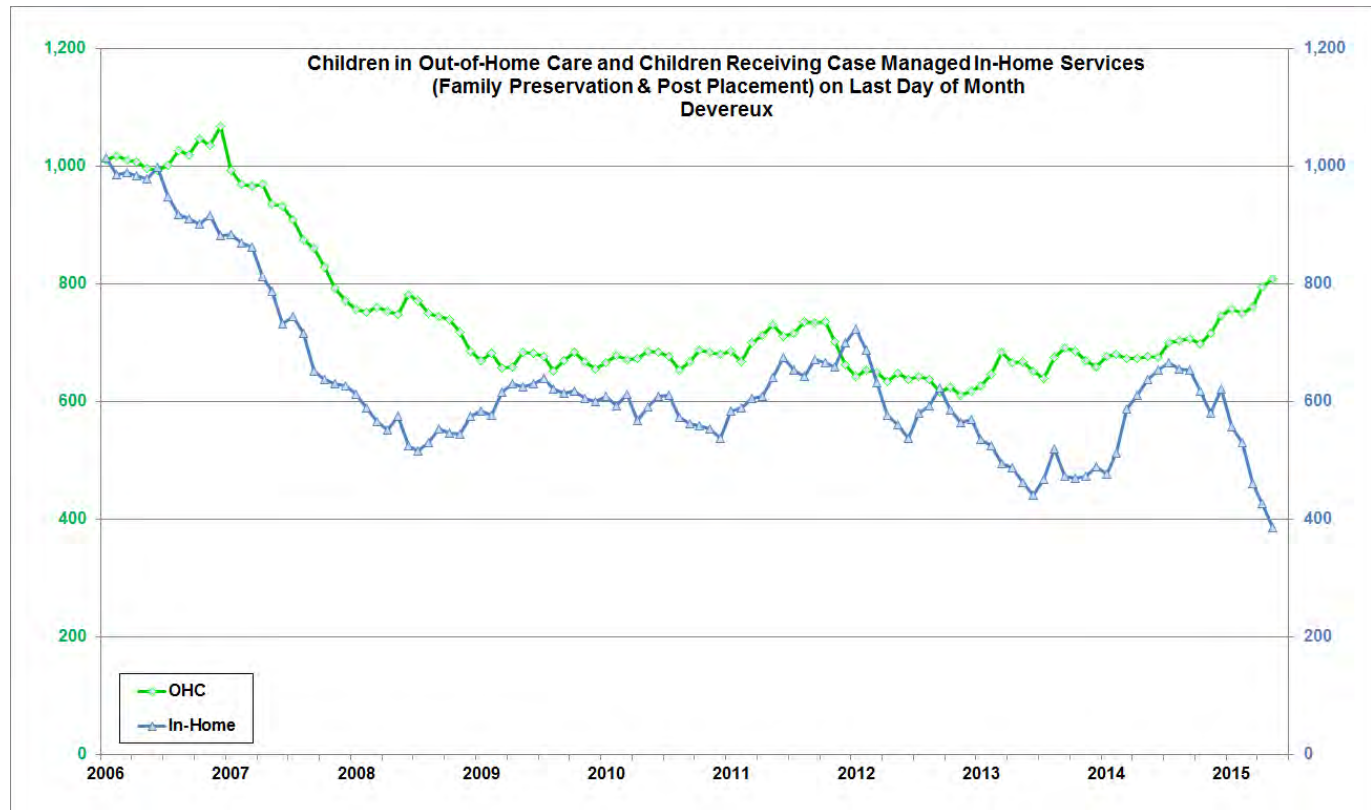


Removal Rate vs Discharge Rate



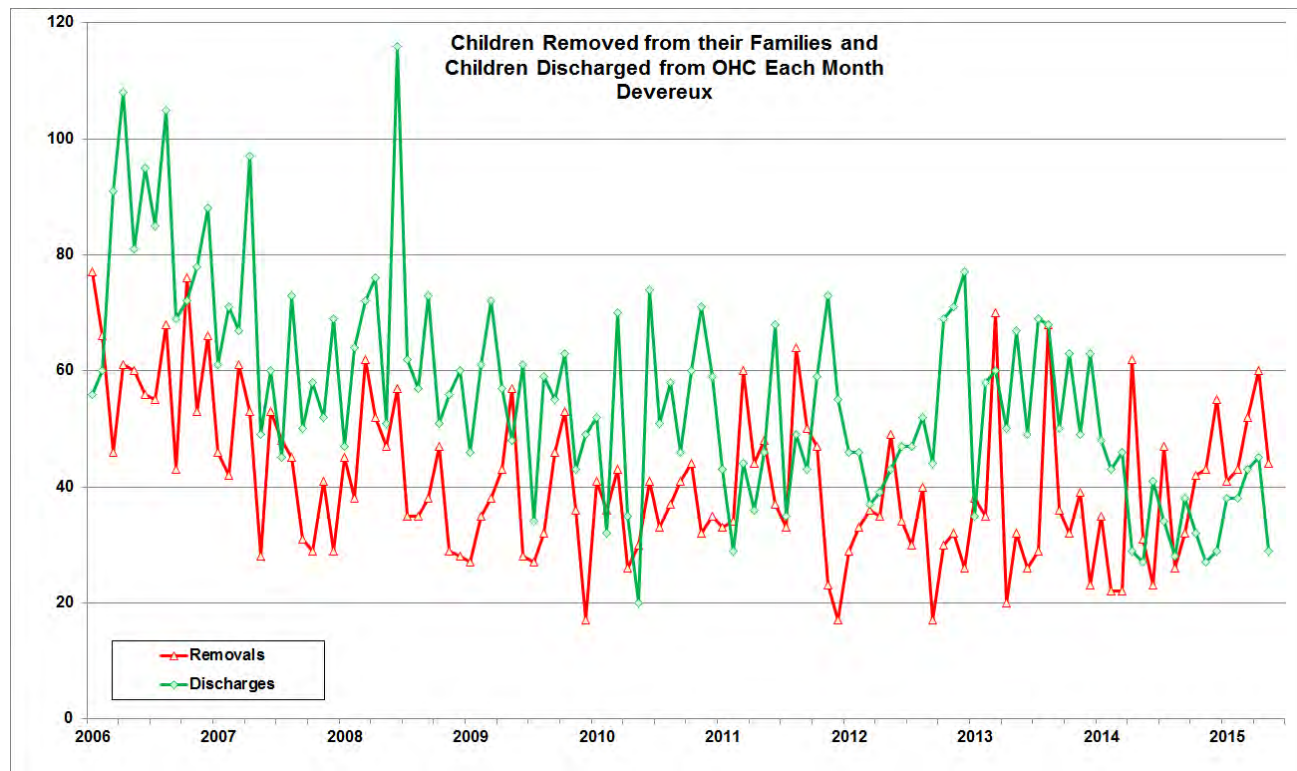
Devereux CBC, 1

Out-of-Home Care vs In-Home Services (Family Preservation and Post-Placement Supervision)

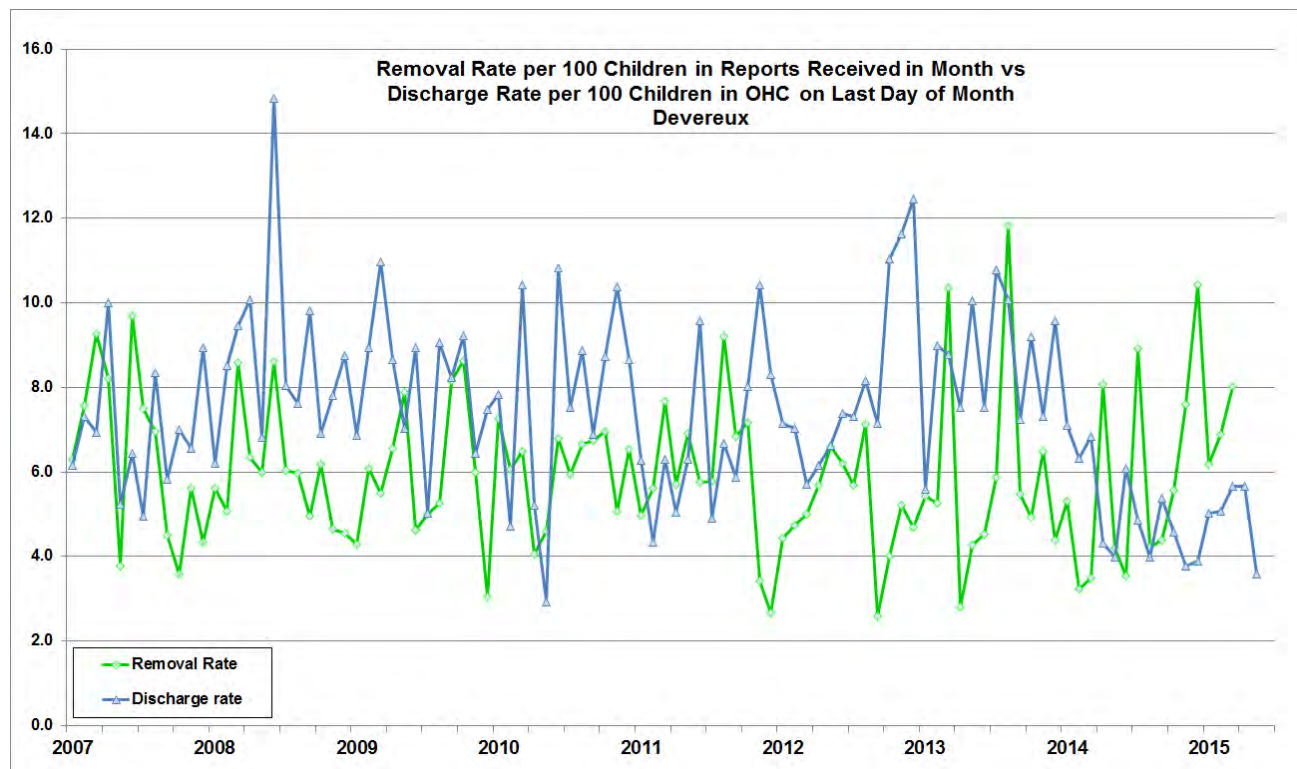


Devereux CBC, 2

Removals vs Discharges

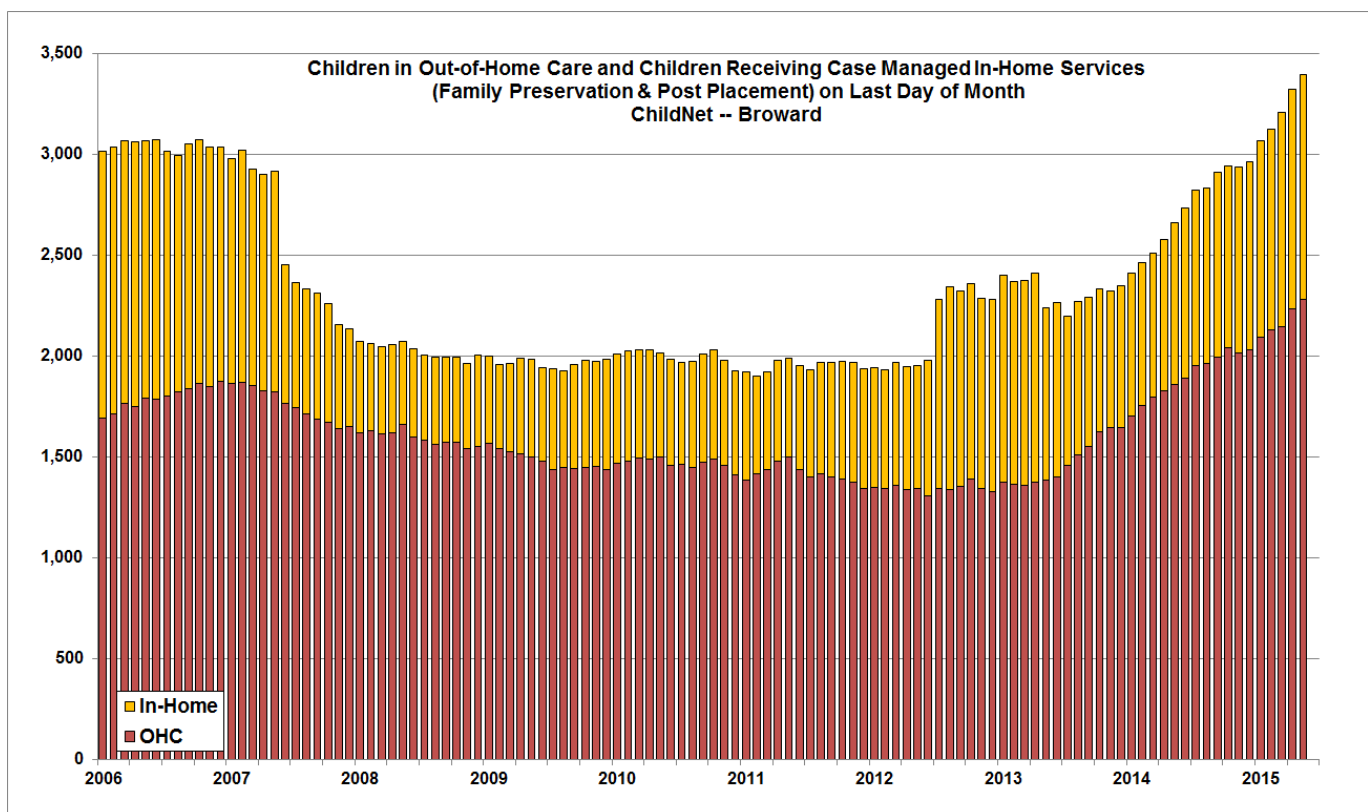
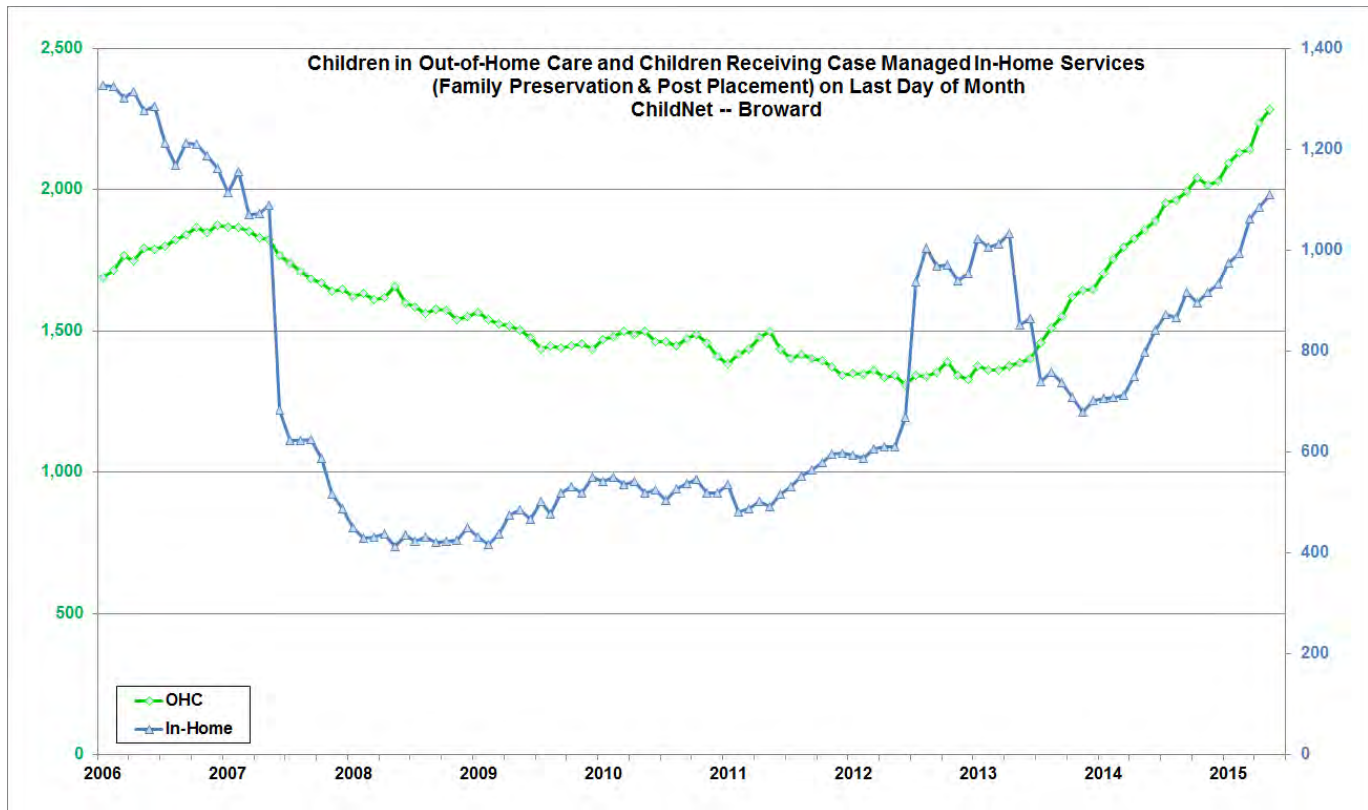


Removal Rate vs Discharge Rate



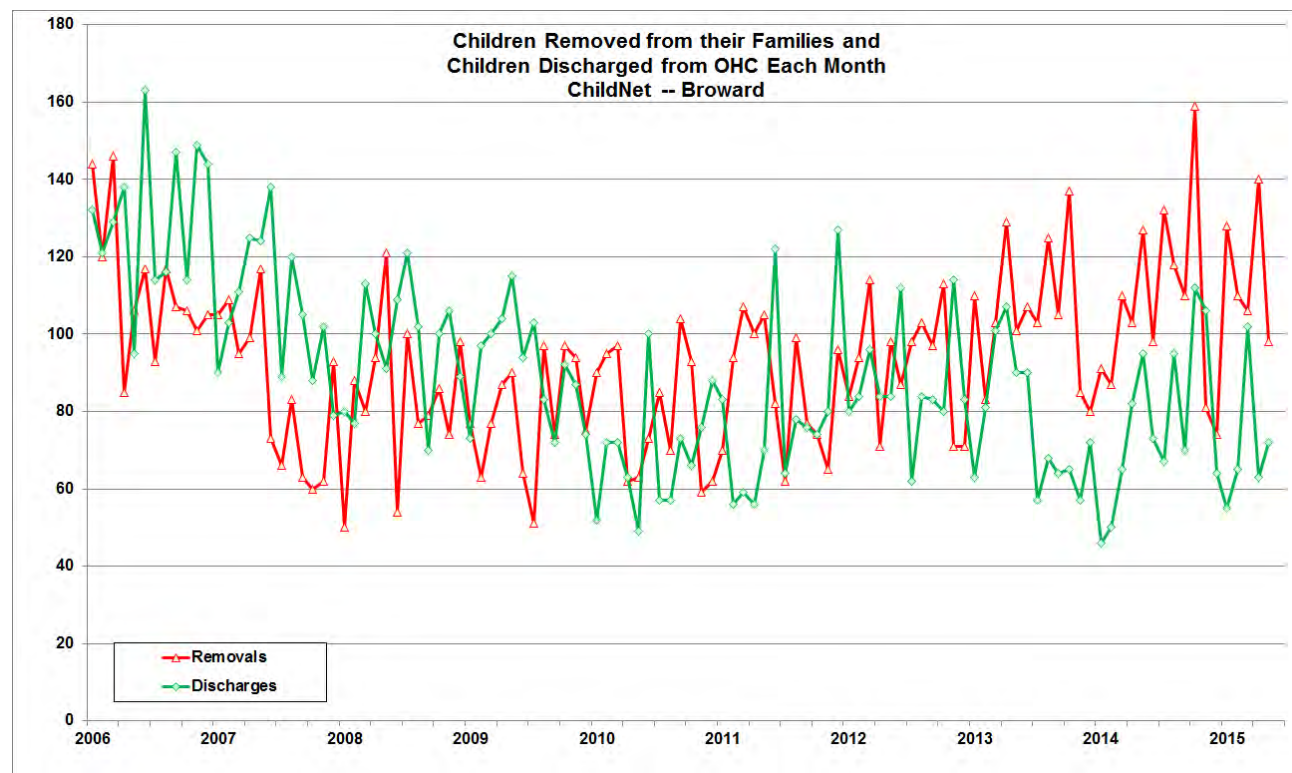
ChildNet – Broward, 1

Out-of-Home Care vs In-Home Services (Family Preservation and Post-Placement Supervision)

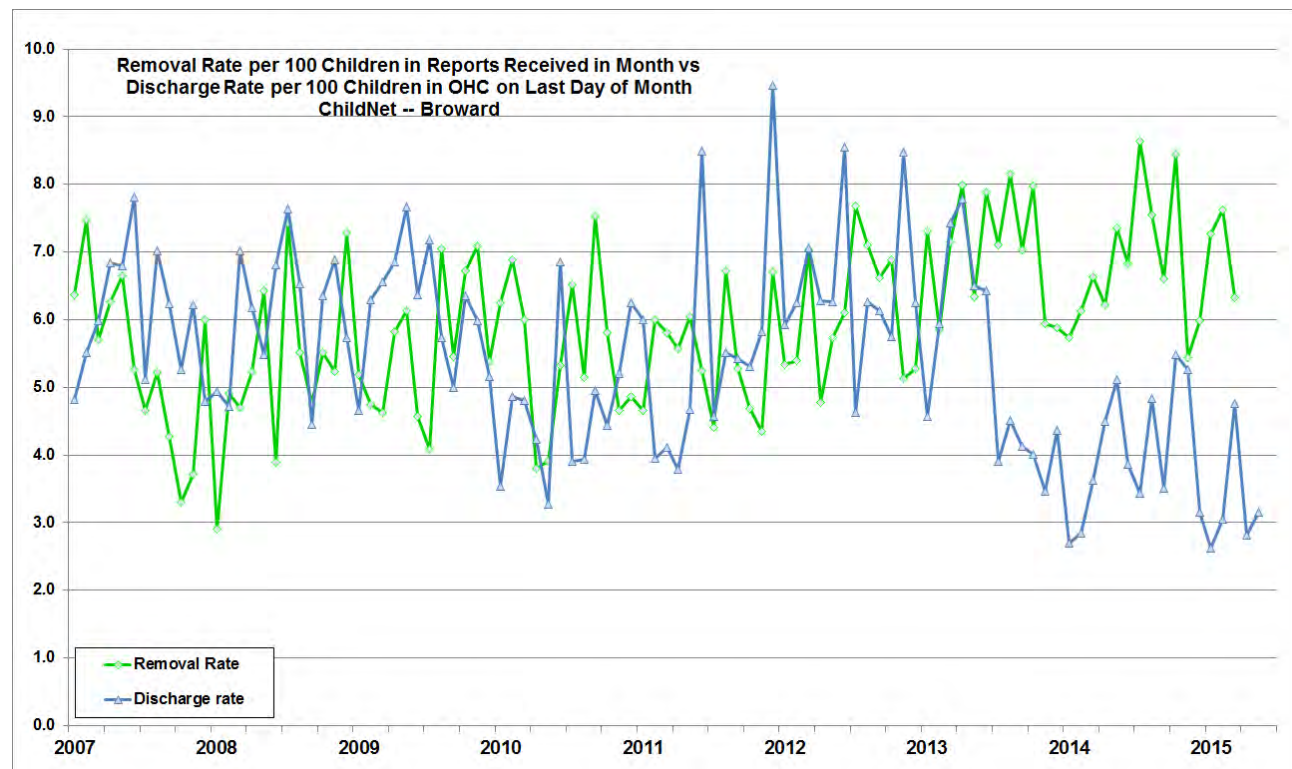


ChildNet – Broward, 2

Removals vs Discharges

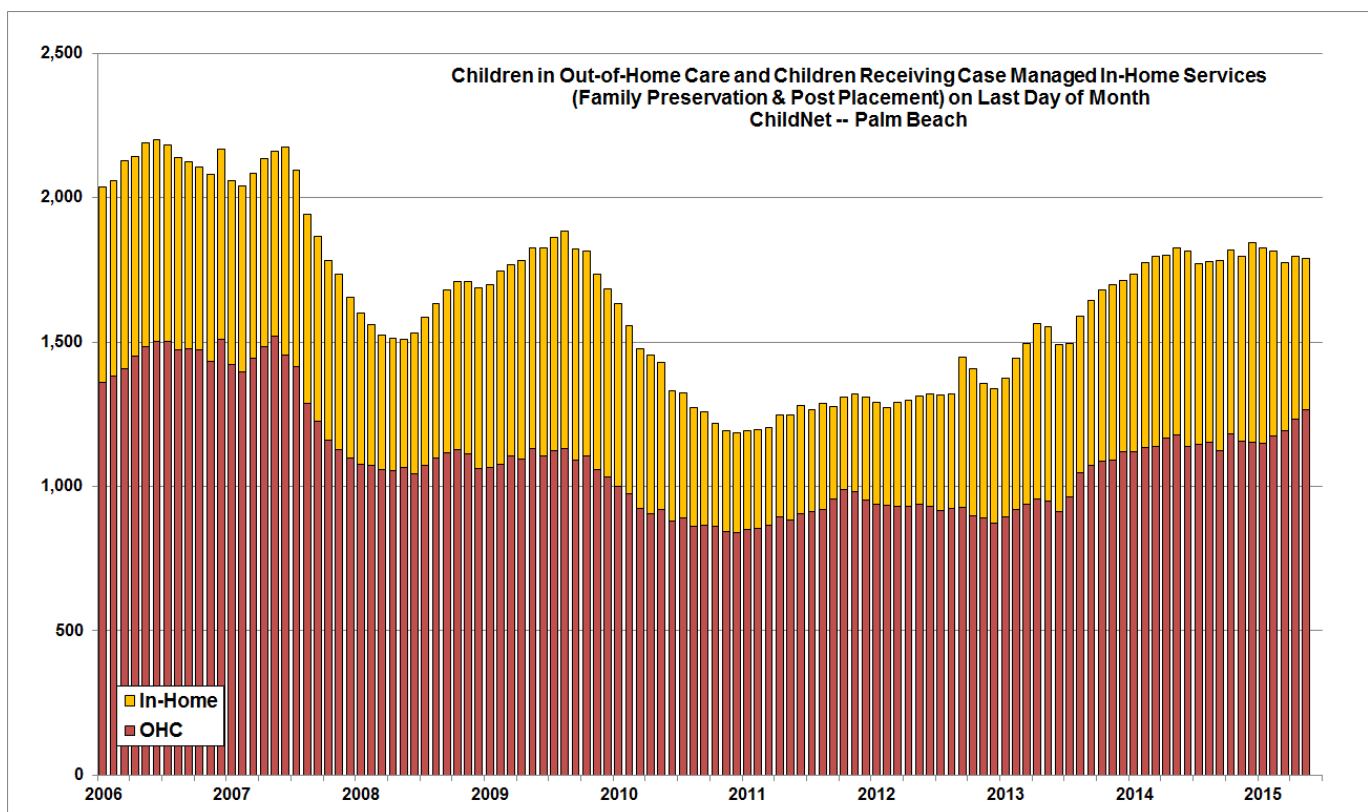
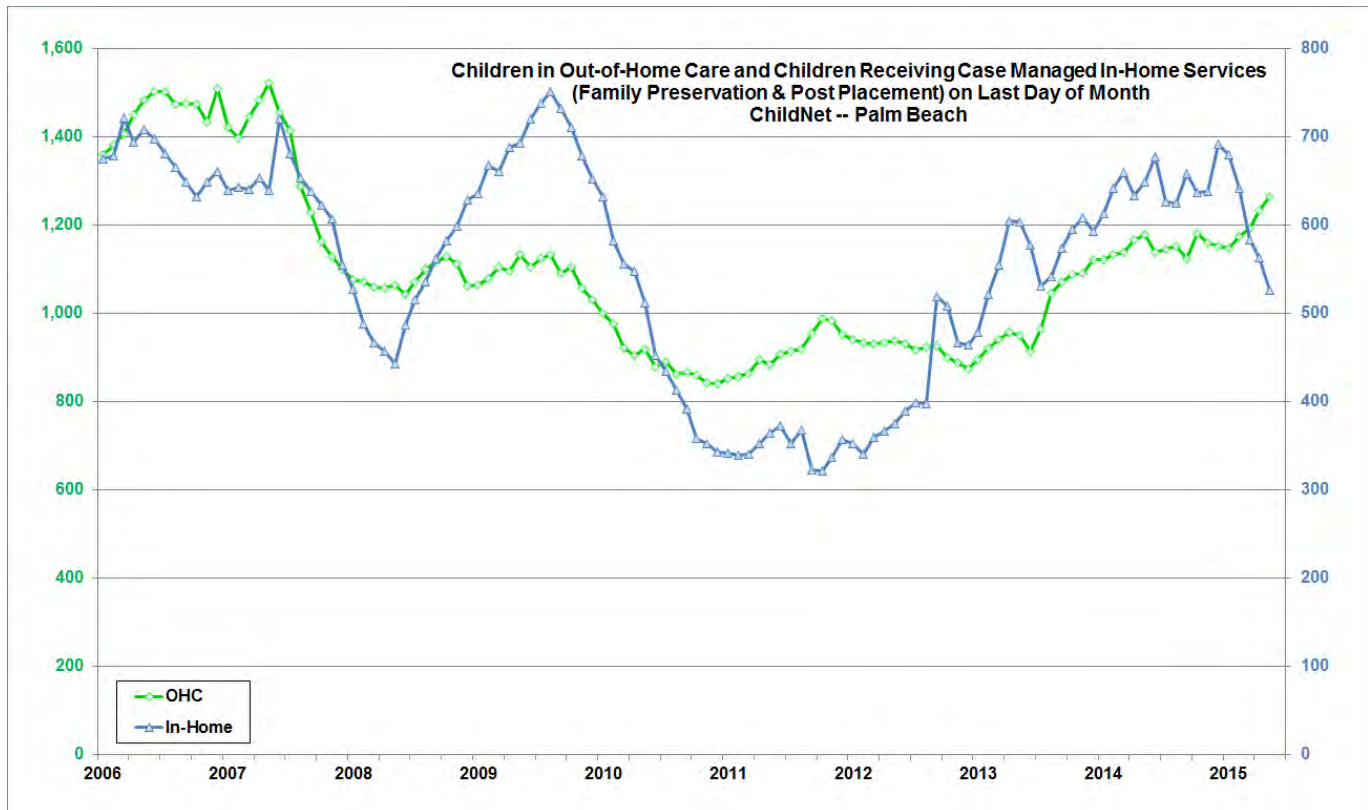


Removal Rate vs Discharge Rate



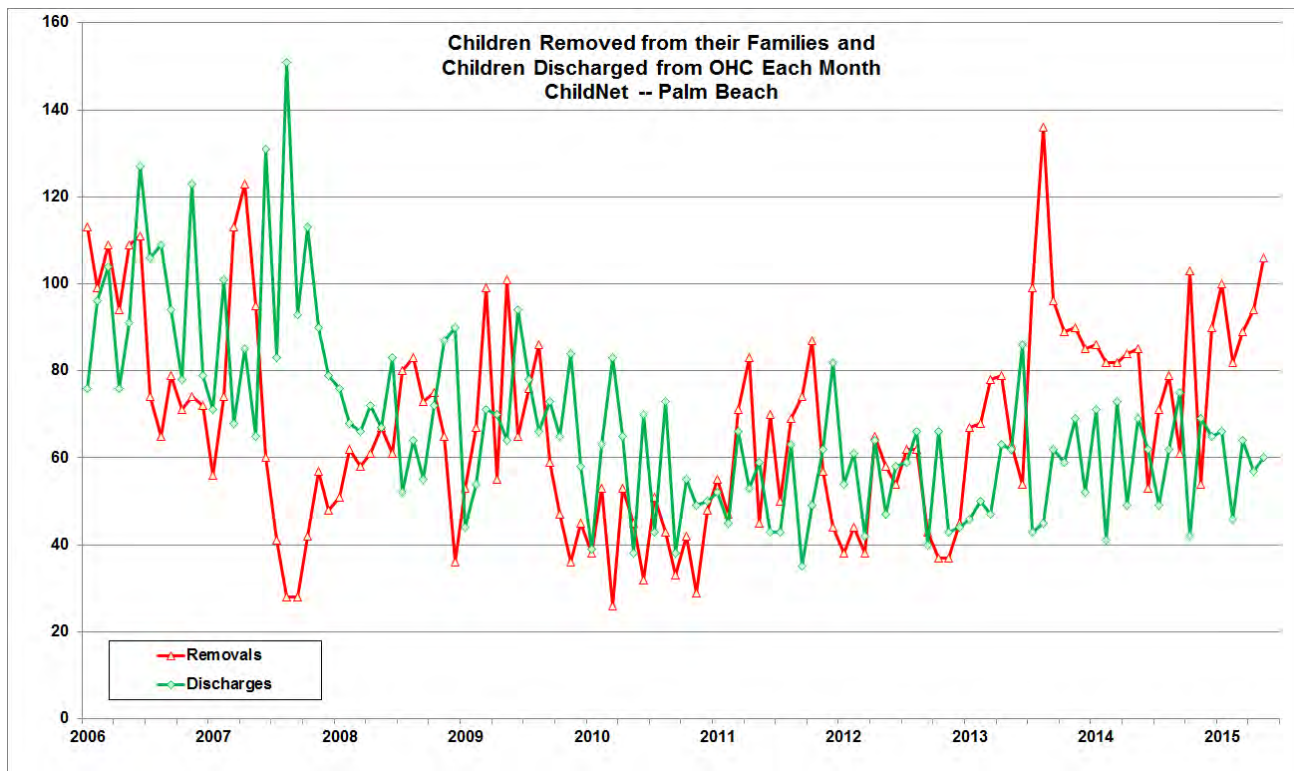
ChildNet -- Palm Beach, 1

Out-of-Home Care vs In-Home Services (Family Preservation and Post-Placement Supervision)

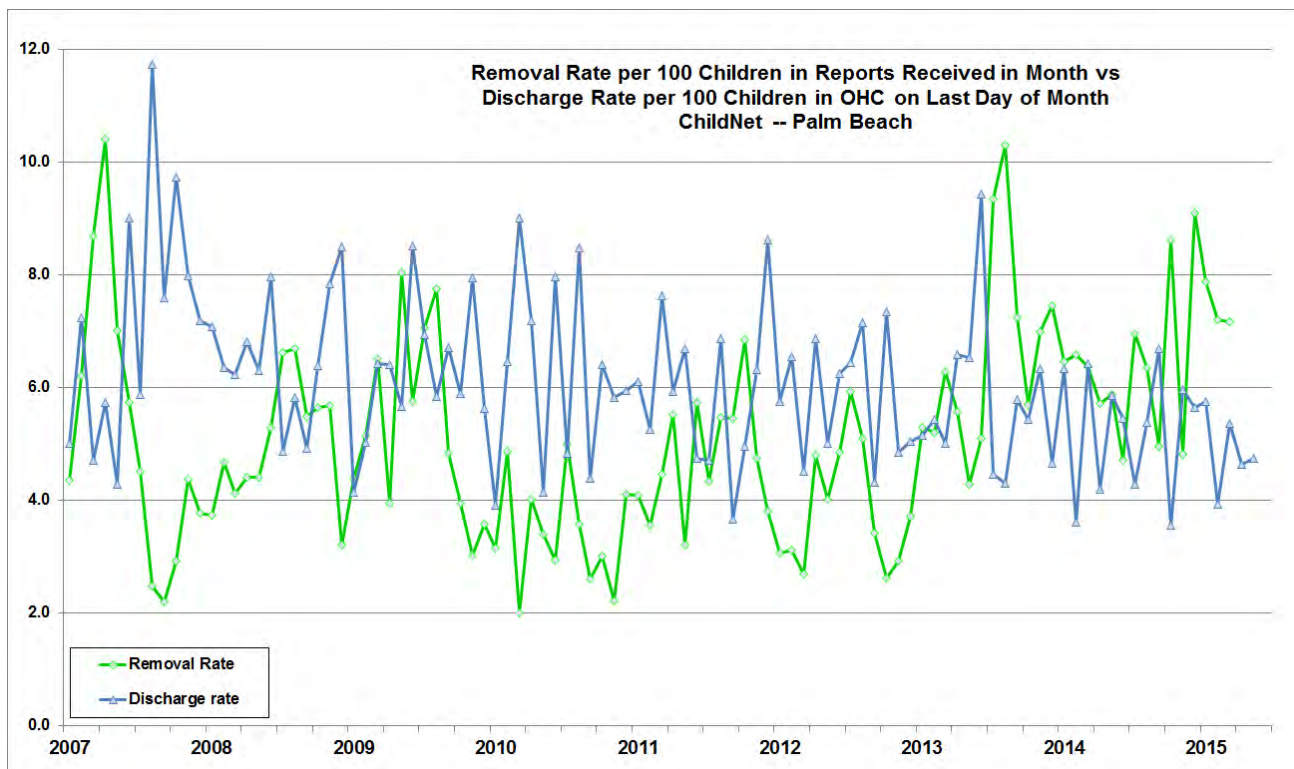


ChildNet -- Palm Beach, 2

Removals vs Discharges

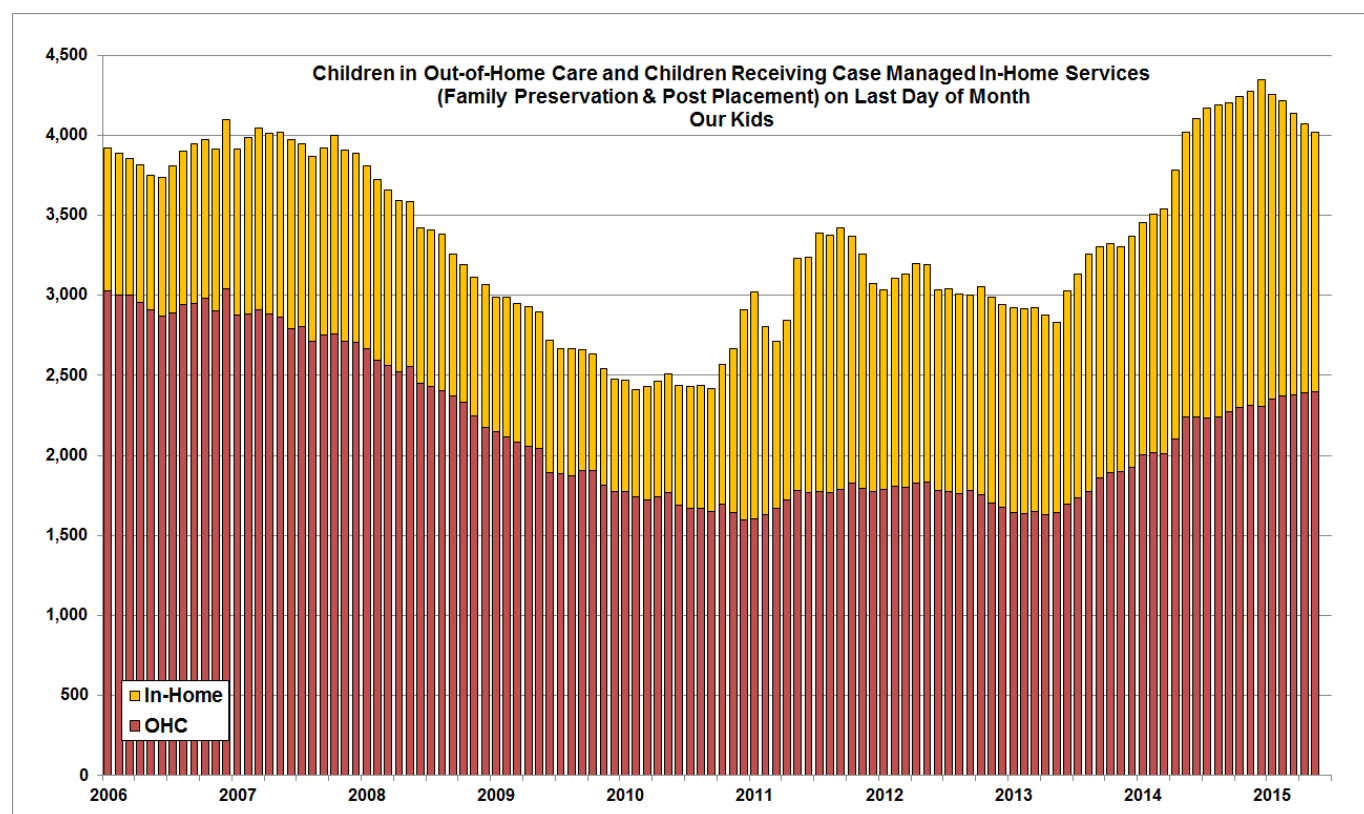
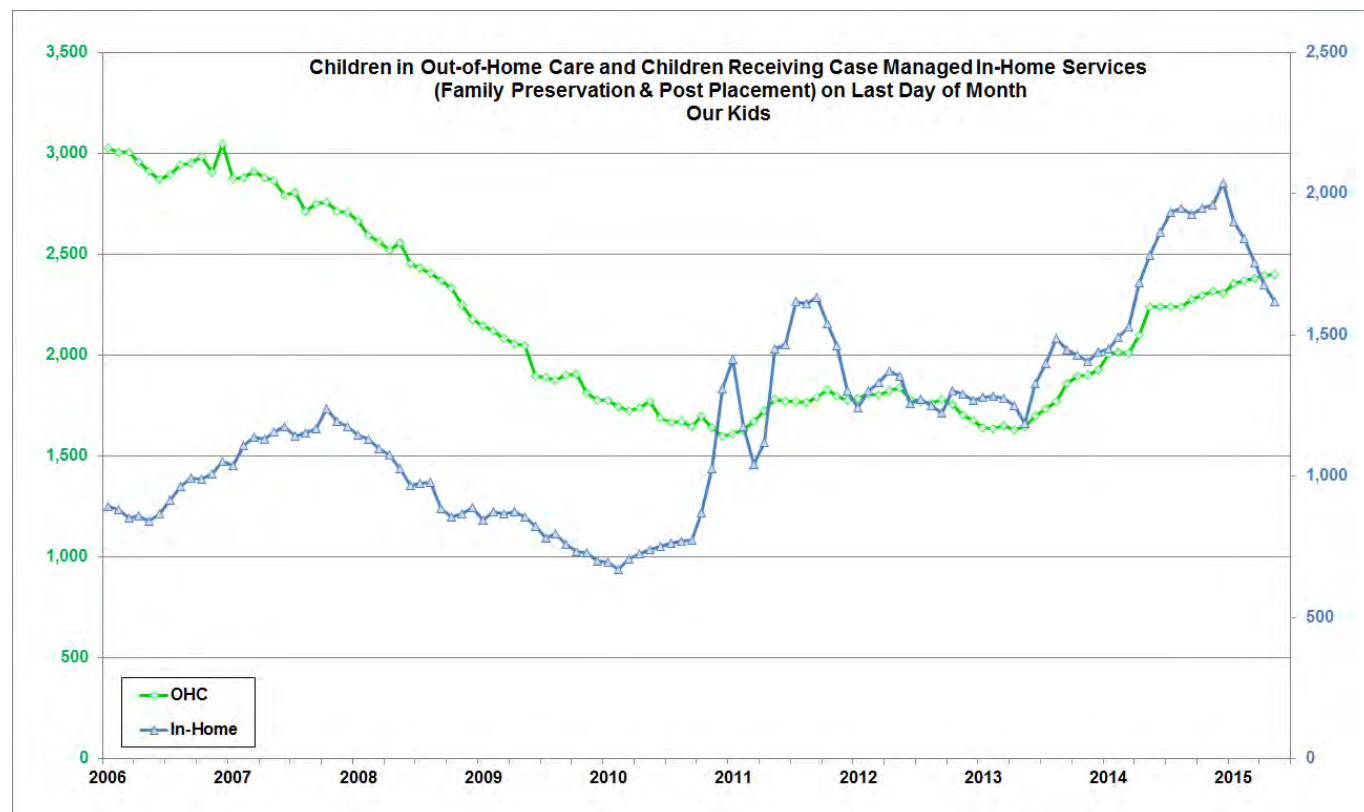


Removal Rate vs Discharge Rate



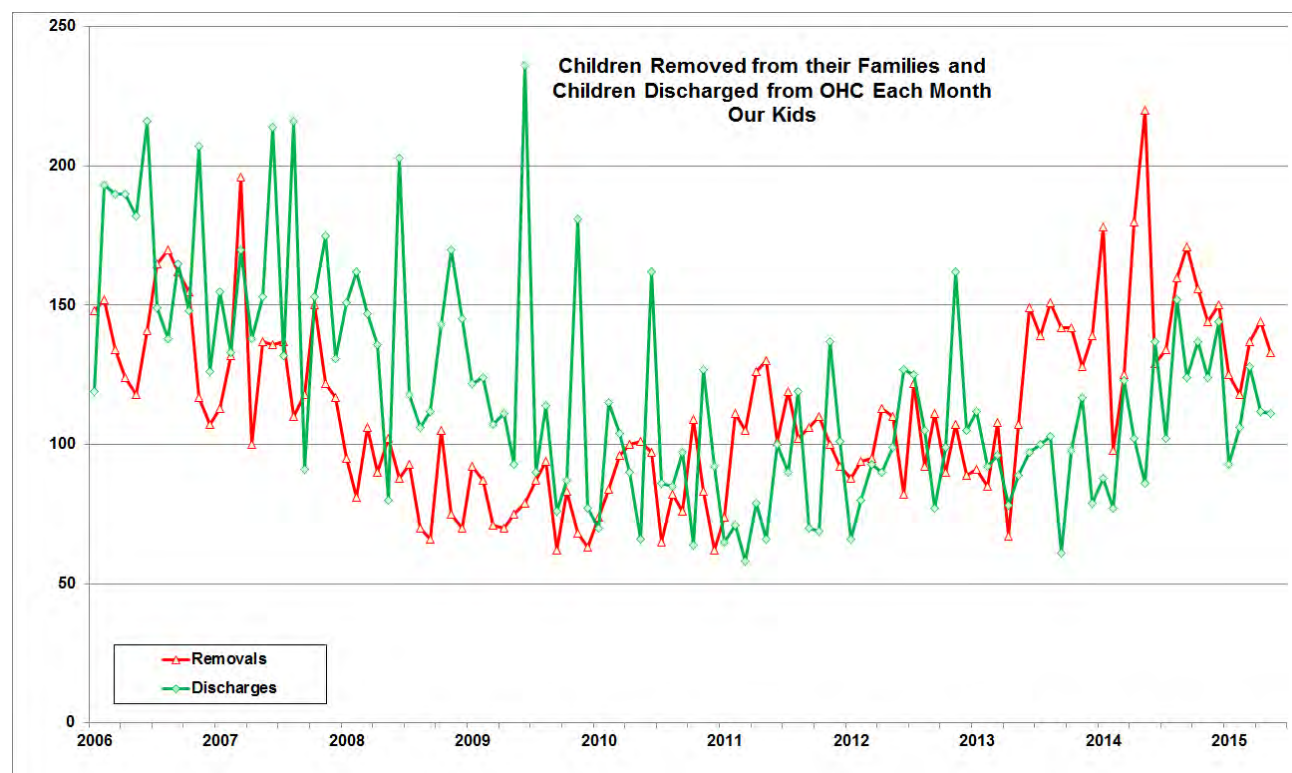
Our Kids of Miami-Dade/Monroe, 1

Out-of-Home Care vs In-Home Services (Family Preservation and Post-Placement Supervision)

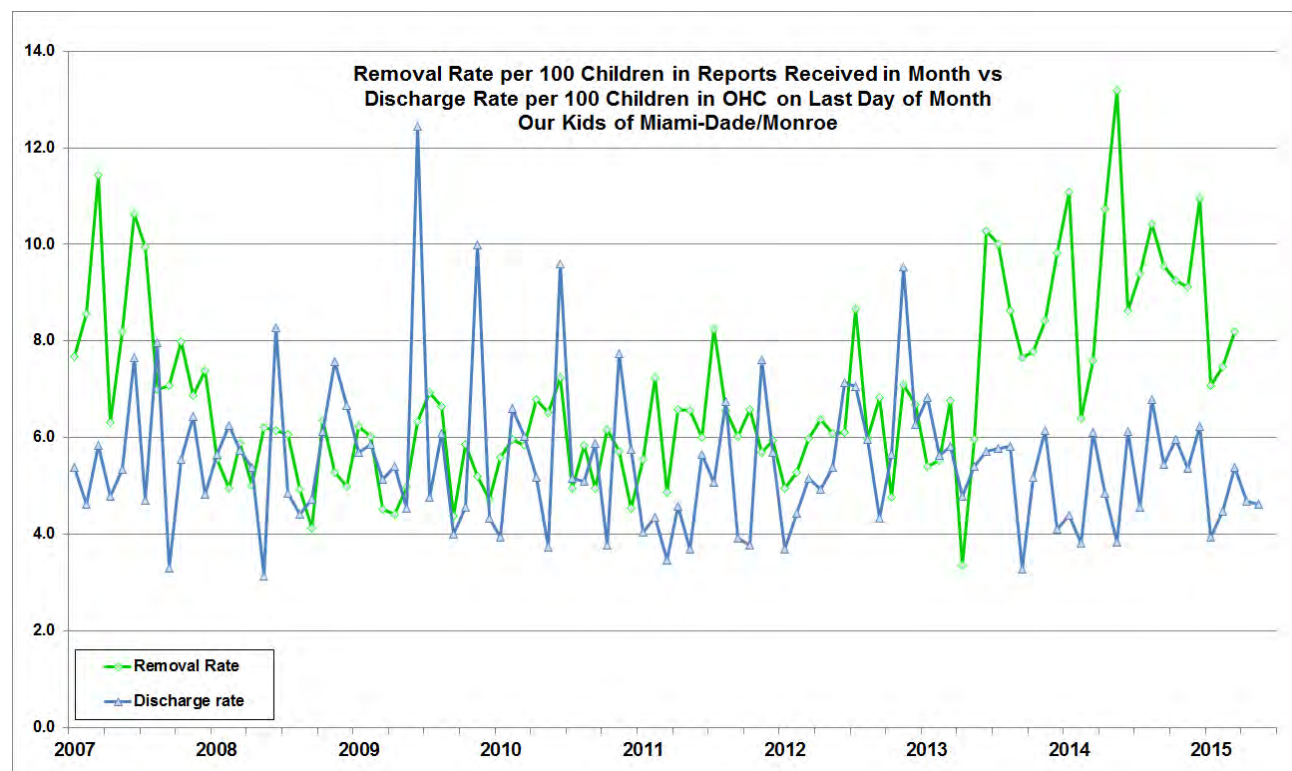


Our Kids of Miami-Dade/Monroe, 2

Removals vs Discharges



Removal Rate vs Discharge Rate





Appendix 4. Out-of-Home Care

Florida Proposed Study of Out-of-Home Care

Florida Proposed Study of Child Placement Trends

Statement of Need

In order to monitor the performance of the system of care during the implementation of the Safety Methodology, the Florida Department of Children and Families (DCF) has reviewed statewide and circuit trends related to active investigations and child placements. Trends in investigations were examined as part of a Child Protection Investigator (CPI) workload analysis. Regarding investigations (based on the DCF report, *Recent Increase in Number of Active Child Protective Investigations*, issued in June, 2015), the following was learned:

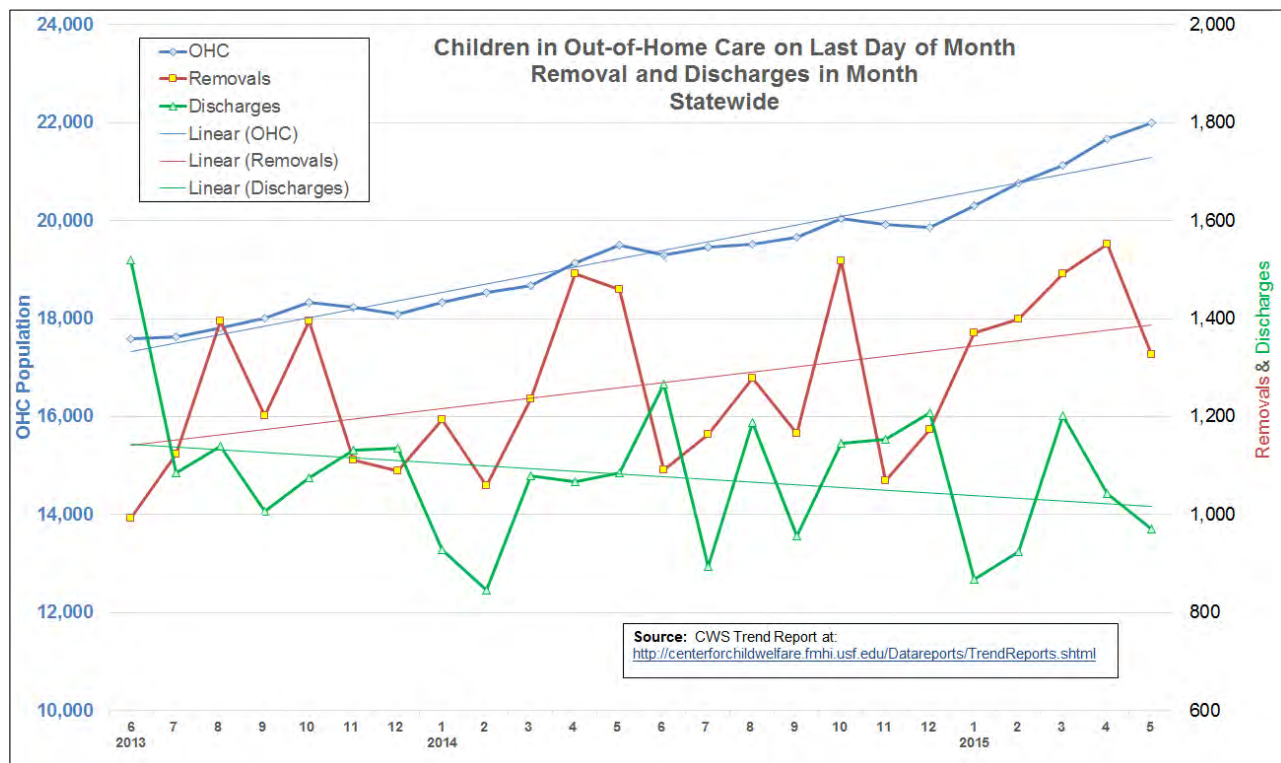
1. The average number of active investigations per CPI has increased since January, 2015.
2. Investigations not completed within 60 days have increased.
3. There has been a decline in the number of alleged victims seen within 24 hours.
4. There is variation across the circuits.

Preliminary analysis of the trends in investigations was conducted in order to identify “root causes” of the observed changes. Some of the factors explored were increases in incoming workload (new investigations), caseworker turnover and vacancies, caseworker inexperience, variation in the implementation of the Safety Methodology, allocation of CPIs by region and circuit that might not be meeting new caseload increases, and workload management from assignment through completion.

Child placement trends were presented in a report entitled, *Community Based Care Lead Agency Trends and Comparisons: Caseloads and Use of Placement Resources* (dated June 26, 2015). The following observations were developed by DCF based on this set of trend data:

1. Sharp increase in removals and out-of-home care (OHC) population over last 24 months
2. The OHC population is now back to the 2008 level
3. The OHC population increase is driven by both an increase in removal rates and a decrease in discharge rates
4. Removal rates and discharge rates are variable across the state, thus geographic targeting of strategies is essential
5. Circuits and lead agencies vary in terms of how often they protect children in their own homes vs. using out-of-home care, which can be more expensive
6. Circuits and lead agencies vary in terms of how often they place children in kinship care versus placing them in a licensed foster care, which is often more expensive.
7. Circuits and lead agencies in terms of how often they place children in foster family homes vs. more expensive group care

The graph below displays three of the trends of interest: 1) out-of-home care, 2) removals and 3) discharges.



Due to the increases in out-of-home care observed statewide since June 2013 and the variations observed across circuits, DCF is interested in expanding this area of inquiry. DCF would like to continue the review and analysis of data available in FSFN and collect additional information from CPIs and other child welfare professionals in the system of care. A more comprehensive approach that includes quantitative and qualitative research methods will provide an opportunity to confirm preliminary reviews and analyses of trend data and gain valuable insights from child welfare practitioners. The development of recommendations based on the information collected and analyzed will be an additional component that will strengthen future actions throughout the system of care to meet the needs of the families served in the child welfare system.

Project Coordination

Casey Family Programs will contract with the Ounce of Prevention Fund of Florida to conduct research activities outlined in this proposal to support these efforts by DCF. The project will be guided by an advisory committee that will be co-chaired by Ginger Griffith of DCF and Dr. Mary Kay Falconer, Senior Evaluator with the Ounce of Prevention Fund with representatives from the DCF Office of Child Welfare Performance and Quality Management team, Casey Family Programs, Community Based Care (CBC) organizations, the medical community, a juvenile court judge, an attorney and the director of the FSU Institute of Child Welfare and others. In addition, Research staff from Casey Family Programs will provide technical evaluation oversight and advice for the study; and Casey Data Advocacy will consult on the use of FSFN data by OUNCE for any special analyses.

Expected Outcomes

1. DCF will better understand the factors that have contributed to increases in out-of-home care, with a special focus on entries statewide and within smaller geographic areas of the state (regions and circuits). (Resources permitting, the project team will examine increases in the number of children in care due to delayed exits from foster care—those youth in care for 2 years or longer, a goal of adoption with parental right terminated.)
2. The research capacity of the DCF Office of Child Welfare Performance and Quality Management team will benefit from participation in this research project. Specifically, by working with the project team, the DCF Office will develop new strategies for exploring the data to address recent trends.
3. The ability of DCF to collaborate with child welfare system partners to develop and focus resources efficiently will be strengthened in light of the research findings.
4. The development of recommendations to safely address increases in the number of children in out-of-home care will guide next steps for improving the system of care.

Research Questions to be Addressed

What are some of the root causes and systemic factors in Florida in the last 24 months that are related to increased numbers in out-of-home care?

What strategies can be adopted by DCF, CBCs and other partners to safely address the number of children in out-of-home care and improve the system of care?

Research Plan

Research Methods to be Employed

1. Review evaluation documents available for two other states that have implemented a practice model similar to the *Action for Child Protection Model* and examined changes in out-of-home care after implementation. If significant changes in child placements occurred in these states after implementation of the practice model, this review would inquire if there were recommendations developed to address these changes. Appropriate contacts in child welfare agencies or departments in the two states will be interviewed for this review.
2. Review Action for Child Protection's and Children's Research Center case reviews that were recently completed for DCF to compile added insights about the appropriateness of worker decision-making and if the application of practice is in any way a factor in the rising number of out-of-home care placements.
3. Conduct an analysis of entries to out-of-home care in Florida in the past 24 months using quantitative and qualitative research methods to identify root causes and systemic factors that have had an impact on increases in out-of-home care placements. (Resources permitting, the project team will examine increases in the number of children in care due to delayed exits from foster care.)

a. Quantitative Methodologies/Analyses (Data source: FSFN)

- 1) Continue review of trend reports by regions, circuits and CBCs available on the Center for Child Welfare website.
- 2) Based on the availability of data, conduct multivariate statistical analyses (multiple regression, latent class analysis or cluster analysis, for example) that include possible factors related to levels of in-home/out-of-home cases by region and selected circuits. Potential categories of factors include but are not limited to the following:
 - a) Assessments (present and impending danger, family functioning assessments)
 - b) Safety plans (completed/not completed within expected time frames and level of sufficiency)
 - c) Professional experience of CPIs (length of time employed as CPI, length of time implementing Safety Methodology), using data obtained through DCF's Human Resource Data System
 - d) Safety management service capacity (in-home and out-of-home care available), using county data obtained through the *Florida Child Welfare Services Gap Analysis* (conducted by USF and funded by Casey Family Programs in April 2014) and a Service Array Survey of CBCs conducted by DCF in December 2014.
 - e) CPI workload/ service capacity and possibly some measure of the quantity/ quality of training, coaching and consultation received by CPIs and CPI supervisors to support them in learning and applying the new methodology

Note that while the analysis focuses on factors related to the increase in out-of-home care, the list of potential categories above all relate to the front end of the system, not the back end. This reflects the primary focus of the study. As mentioned above, if time and staffing resources permit, the project team will add potential categories related to exits.

Table 1. Data Source Table

| Data Category | Specific Data Items | Source |
|--|--|--------|
| Assessments (PDA, IDA, and FFA) | Dates Completed Items or danger threats specified; specific content included in FFA domains | FSFN |
| Safety Plans | Dates Completed/Amended Items identified as appropriate for this analysis | FSFN |

| Data Category | Specific Data Items | Source |
|------------------------------------|---|---|
| CPI Experience and Workload | Date Hired as CPI Date started Implementing SM Workload/service capacity Training/Coaching | DCF Internal Human Resource Data |
| Safety Management Services | Number of Programs/Providers Capacity | Service Array Survey of CBCs (December 2014) Gap Survey (USF, Casey Family Programs, April 2014) |

b. Qualitative Methodologies (Focus Groups with CPIs, CPI supervisors, case managers, case manager supervisors, Children’s Legal Services (CLS) attorneys, CBC Operational Managers, dependency court judges and other key child welfare professionals by region/selected circuit)

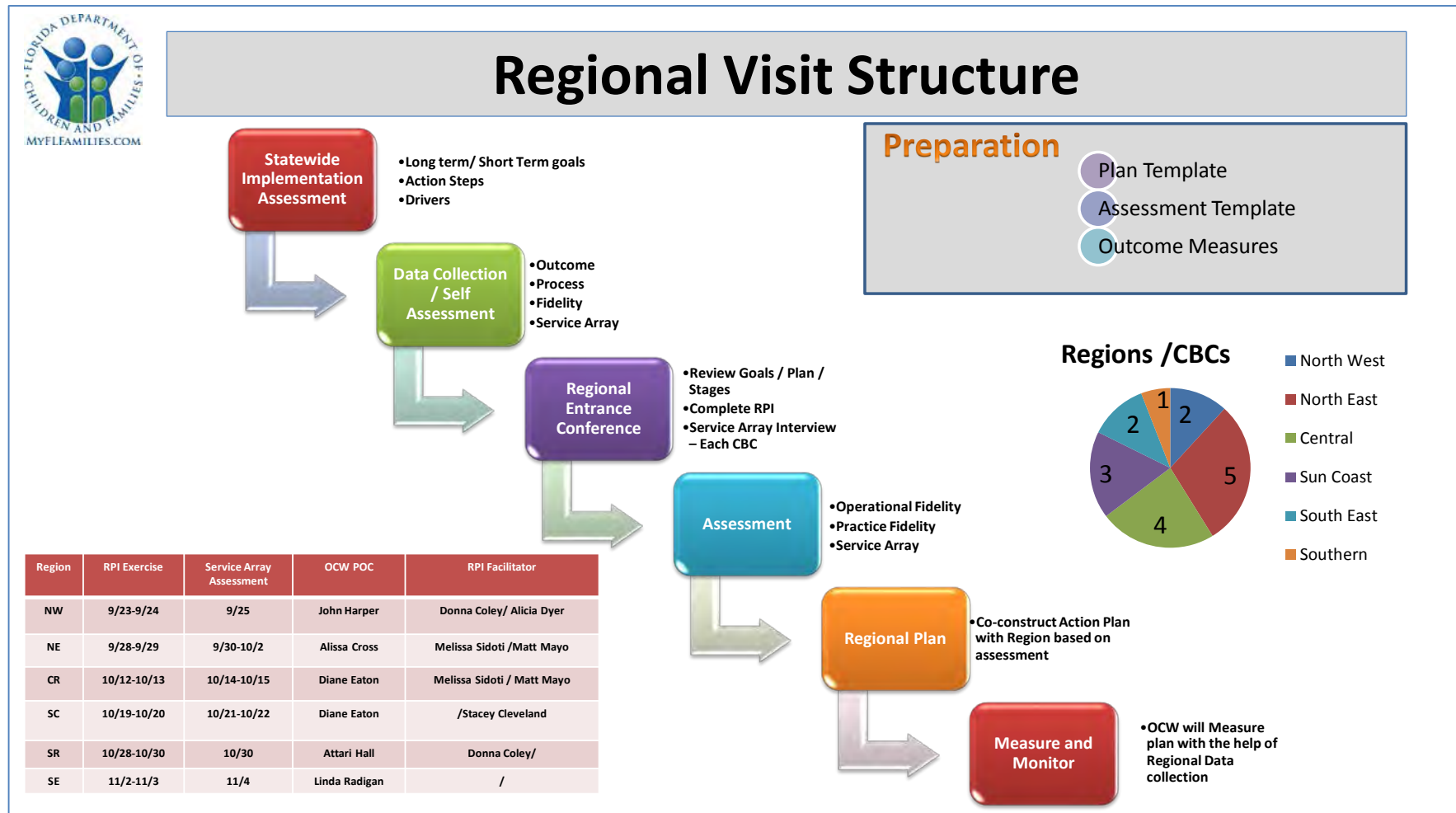
- 1) Develop questions for the qualitative methodologies that will provide a basis for identifying policy or practices that are believed to have increased levels of out-of-home placements by region/selected circuit and formulating recommendations to safely reduce the number of out-of-home cases by DCF region/circuit:
 - a) Based, in part, on the reviews listed above and the quantitative analysis findings
 - b) Based on input from the DCF advisory committee described above that will be formed for the coordination of this project
- 2) Select a representative group of participants for the focus groups for six regions and selected circuits consisting of CPIs, case managers, Children’s Legal Services (CLS) attorneys, judges and other key child welfare professionals. Guidelines for selection of focus group participants will be shared in order to ensure a broad representation of child welfare professionals in their practice experience. Conduct Webinar focus groups in each of the six DCF regions.
- 3) Conduct additional focus groups in circuits that are identified as having unique trends related to out-of-home care.
- 4) Time permitting, include a focus group with Hotline counselors and supervisors.
- 5) If needed, conduct an online survey of dependency court judges, and of CPIs, case managers and their supervisors since more feedback would be received and possibly more honest responses due to anonymity

Project Activities, Deliverables and Time Fame

The following table illustrates the anticipated timeline for the completion activities related to this project.

| Project Timeline | | | | | | |
|---|-------------|-------------|------------|------------|------------|-------------|
| | 2015 | | | | | 2016 |
| Activities | Aug | Sept | Oct | Nov | Dec | Jan |
| Formation of a project advisory committee | | | | | | |
| Advisory Committee meeting | | | | | | |
| Quantitative analysis | | | | | | |
| Develop focus group protocols | | | | | | |
| Recruit focus group participants | | | | | | |
| Conduct focus groups | | | | | | |
| Generate a thematic analysis from focus group data by region/circuit | | | | | | |
| Submit a final report that is co-authored with the DCF Office of Child Welfare Performance and Quality Management team that documents the purpose, research design, methodologies, results of root cause analysis of the increase of children entering out-of-home care and recommendations related to policy, practice, and resources. | | | | | | |
| Report Draft for review by the DCF leadership, project Advisory Committee, and Casey Family Programs staff (December 15, 2015) | | | | | | |
| Final Report (January 15, 2016) | | | | | | |

Appendix 5. Regional Site Visits



Critical Incident Rapid Response Team Advisory Committee 2015 Annual Report



Mike Carroll
Secretary

Rick Scott
Governor

Mission: 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

**Florida Department of Children and Families
Critical Incident Rapid Response Team
Advisory Committee Report
October 2015**

I. Background

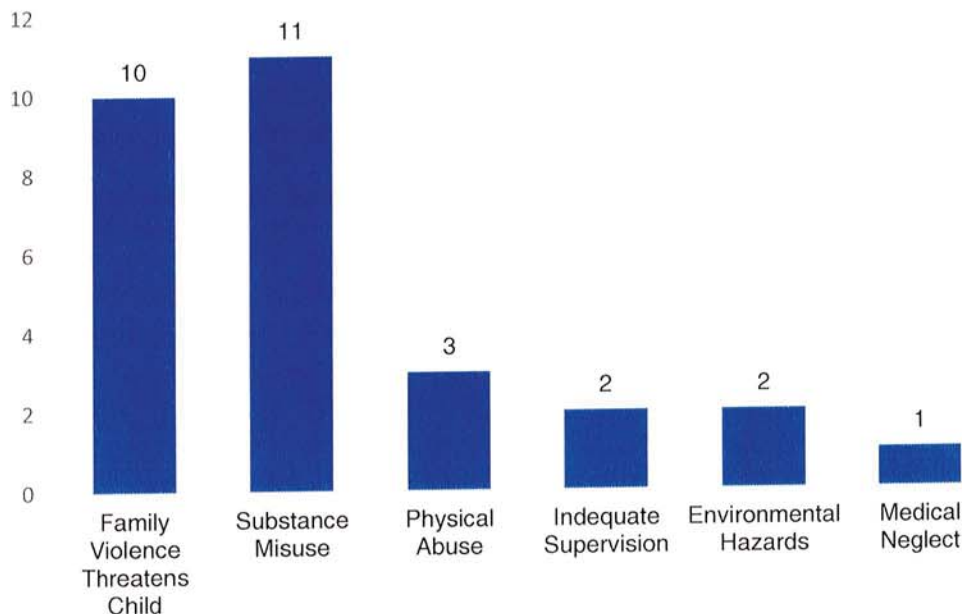
In 2014, the Florida Legislature passed Senate Bill 1666, establishing requirements for creating a Critical Incident Rapid Response Team (CIRRT), effective January 1, 2015. Section 39.2015, Florida Statutes, requires:

- An immediate onsite investigation by a critical incident rapid response team for all child deaths reported to the Department if the child or another child in his or her family was the subject of a verified report of suspected abuse or neglect during the previous 12 months.
- The investigation shall be initiated as soon as possible, but no later than two business days after the case is reported to the Department.
- Each investigation shall be conducted by a multiagency team of at least five professionals with expertise in child protection, child welfare, and organizational management. The majority of the team must reside in judicial circuits outside the location of the incident. The Secretary is required to assign a team leader for each group assigned to an investigation.
- A preliminary report on each case shall be provided to the Secretary no later than 30 days after the investigation begins.
- The Secretary may direct an immediate investigation for other cases involving serious injury to a child and those involving a child fatality that occurred during an active investigation.
- The Secretary, in conjunction with the Florida Institute for Child Welfare, is required to develop guidelines for investigations and provide training to team members.
- The Secretary shall appoint an advisory committee made up of experts in child protection and child welfare.

II. Purpose

Critical Incident Rapid Response Teams provide an immediate, multiagency investigation of child deaths that meet the statutory criteria for review or other serious incidents at the Secretary's discretion. Investigations are conducted in an effort to identify root causes, rapidly determine the need to change policies and practices related to child protection, and improve Florida's child welfare system.

Maltreatment of Most Recent Prior Verified Report



Of the 30 child fatalities reviewed by CIRRTs as of September 2015, domestic violence and substance misuse were the main maltreatments on the most recent verified report prior to the death report. Although mental health issues are not considered a maltreatment, untreated mental health issues are often found to be co-occurring.

n=30

III. CIRRT Process

To begin conducting CIRRT reviews, the Department of Children and Families (DCF) began actively recruiting staff from partnering agencies in November 2014. Training has been offered throughout the state every three months. More than 200 professionals with expertise in Child Protection, Domestic Violence, Substance Abuse and Mental Health, Law Enforcement, Children's Legal Services and the Child Protection Team have been trained on the process. Training consists of one day of specialized training on the new child welfare practice for our external partners, along with two additional days for the specialized CIRRT training.

Advanced training was developed and provided for individuals identified as report writers and team leads. In addition, a specialized one-day training was created for the Child Protection Team Medical Directors in order to meet the statutory requirement effective July 1, 2015, requiring Medical Directors to be on all CIRRT teams (s.39.2015(3), F.S.).

Individuals trained include the following areas of expertise:

| Expertise | Trained |
|--|---------|
| Child Protective Investigations (DCF) | 58 |
| Child Protective Investigations (Sheriff's Office) | 7 |
| Florida Abuse Hotline | 3 |
| Community Based Care Lead Agency (CBC) | 40 |
| Case Management Organization (CMO) | 5 |
| Domestic Violence | 15 |
| Substance Abuse/Mental Health | 37 |
| Children's Legal Services | 25 |
| Law Enforcement | 2 |
| Department of Health | 3 |
| Healthy Start | 1 |
| Child Protection Team | 17 |

Team Composition

Each team deployed is comprised of individuals with expertise in the appropriate areas, as identified through a review of the family's prior history with the child welfare system. The team leader is responsible for guiding the process throughout the duration of the review.

Team Assignment

In March 2015, the Department began utilizing Everbridge, an automated notification system, for CIRRT deployments. This emergency notification system enables blast notifications to be sent to all potential team members. Once activated, the system will continue sending notifications until a reply is received from each possible team member who has been notified. Utilizing the system enables the coordinator to quickly assemble teams based on the expertise needed for the case.

Report Format

All reports are written using a standardized template and include the following:

Executive Summary – The executive summary provides a brief overview along with a summary of the findings.

Introduction – This section provides a brief summary of the current situation, including the circumstances that led to the deployment of the team.

Child Welfare Summary and Genogram – The child welfare summary provides a brief description of the family's history with the child welfare system and provides an analysis of the prior reports, criminal history, and child welfare services. The genogram provides a pictorial display of family relationships and the family system.

System of Care Review – The system of care review is designed to provide an assessment of the child welfare system's interactions with the family and to identify issues that may have influenced the system's response and decision-making. The review team identifies areas of strength as well as opportunities for improvement within the child welfare system in three main categories: practice assessment, organizational assessment, and service array.

- Practice assessment – The practice assessment examines whether the child welfare professionals' actions and decision-making regarding the family were consistent with the Department's policies and procedures.
- Organizational assessment – This section examines the level of staffing, experience, caseload, training and performance as potential factors in the management of the case.
- Service array – The service array section assesses the inventory of services within the local child welfare system of care where the family's case originated.

In addition, the report may include an immediate operational response section that addresses what, if any, immediate actions were taken by DCF/CBC leadership in response to the case. There also is a section for system issues if systemic issues were identified.

Review Expanded to all Child Fatalities

In addition to the mandated CIRRT reviews of cases with prior history and verified findings in the 12 months preceding the child's death, Secretary Mike Carroll issued a directive in January 2015 that all child fatalities be formally reviewed with data collected on a core set of data elements across all types of review. This directive has subsequently been codified into department operating procedure. It requires quality assurance reviews on cases that involve families with prior child welfare history within the previous 5 years preceding the child's death regardless of findings. These reviews use a tool and process that mirrors the CIRRT review process. Cases that involve families with no prior history for the 5 years preceding the child's death would require a limited review to be conducted by the region's child fatality prevention specialist. Data collected across all review types would be entered into a standard database for further analysis and review. Reviews conducted as a result of a child fatality (regardless of the type of review completed) are posted for public review of the state's Child Fatality Prevention site. These reports are redacted according to statute.

CIRRT Advisory Committee Appointments

The advisory committee is required to include the Statewide Medical Director for Child Protection under the Department of Health, a representative from the Florida Institute for Child Welfare established pursuant to s.1004.615, F.S., an expert in organizational management, and an attorney with experience in child welfare. The current committee is as follows:

| Name | Title | Agency | Committee Role per s. 39.2015(11), F.S. | Region/City |
|-------------------------|---|--|---|----------------------------|
| Patricia Babcock, Ph.D. | Interim Director | Florida Institute for Child Welfare | Representative from the Institute | Statewide/ Tallahassee |
| Dr. Walter F. Lambert | Interim Statewide Medical Director for Child Protection | Department of Health/ University of Miami Child Protection Team | Statewide Medical Director for Child Protection | Statewide/ Miami |
| Lynne Drawdy | Master Examiner and Chair of the Examination Committee | Department of Health/ Sterling | Expert in Organizational Management | Central/ Orlando |
| Marquita Green | Senior Attorney | Court Education, Office of State Courts Administration | Attorney with experience in child welfare | Northwest/ Tallahassee |
| April Lott | President and CEO | Directions for Living | Substance Abuse and Mental Health expert | Suncoast/ Clearwater |
| Kelley Parris | Executive Director | Children's Board of Hillsborough County | Children's Services Council representative | Suncoast/ Tampa |
| Lorita Shirley | Chief of Program Services | Eckerd Community Alternatives | Community-Based Care Lead Agency | Suncoast/ Clearwater |
| Dr. Robin Perry | MSW Associate Professor | Florida A&M University, Department of Social Work | Academia Representative | Northwest/ Tallahassee |
| Dr. Diane Clarke | Chief Operating Officer | Operation PAR | Substance Abuse expert | SunCoast/ Pinellas Park |

The advisory committee first met on May 26, 2015, in Tampa and then again on August 26, 2015. The focus of the advisory committee is identification of statewide systemic issues that will then be used to help inform statute, policy and practice changes. Much of their early work has focused on the refinement of the review tools and identification of consistent data elements to be used for further review and analysis. Local review teams led by DCF Regional Managing Directors have been convened in each jurisdiction to review CIRRT findings and develop any immediate corrective action steps necessary.

Infusion of Data Analytics and Technology

The Department is working to improve and update technology, moving away from a manual tracking system of child fatalities to a system that allows for consistent data collection statewide. Qualtrics, a software data collection program, was purchased to gather demographic and qualitative information on all child fatalities reported to the Florida Abuse Hotline. The advisory committee had extensive input into the development of the Qualtrics tool and the data to be collected by the review teams.

For the first time in the Department's history, consistent data is now being collected on all child deaths known to the child welfare system using a standardized approach. There are a total of 73 questions electronically posed for each child fatality. Each question can generate up to 20 responses per question per review. Qualtrics can then be used to produce charts and graphs for greater in-depth analysis.

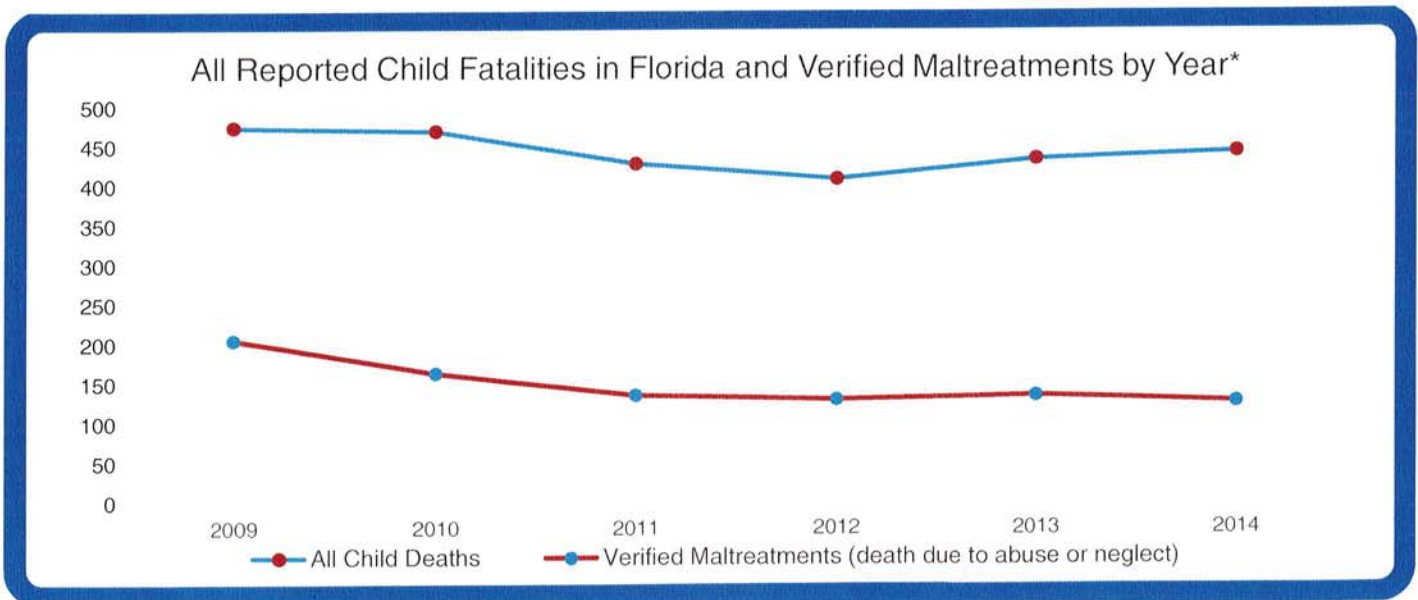
Minimum requirements were established that apply to all child fatalities that come to the attention of the Department or a contracted CBC/CMO provider. These requirements are in an ongoing effort to:

- Prevent child fatalities
- Apply lessons learned from past fatalities
- Improve safety and risk assessments to maintain the safety of children during protective investigations and/or case management services
- Further support transparency and accountability with the comprehensive release of information and data regarding child fatalities.

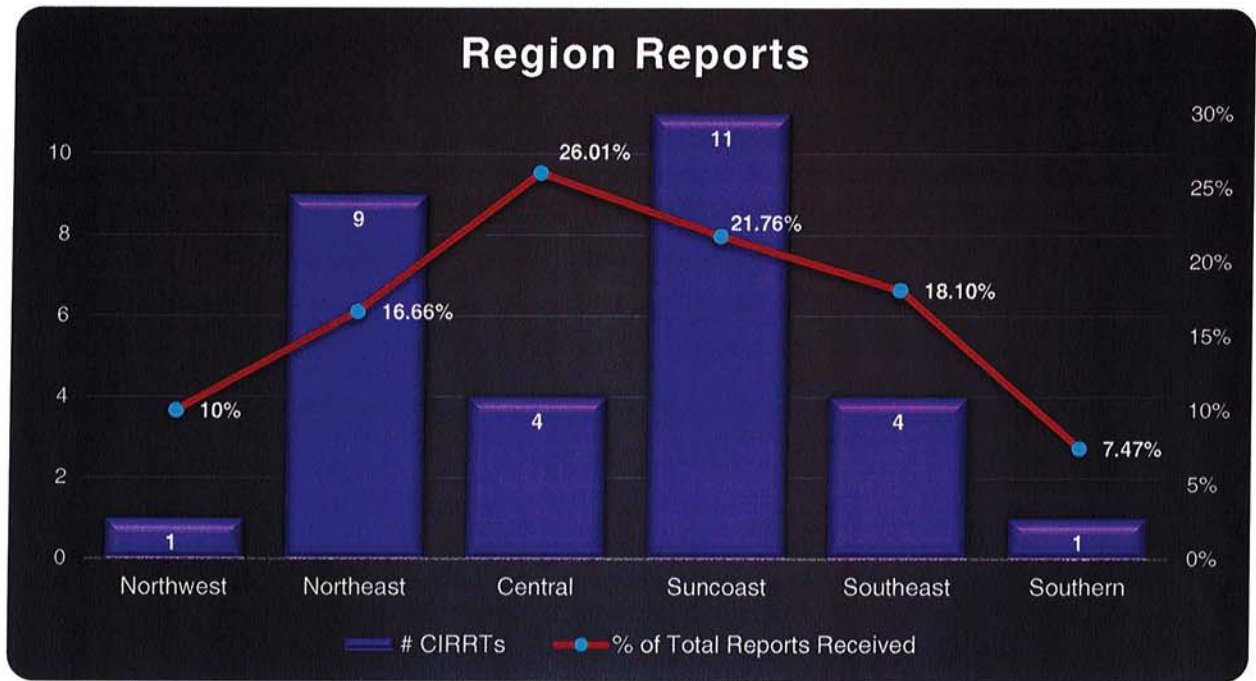
In addition, the Department has recently begun using Tableau Software. Tableau is an application that allows users to create a visual representation of their data that provides for simple comparison, analysis and insight. It also has a dashboard capacity that allows sharing of critical information with staff at all levels of an organization, at their level of organizational need. Separate dashboards can be created to meet the needs of frontline staff and supervisors, through executive leadership.

Review of Child Fatality Data

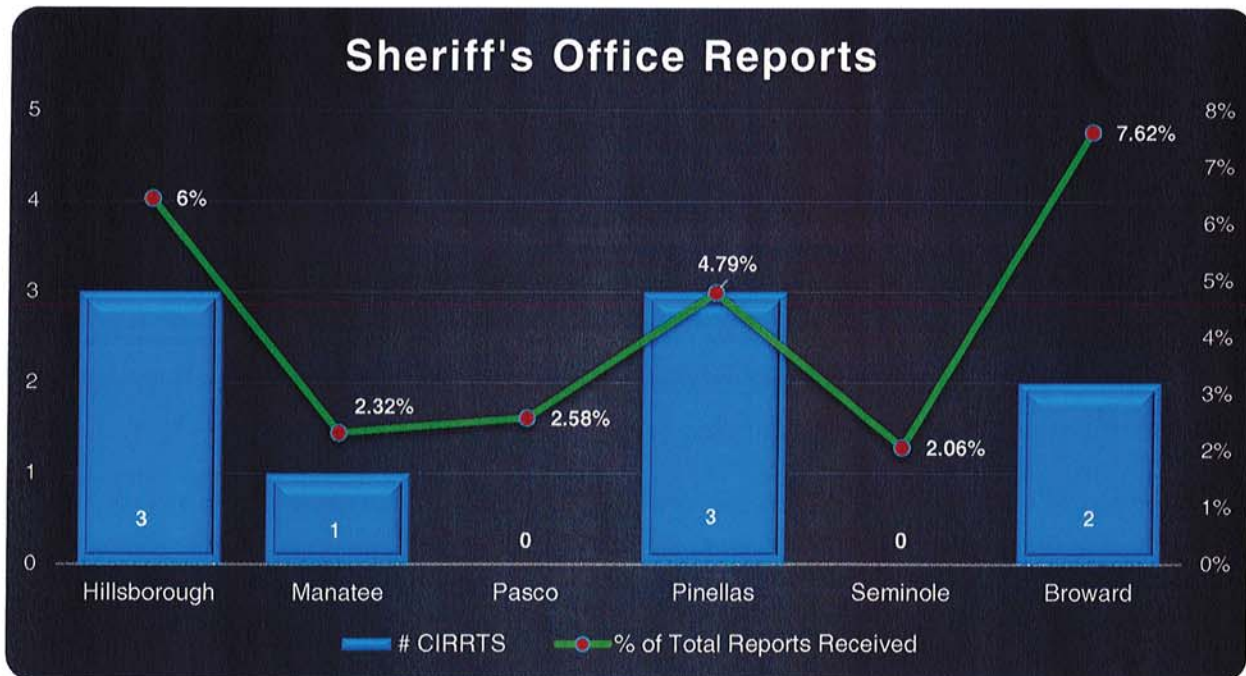
Overall, child deaths in the State of Florida typically involve a child age 3 or younger and involve a variety of different manners of death, ranging from unsafe sleeping, drownings, natural causes, inflicted traumas, SIDS/SUID, and accidental trauma.



*Data from DCF's Child Fatality Website (www.myflfamilies.com/childfatality)

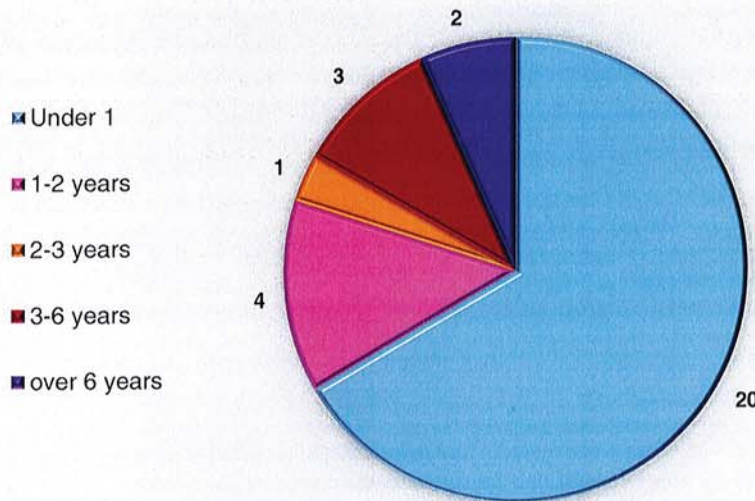


Since January 1, 2015, the Department has deployed 30 CIRRTs across the state.



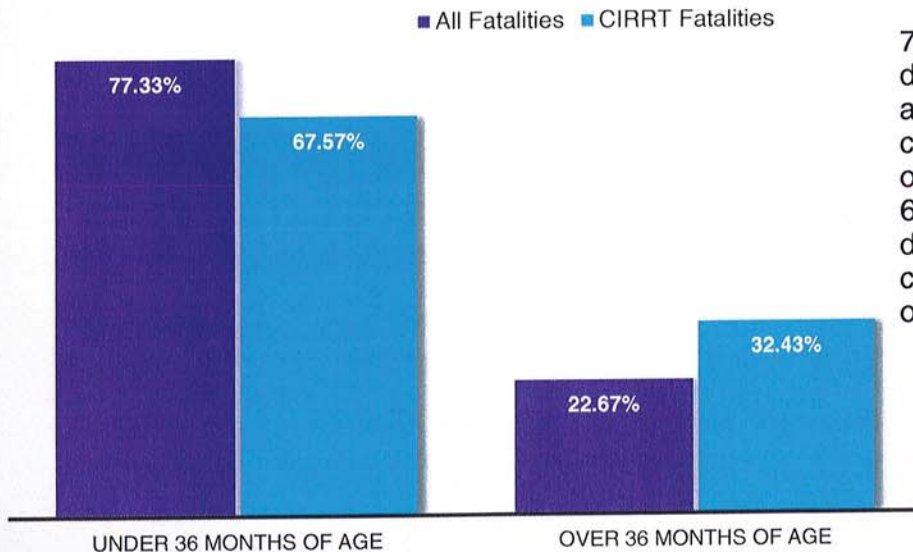
Nine CIRRT deployments involved areas where child protective investigations are conducted by Sheriff's Offices.

CIRRTs by Age of Victims



93% of all CIRRT deployments have involved a child less than 6 years old.

Age at Time of Fatality



77.3% of all child death reports received at the Hotline involve children under the age of 3.
67.57% of all CIRRT deployments involve children under the age of 3.

Causal Factors for Fatalities on Closed Investigations January-September 2015

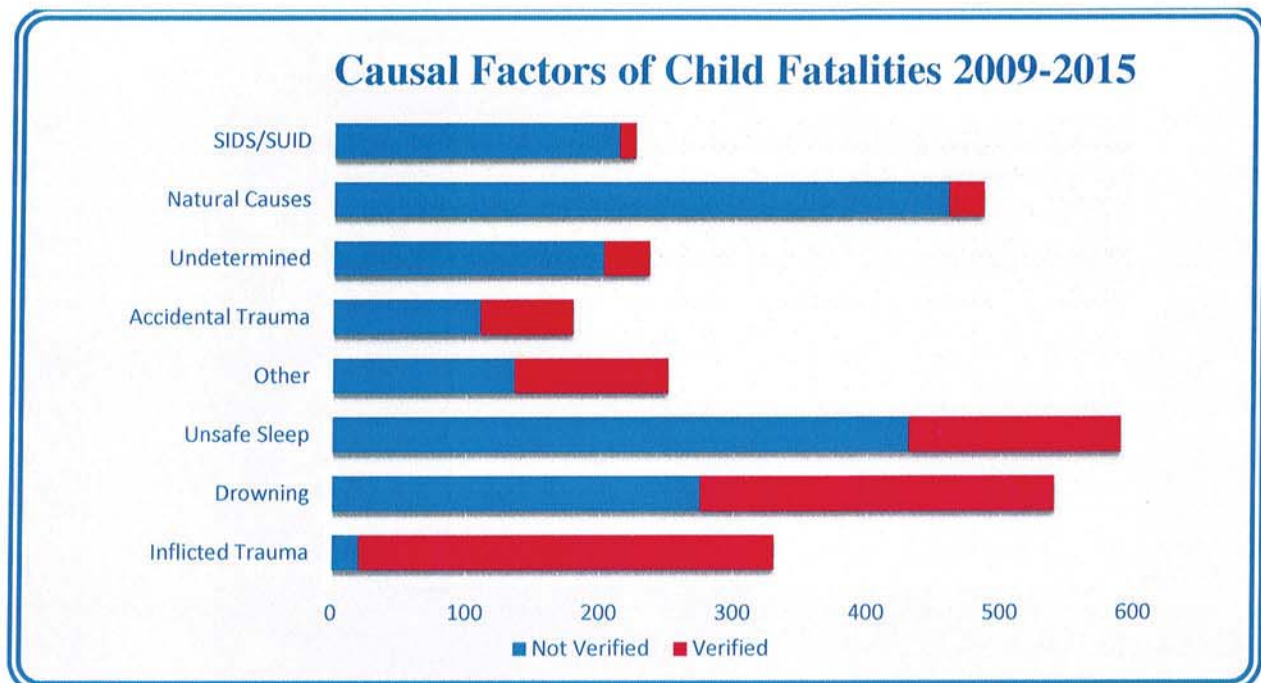


Of the 108 closed child fatality investigations that were received between January 1, 2015 and September 30, 2015, the four primary causal factors were Natural Causes, Unsafe Sleep, SIDS/SUID and Drowning. However, there are still 249 child fatality investigations received during the same time period that remain open, which, when finalized, will impact the overall numbers and causal factor sequencing. Cases that were closed with verified findings of death maltreatment were based on the actions or inactions of the caregiver.

Casual Factors for CIRRT Case Fatalities on Closed Investigations January-September 2015



Between January 1, 2015 and September 30, 2015, there were a total of 30 cases that met the statutory criteria for CIRRT deployment. Of the 30 deployments, 16 (just over half) of the investigations involved children age 1 year or younger who were found unresponsive in their crib/bassinet or after sleeping with an adult caregiver and/or siblings. Although the primary causal factor noted at this time is Natural Causes, it is reasonable to expect an increase in the deaths attributed to unsafe sleep and possibly drowning.



Between 2009 and 2015, the four leading causal factors of child fatalities reported to the abuse hotline were Unsafe Sleep (589 deaths), Drowning (486 deaths), Natural Causes (480 deaths), and Inflicted Trauma (304 deaths).

Although maltreatment findings were noted to be appropriate for the majority of the investigations, the investigations with a causal factor of SIDS/SUID and several of the investigations with a causal factor of “Undetermined” were inappropriately closed with a verified finding of the death maltreatment. In those cases, the findings were based solely on the surrounding circumstances (e.g., possible unsafe sleep environment, bedding or position, etc.) as opposed to the medical examiner’s finding of fact. The Department’s ability to verify a death maltreatment is contingent upon the findings of the medical examiner. If a medical examiner does not identify a specific cause of death, the death maltreatment cannot be verified.

In addition, there were four Inflicted Trauma investigations that were closed with no indicators of maltreatment as opposed to “No Jurisdiction”. In three of those cases, the individual responsible for the fatalities was not a caregiver of the child, and the fourth case involved a death of a child as a result of an incident that occurred in another state.

Emerging Themes

The CIRRT reports have identified emerging themes in each of the three main categories:

Practice Assessment

- Child protective investigators continue to struggle with gathering, reconciling and analyzing information regarding families.
- In many of the cases, information sharing between agencies serving the same families was not timely or thorough.
- A lack of adequate safety planning to control identified danger threats was a common theme.

Recommendation: A more involved process evaluation associated with information collection, dissemination and analyses should be conducted in those areas or units where these themes are identified and validated as an issue. It is important to determine if the same practice themes are manifested (or reported) in closed cases within the past 12 months for which there is no child fatality. Toward this end, it may be of value to engage in more critical statistical analyses using cohorts of cases for which maltreatment was verified within the previous 12 months to identify if themes denoted with CIRRT cases (where there is a child death) are paralleled with non-CIRRT cases. These analyses will help determine whether a systemic or more targeted administrative interventions are needed to address practice assessment themes/issues.

Organizational Assessment

High turnover and the lack of an experienced workforce of both child protective investigators and case managers are common themes in the majority of the CIRRT reports.

Recommendation: A detailed analysis of this theme needs to take place so that there can be an identification of the representative validity of this theme associated (qualitatively) with CIRRT cases to non-CIRRT cases. This may be a general theme throughout the child welfare system and not a specific contributing factor associated with child fatalities, but it needs to be more rigorously studied. Further, there needs to be a more specific itemization of the factors associated with the recruitment and turnover of competent workers within the state of Florida that administrative interventions could target.

Service Array

Lack of identification of appropriate services and matching families to the appropriate level of service intervention were identified as issues. Failure to staff cases when families stop cooperating or fail to engage in services is an area needing improvement.

Recommendation: Given that these themes have been identified with CIRRT cases only, it may be that these themes are contributing factors to the system's ability/inability to prevent select child fatalities or the discrete choices of staff and supervisors when deciding how and when to intervene or continue with protective interventions with select cases/families. Further analysis will need to be conducted. In addition, the Department needs a process to accurately identify and track how many families have received Substance Abuse and Mental Health treatment. Conducting a thorough service mapping throughout the state will be explored.

Immediate Operational Response

Although continued collection and analysis of findings and data are needed, some statewide and local actions have already been implemented. The Spirit CIRRT identified issues around inadequate assessments of the family's extensive history with the child welfare system, and the following actions were taken:

- All staff who handled the case were required to repeat the eight days of Safety Methodology training.
- Expanded consultative reviews were completed on all open child protective investigations for children ages 3 and under in Dixie and Gilchrist counties and on 272 additional cases throughout the state that were identified as having chronic, longstanding family history.
- Statewide, all Child Protective Investigators (CPIs) were required to complete 12 hours of training focused on assessing the family's child welfare history.
- Secretary Carroll and Assistant Secretary of Child Welfare Thomas conducted face-to-face meetings with field staff in each Region to emphasize the importance of the Department's mission and to stress that frontline staff are often a child's last best hope.
- Practice experts were required to conduct monthly consultations with Child Protective Investigator Supervisors and CPIs to help them better understand patterns of behavior and current conditions.
- Policy was established requiring review by practice experts of 100 percent of cases meeting the Rapid Safety Feedback (RSF) requirements. RSF review is required when cases have certain high-risk factors.

One of the issues identified in the JonChuck case was the Hotline's failure to accept for investigation a report alleging a caregiver was exhibiting signs of significant mental health issues while caring for a child. In response, the Department took the following actions:

- Policy was immediately implemented to require the Florida Abuse Hotline Counselors to accept reports alleging inadequate supervision when a caregiver is exhibiting signs of active mental health issues and to code them as an immediate response priority when the circumstances present are significant, clearly observable and actively occurring. In addition, the hotline will transfer the call to the appropriate law enforcement agency and request a well-being check of the child.
- The Maltreatment Index (Operating Procedure 175-28) was updated to allow for the presence of obvious mental health symptoms to more easily be categorized as problematic and, therefore, accepted by the Florida Abuse Hotline for the purpose of investigation.
- With the assistance of the Department's Substance Abuse and Mental Health Office, a series of services questions were developed to be used by hotline counselors and child protective investigators to assist in assessing whether a caregiver's mental health issues may be impacting the caregiver's capacity to provide care to a child.

Local responses have included establishing new CPI leadership teams and development of more robust multidisciplinary protocols to enhance communication and collaboration. Assistant Secretary of Operations Abrams has required that local action plans are developed for each CIRRT.

Issues related to implementation of Florida's new child welfare practice have been a common theme in the majority of CIRRT reviews. In response to this, the Department has established a process to embed practice experts in each region to provide necessary decision-making support to frontline staff. A total of 38 existing positions were identified statewide to become Critical Child Safety Practice Experts (CCSPE) positions. In July 2015, the Department contracted with Action for Child Protection to administer a proficiency process that was established to ensure Critical Child Safety Practice Experts are subject matter experts in the new safety practice model and have the knowledge, skills and abilities necessary for case analysis and feedback. This process identifies a broad set of proficiency areas in the safety methodology, case consultation, feedback and training.

The Office of Child Welfare will continue to work with SAS and North Highland to develop additional advanced analytics models to study maltreatment risk among the children known to the Child Welfare system. The work conducted so far has analyzed actual case data over five years to quantify the risks that children face and to understand how the agency can make policies and improve practice to mitigate, and where possible, remove those risks. Future work will include a strategy to incorporate analytics into daily practice to provide data-driven insights to child welfare workers in the field so they can make more informed decisions, resulting in better outcomes for children.

Next Steps

Throughout deployments and with input from the statewide CIRRT advisory committee, additional qualitative data elements have been identified. Efforts to collect this data from prior CIRRTs and from other, similar reviews should be continued and entered into Qualtrics. Where possible, data collected through other qualitative reviews, such as 2nd level reviews and Rapid Safety Feedback reviews, should be used to compare trends and emerging themes.

Although analysis of the initial data collected provided some preliminary insights into root causes of child deaths in Florida, there is currently not sufficient data available to inform system changes. As additional data is collected over the coming months, the advisory committee will focus on developing an analysis plan to determine trends, projections, and cause-and-effect relationships that might not otherwise be evident. This analysis will be used to propose and validate policy and practice changes.



Child Protective Investigator and Child Protective Investigator Supervisor Educational Qualifications, Turnover, and Working Conditions Status Report

ANNUAL REPORT

Department of Children and Families

Office of Child Welfare

October 1, 2015

Mike Carroll

Secretary

Rick Scott

Governor

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Purpose

The information provided within this report is designed to meet requirements contained within section 402.402(3), Florida Statutes (F.S.), which requires the Florida Department of Children and Families (Department) to provide a status report to the Governor and Legislature as to the educational qualifications, turnover rates, and working conditions for the Department's child protective investigators, child protective investigator supervisors and other child protective investigative staff.

This report includes recent information related to the Department's full time equivalent (FTE) child protective investigation positions within the areas of:

- Child protective investigative minimum qualifications, base pay and position descriptions;
- The distribution of child protective investigative positions across the six Department Regions and allocation of child protective investigative positions across the four child protective investigation class titles;
- The percentage of vacant child protective investigative positions;
- The monthly average number of new cases being assigned to all Child Protective Investigator and Senior Child Protective Investigator positions;
- The average number of Child Protective Investigators and Senior Child Protective Investigators supervised by Child Protective Investigator Supervisor – SES staff;
- Turnover rate for all child protective investigative positions;
- General educational information for all child protective investigative positions; and
- Employee satisfaction, opinion and concerns survey results.

Background

General Statutory Requirements

Chapter 39, F.S. establishes requirements that Child Protective Investigators respond to and make determinations as to the overall validity of allegations of child abuse, abandonment or neglect. Child Protective Investigators are also required to assess the overall safety and well-being of children, initiate the removal of children (if needed) and assist in the linkage of families to appropriate in-home services that are designed to help stabilize the family while helping to improve the overall safety and well-being of the child.

Department of Children and Families and Sheriff Office Investigations

In support of these statutory requirements the Department currently conducts child protective investigations in 61 of Florida's 67 counties. Sheriff's Offices perform child protective investigations in the remaining six counties (Broward, Hillsborough, Manatee, Pasco, Pinellas, and Seminole) under grant agreements with the Department. Unless otherwise specified, all information contained within this report addresses Department child protective investigative positions only.

Child Welfare Practice Model Transition

Over the last 2 ½ years, the Department has transitioned its Child Welfare Practice to emphasize the engagement and empowerment of parents and caregivers while helping to ensure the overall safety and well-being of the child through the use of a uniform safety decision-making methodology and standardized risk assessment tools. The Child Welfare

Practice Model allows for the creation of a standardized and comprehensive child protective investigative environment by establishing a:

- Common language for assessing child safety and well-being for both child protective investigators and Community Based Care case managers;
- Standardized framework by which all children are identified as being in a potentially unsafe environment;
- Common set of constructs that guide the development and maintenance of safety intervention strategies for those children that are identified as being in an unsafe environment; and
- Common framework for the identification of potential child safety issues that can then be integrated into the caregiver's case plan so as to ensure that efforts are made to address all of the core issues that are diminishing the caregiver's ability to fully protect the child.

The key to successful implementation of the Child Welfare Practice Model is to ensure that all of Florida's child welfare professionals have the skills and supervisory support needed to properly assess families and evaluate child safety issues through the consistent application of the Child Welfare Practice Model and accompanying tools. The Child Welfare Practice Model has required the Department's workforce to function differently as the state's child welfare system transitions away from a primarily incident driven safety assessment model to a model that guides the Department's workforce to gather more information about children and family dynamics, child and adult functioning and information on parenting styles and discipline techniques.

Child Protective Investigator Positions

Child Protective Investigator Minimum Qualifications, Base Pay and Position Descriptions

Current minimum qualifications for all child protective investigative positions require an applicant for employment to:

- Hold a current valid State of Florida driver's license;
- Have completed a bachelor's degree from an accredited college or university with a preference given to degrees in social work, behavioral science, nursing or education;
- Be in possession of a current Florida Child Protection certification for any senior or supervisory child protective investigation position or in the case of a Child Protective Investigator be able to successfully complete the Florida Child Protective Investigation certification requirement within twelve months of being hired.

The Department has divided child protective investigative positions into four class titles. These class titles and annual base salary for each of the classes are:

- Child Protective Investigator-\$39,600;
- Senior Child Protective Investigator-\$41,500;
- Child Protective Investigator – Field Support Supervisor-\$46,900; and
- Child Protective Investigator Supervisor – SES- \$49,200.

Table 1 provides a full review of the base pay, general job description and minimum qualifications for all four of the Department's Child Protective Investigative classes.

| Table 1 – Child Protective Investigative Positions by Class, Title, Base Pay, Job Description and Minimum Qualifications | | | | |
|--|-----------|----------|--|--|
| Class Title | Pay Grade | Base Pay | Job Description | Minimum Qualifications |
| Child Protective Investigator | 019 | \$39,600 | This is professional work protecting children, working with families and conducting investigations of alleged abused, abandoned, neglected or exploited children, in the Department of Children and Families | <ul style="list-style-type: none"> • Current valid State of Florida driver's license; • A bachelor's degree from an accredited college or university (preferred degree in social work, behavioral science, nursing or education field); • Must obtain Florida Child Protective Investigator certification within 12 months of hire • Preference given to individuals successfully completing the Department's Child Protection Internship |
| Senior Child Protective Investigator | 020 | \$41,500 | Performs advanced (senior-level) child protective services work. Work involves investigating and analyzing child protective problems, taking corrective action for children, and overseeing and evaluating casework activities. May help plan, assign, and/or supervise the work of others. Works under minimal supervision, with extensive latitude for the use of initiative and independent judgment. | <ul style="list-style-type: none"> • Current valid State of Florida driver's license; and • A bachelor's degree from an accredited college or university (preferred degree in social work, behavioral science, nursing or education field); • Two years of child protection related experience; • Current Florida Child Protective Investigator certification |
| Child Protective Investigator – Field Support Supervisor | 021 | \$46,900 | Performs field based supervision, coaching, mentoring of investigative staff, and primarily new, developing supervisory staff. However, they could be used to assist with staff that may need some additional coaching or development in certain areas. These positions schedule time with investigators, as well as perform random visits. They provide field support to the supervisor in developing a well-trained and prepared investigative staff. | <ul style="list-style-type: none"> • Current valid State of Florida driver's license; • A bachelor's degree from an accredited college or university (preferred degree in social work, behavioral science, nursing or education field); • Two years of child protection related experience; • Circuit and regional travel required • Current Florida Child Protective Investigator certification |
| Child Protective Investigator Supervisor - SES | 421 | \$49,200 | This is an advanced-level professional supervisory position. Directs the work of child protective investigators and support staff. The primary duty of the position is to spend the majority of the time communicating with, motivating, training and evaluating employees, planning and directing their work; and having the authority to hire, transfer, suspend, layoff, recall, promote, discharge, assign, reward, or discipline subordinate employees to effectively recommend such actions. | <ul style="list-style-type: none"> • Current valid State of Florida driver's license; • A bachelor's degree from an accredited college or university (preferred degree in social work, behavioral science, nursing or education field); • Three years of child protection related experience; • One year of coordinating the work of CPIs or supervisory/managerial experience; and • Current Florida Child Protective Investigator certification |
| Source: Florida Department of Children and Families, Child Protection Transformation Project Executive Steering Committee Presentation dated March 30, 2012, Slide: Job Classification and Position Summary, Page 8. | | | | |

Child Protective Investigative Position Classification and Vacancies

| Table 2 – Classification and Vacancies of the Department Child Protective Investigative Positions as of 8/24/2015 | | | | |
|---|--|--------------------------------------|--|--|
| Region | Class Title | Positions Allocation as of 8/24/2015 | Total Vacant Positions as of 8/24/2015 | Percentage of Positions Vacant as of 8/24/2015 |
| Northwest | Child Protective Investigator | 130 | 5 | 3.85% |
| | Senior Child Protective Investigator | 27 | 7 | 25.93% |
| | Child Protective Investigator – Field Support Supervisor | 4 | 0 | 0.00% |
| | Child Protective Investigator Supervisor - SES | 30 | 0 | 0.00% |
| | Northwest Total | 191 | 12 | 6.28% |
| Northeast | Child Protective Investigator | 245 | 9 | 3.67% |
| | Senior Child Protective Investigator | 47 | 7 | 14.89% |
| | Child Protective Investigator – Field Support Supervisor | 6 | 0 | 0.00% |
| | Child Protective Investigator Supervisor - SES | 51 | 1 | 1.96% |
| | Northeast Total | 349 | 17 | 4.87% |
| Central | Child Protective Investigator | 353 | 24 | 6.80% |
| | Senior Child Protective Investigator | 72 | 7 | 9.72% |
| | Child Protective Investigator – Field Support Supervisor | 8 | 2 | 25.00% |
| | Child Protective Investigator Supervisor - SES | 73 | 3 | 4.11% |
| | Central Total | 506 | 36 | 7.11% |
| SunCoast | Child Protective Investigator | 110 | 1 | 0.91% |
| | Senior Child Protective Investigator | 21 | 10 | 47.62% |
| | Child Protective Investigator – Field Support Supervisor | 2 | 0 | 0.00% |
| | Child Protective Investigator Supervisor - SES | 22 | 4 | 18.18% |
| | SunCoast Total | 155 | 15 | 9.68% |
| Southeast | Child Protective Investigator | 122.5 | 8.5 | 6.94% |
| | Senior Child Protective Investigator | 26 | 2 | 7.69% |
| | Child Protective Investigator – Field Support Supervisor | 3 | 0 | 0.00% |
| | Child Protective Investigator Supervisor - SES | 28 | 0 | 0.00% |
| | Southeast Total | 179.5 | 10.5 | 5.85% |
| Southern | Child Protective Investigator | 106 | 1 | 0.94% |
| | Senior Child Protective Investigator | 23 | 1 | 4.35% |
| | Child Protective Investigator – Field Support Supervisor | 3 | 0 | 0.00% |
| | Child Protective Investigator Supervisor - SES | 25 | 5 | 20.00% |
| | Southern Total | 157 | 7 | 4.46% |
| Statewide | Child Protective Investigator | 1,066.5 | 48.5 | 4.55% |
| | Senior Child Protective Investigator | 216 | 34 | 15.74% |
| | Child Protective Investigator – Field Support Supervisor | 26 | 2 | 7.69% |
| | Child Protective Investigator Supervisor - SES | 229.5 | 13 | 5.66% |
| | Statewide Total | 1,538 | 97.5 | 6.34% |

Table 2 shows People First data that indicates there were 1,538 positions statewide within the child protection investigative job class as of August 24, 2015. Of the 1,538 positions statewide, the data shows that 97.5 FTE, or 6.34 percent of the positions were vacant as of August 24, 2015. The 6.34 percent vacancy rate for the child protective investigative job class is a decrease from the prior year's data, which indicated a vacancy rate of 16.3 percent.

Average Child Protective Investigator Caseloads and the Average Supervisor to Child Protective Investigator Ratio

Child Protective Investigator Caseload

The Department's Regional Operational Staff currently tracks child protective investigative caseload through the monitoring of the monthly average number of new cases that are assigned to the total number of allocated Child Protective Investigators and Senior Child Protective Investigators. With this number the Regional Operational Staff can track and ensure both the distribution and allocation of child protective investigative positions across the six Department Regions and within the four Class Titles are properly aligned with the Department's current volume of child abuse intakes.

The first element in determining the average number of new cases being assigned to Child Protective Investigators and Senior Child Protective Investigators on a monthly basis is a review of the total number of Florida Abuse Hotline Intakes (Initial and Additional) that required a child protective investigative response.

For SFY 2014-15 the Florida Abuse Hotline accepted a total of 140,206 Intakes that were investigated by Department child protective investigative staff (Sheriff Offices Intakes excluded).¹

Table 3 shows a distribution for the entire Department led child abuse investigations for the last Table 4 displays a review of the monthly average number of new investigations assigned to two state fiscal years and across the six Department Regions.

| Table 3 – Total Florida Abuse Hotline Intakes forwarded for Investigation by Region | | | | | | |
|---|-------------|------------|------------------------------|-------------|------------|------------------------------|
| Agency | SFY 2013-14 | | | SFY 2014-15 | | |
| | Initial | Additional | Total Initial and Additional | Initial | Additional | Total Initial and Additional |
| Northwest Region Investigations | 15,282 | 1,686 | 16,968 | 16,036 | 2,196 | 18,232 |
| Northeast Region Investigations | 27,942 | 3,132 | 31,074 | 28,147 | 3,614 | 31,761 |
| Central Region Investigations (Sheriff's Offices Excluded) | 39,765 | 4,583 | 44,348 | 39,849 | 5,630 | 45,479 |
| SunCoast Region Investigations (Sheriff's Offices Excluded) | 12,140 | 1,539 | 13,679 | 12,053 | 1,778 | 13,831 |
| Southeast Region Investigations (Sheriff's Offices Excluded) | 14,651 | 1,424 | 16,075 | 14,508 | 1,542 | 16,050 |
| Southern Region Investigations | 12,140 | 1,539 | 13,679 | 12,649 | 1,324 | 13,973 |
| Investigative Totals (Sheriff's Offices Excluded) | 122,584 | 13,628 | 136,212 | 123,242 | 16,084 | 139,326 |
| Source: Florida Safe Families Network Data Mart as of 9/1/2015. | | | | | | |

¹ Source: Florida Safe Families Network Data Mart as of 6/30/2015.

Child Protective Investigators and Senior Child Protective Investigators by available positions for SFY 2012-13, 2013-14 and 2014-15. Since Child Protective Investigators and Senior Child Protective Investigators conduct all child protective investigations and Child Protective Investigator – Field Support Supervisors and Child Protective Investigator Supervisor – SES positions provide coaching, mentoring, support and supervision of field staff, only Child Protective Investigators and Senior Child Protective Investigators positions are included within the count of available investigative positions.

| Table 4 – Monthly Average Number of New Investigations Assigned to the Total Number of Allocated Department Child Protective Investigators and Senior Child Protective Investigators by Fiscal Year. | | | | |
|--|-----------|--|---|--|
| | Region | Total Investigative Intakes (Initial and Additional) | Total Child Protective Investigators and Senior Child Protective Investigators as of 6/1/15 | Average Monthly Number of New Cases (Intakes/Investigators=X and X/12=Monthly Average Number of New Cases) |
| SFY 2012-13 | Northwest | 16,796 | 132 | 10.60 |
| | Northeast | 30,280 | 250 | 10.09 |
| | Central | 41,705 | 391 | 8.88 |
| | SunCoast | 13,171 | 109 | 10.06 |
| | Southeast | 15,562 | 86 | 15.07 |
| | Southern | 13,590 | 115 | 9.84 |
| | Statewide | 131,104 | 1,083 | 10.08 |
| SFY 2013-14 | Northwest | 16,968 | 132 | 10.71 |
| | Northeast | 31,074 | 250 | 10.35 |
| | Central | 44,348 | 350 | 10.55 |
| | SunCoast | 13,697 | 109 | 10.47 |
| | Southeast | 16,075 | 127 | 10.54 |
| | Southern | 14,068 | 115 | 10.19 |
| | Statewide | 136,212 | 1,083 | 10.48 |
| SFY 2014-15 | Northwest | 17,998 | 157 | 9.55 |
| | Northeast | 31,481 | 292 | 8.98 |
| | Central | 46,191 | 425 | 9.06 |
| | SunCoast | 14,186 | 131 | 9.02 |
| | Southeast | 16,509 | 148.5 | 9.26 |
| | Southern | 13,841 | 129 | 8.94 |
| | Statewide | 140,206 | 1,282.5 | 9.11 |
| Source: Florida Safe Families Network Data Mart as of 8/24/2015 and Florida Department of Children and Families, HR-Public Reports, Position Funding Statewide 2013-06-03, 2014-06-02, and 2015-8-24 as of 9/01/2015 | | | | |

The monthly average number of new cases assigned to the total number of allocated Child Protective Investigators and Senior Child Protective Investigators for SFY's 2012-13, 2013-14, and 2014-15 were 10.08, 10.48, and 9.11 new cases per month, per investigator, respectively. With the addition of the new child protective investigative positions that were allocated during the 2014 Florida Legislative Session, as expected, there was a reduction in the monthly average number of new cases being assigned to Child Protective Investigators and Senior Child Protective Investigators.

In reducing caseload sizes, the Department is continuing its reduction efforts to move Florida's child protective investigations capacity closer to the Child Welfare League of America (CWLA)²

² Source: Child Welfare League of America Recommended Caseload Standards:

<http://66.227.70.18/newsevents/news030304cwlacasead.htm>

recommended caseload standard for investigative worker caseload of 12 active cases per month. CWLA warns this number should not be construed to mean 12 active cases at any point in time, but 12 active cases in the workdays available during a designated 30-day period or month. As such, the primary objective of the Department over the next several months is to continue to ensure that all of the new allocated child protective investigative positions are filled with qualified applicants and that these new hires are properly trained and prepared to manage all of the challenges associated with managing a full child abuse investigation caseload.

Current Child Protective Investigator Workload

Calculating the average child protective investigator caseload can be difficult. Issues such as vacancies, number of employees that are in training or on leave, number of employees that have acquired the necessary skills needed to successfully manage a full investigative caseload and the investigation of a complex case all serve to potentially limit the ability of a child protective investigator to carry a “full” caseload. In addition to investigations of abuse and neglect, the Department Child Protective Investigators and Senior Child Protective Investigators are required to respond to special conditions reports, which include examples like child-on-child sexual abuse and parent needs assistance reports. While special conditions reports require a response, they do not necessarily require a child protective investigative response.

In order to evaluate current working conditions, the current active workload for the child protective investigators is analyzed in this section. This is accomplished by examining point-in-time data related to the number of child protective investigative positions that are currently carrying active caseloads. As of June 30, 2015, the average active investigative caseload (Investigations and Special Conditions Referrals) for all Department child protective investigative staff that are assigned as the primary investigator in at least one case was 16.04 cases per Investigator.

Table 5 reflects the variance in the average number of investigations assigned to Child Protective Investigators and Senior Child Protective Investigators when Special Conditions Referrals are factored into the monthly count.

| Table 5 – Current DCF Child Protective Investigations and Special Conditions Referrals Workload | | | |
|--|---------------------------------|--|--|
| Current Department Child Protective Investigation and Special Conditions Referrals Workload as of 6/30/2015 and Investigation and Special Conditions Referrals Workload for SFY 2014-15 Assuming all Allocated Child Protective Investigator and Senior Child Protective Investigator Positions are Carrying Caseload | | | |
| Region | Number of Active Investigations | Distinct Number of Primary Workers Assigned to Active Investigations as of 6/30/2015 | Average Active Investigations Per Assigned Workers as of 6/30/2015 |
| Northwest | 2,341 | 147 | 15.93 |
| Northeast | 3,918 | 237 | 16.53 |
| Central | 5,760 | 348 | 16.55 |
| SunCoast | 4,729 | 294 | 16.09 |
| Southeast | 3,259 | 198 | 16.46 |
| Southern | 1,512 | 118 | 12.81 |
| Total | 21,519 | 1,342 | 16.04 |
| Note: Distinct Number of Primary Workers Assigned to Active Investigations and Special Conditions Referrals for all Child Protective Investigators, Senior Child Protective Investigators, Child Protective Investigator – Field Support Supervisors, Child Protective Investigator Supervisors - SES and OPS Child Protective Investigators that were designated as a Primary Investigator within FSFN as of 6/30/15. | | | |
| Source: Florida Safe Families Network (FSFN) Data Repository as of 8/26/2015 | | | |

Child Protective Investigators and Senior Child Protective Investigators being supervised by Child Protective Investigator Supervisors - SES.

Child Protective Investigator Supervisor – SES positions are responsible for all of the supervisory duties associated with the management of Child Protective Investigator and Senior Child Protective Investigator positions. Child Protective Investigator – Field Support Supervisors provide investigative field support and coaching to Child Protective Investigators and Senior Child Protective Investigators but do not provide direct supervision of Child Protective Investigators. The average number of child protective investigators per Child Protective Investigator Supervisor – SES, is calculated by dividing the total number of allocated Child Protective Investigator Supervisor – SES positions by the total number of allocated Child Protective Investigator and Senior Child Protective Investigator positions. Table 6 provides a comparison of the average number of Child Protective Investigators assigned to each Child Protective Investigator Supervisors– SES, by region. The current average is 5.6 Child Protective Investigators, with some areas having as many as six direct reports.

| Region | Position Allocation SFY 2012-13 | | | Position Allocation SFY 2013-14 | | | Position Allocation SFY 2014-15 | | |
|---|--|--|---|--|--|---|--|--|---|
| | Child Protective and Senior Child Protective Investigators | Child Protective Investigator Supervisor - SES | Average Child Protective Investigator and Senior Child Protective Investigator Supervisor - SES | Child Protective and Senior Child Protective Investigators | Child Protective Investigator Supervisor - SES | Average Child Protective Investigator and Senior Child Protective Investigator Supervisor - SES | Child Protective and Senior Child Protective Investigators | Child Protective Investigator Supervisor - SES | Average Child Protective Investigator and Senior Child Protective Investigator Supervisor - SES |
| Northwest | 132 | 27 | 4.9 | 132 | 27 | 4.9 | 153 | 30 | 5.1 |
| Northeast | 250 | 43 | 5.8 | 250 | 43 | 5.8 | 294 | 50 | 5.9 |
| Central | 391 | 70 | 5.6 | 350 | 62 | 5.6 | 415 | 73 | 5.7 |
| SunCoast | 109 | 18 | 6.0 | 109 | 18 | 6.1 | 131 | 22 | 6.0 |
| Southeast | 86 | 17 | 5.1 | 127 | 24 | 5.3 | 152 | 28 | 5.4 |
| Southern | 113 | 22 | 5.1 | 115 | 21 | 5.5 | 138 | 25 | 5.5 |
| Statewide | 1,081 | 197 | 5.5 | 1,083 | 195 | 5.6 | 1,283 | 228 | 5.6 |
| Source: Florida Department of Children and Families, HR-Public Reports, Position Funding Statewide 2013-06-03, as of 6/1/2013, 2014-06-02, as of 6/1/2014, and 2015-06-01 as of 8/24/2015 | | | | | | | | | |

Turnover

Over the course of SFY 2013-14, the statewide turnover rate was 31.6 percent for staff separated from a Department child protective investigative position. The statewide turnover rate for SFY 2014-15 decreased to 30.48 percent.

| Table 7 – Turnover of Department Child Protective Investigation Positions by Region and Class Title | | | | | | | |
|---|--|------------------------------------|----------------------------------|---------------------------------|-------------------------------------|------------------------------|---------------------------------|
| Region | Class Title | Position Allocation as of 6/2/2014 | Separated During the SFY 2013-14 | Percentage Turnover SFY 2013-14 | Position Allocation as of 8/24/2015 | Separated During SFY 2014-15 | Percentage Turnover SFY 2014-15 |
| Northwest | Child Protective Investigator | 110 | 38 | 34.5% | 126 | 38 | 30.16% |
| | Senior Child Protective Investigator | 22 | 3 | 13.6% | 27 | 8 | 29.63% |
| | Child Protective Investigator – Field Support Supervisor | 3 | 0 | 0% | 4 | 0 | 0.00% |
| | Child Protective Investigator Supervisor - SES | 27 | 3 | 11.1% | 30 | 3 | 10.00% |
| | Northwest Total | 162 | 44 | 27.1% | 187 | 49 | 26.20% |
| Northeast | Child Protective Investigator | 207 | 76 | 36.7% | 247 | 87 | 35.22% |
| | Senior Child Protective Investigator | 43 | 4 | 9.3% | 47 | 10 | 21.28% |
| | Child Protective Investigator – Field Support Supervisor | 5 | 0 | 0% | 7 | 0 | 0.00% |
| | Child Protective Investigator Supervisor - SES | 43 | 3 | 6.9% | 51 | 2 | 3.92% |
| | Northeast Total | 298 | 83 | 27.8% | 352 | 99 | 28.13% |
| Central | Child Protective Investigator | 289 | 107 | 37.0% | 343 | 157 | 45.77% |
| | Senior Child Protective Investigator | 61 | 13 | 21.3% | 72 | 14 | 19.44% |
| | Child Protective Investigator – Field Support Supervisor | 5 | 1 | 20.0% | 14 | 0 | 0.00% |
| | Child Protective Investigator Supervisor - SES | 62 | 13 | 20.9% | 73 | 10 | 13.70% |
| | Central Total | 417 | 134 | 32.1% | 502 | 181 | 36.06% |
| SunCoast | Child Protective Investigator | 90 | 45 | 50.0% | 110 | 52 | 47.27% |
| | Senior Child Protective Investigator | 19 | 4 | 21.0% | 21 | 1 | 4.76% |
| | Child Protective Investigator – Field Support Supervisor | 2 | 0 | 0% | 2 | 0 | 0.00% |
| | Child Protective Investigator Supervisor - SES | 18 | 3 | 16.6% | 22 | 6 | 27.27% |
| | SunCoast Total | 129 | 52 | 40.3% | 155 | 59 | 38.06% |
| Southeast | Child Protective Investigator | 104 | 30 | 28.8% | 125.5 | 38 | 45.77% |
| | Senior Child Protective Investigator | 23 | 2 | 8.6% | 26 | 1 | 19.44% |
| | Child Protective Investigator – Field Support Supervisor | 3 | 0 | 0% | 4 | 0 | 0.00% |
| | Child Protective Investigator Supervisor - SES | 24 | 6 | 25.0% | 28 | 1 | 13.70% |
| | Southeast Total | 154 | 38 | 24.6% | 183.5 | 40 | 21.80% |
| Southern | Child Protective Investigator | 94 | 54 | 57.4% | 115 | 39 | 33.91% |
| | Senior Child Protective Investigator | 21 | 4 | 19.0% | 23 | 3 | 13.04% |
| | Child Protective Investigator – Field Support Supervisor | 3 | 0 | 0% | 3 | 0 | 0.00% |
| | Child Protective Investigator Supervisor - SES | 21 | 2 | 9.5% | 25 | 1 | 4.00% |
| | Southern Total | 139 | 60 | 43.1% | 166 | 43 | 25.90% |
| Statewide | Child Protective Investigator | 894 | 350 | 39.1% | 1066.5 | 411 | 38.54% |
| | Senior Child Protective Investigator | 189 | 30 | 15.8% | 216 | 37 | 17.13% |
| | Child Protective Investigator – Field Support Supervisor | 21 | 1 | 4.7% | 34 | 0 | 0.00% |
| | Child Protective Investigator Supervisor - SES | 195 | 30 | 15.3% | 229 | 23 | 10.04% |
| | Statewide Total | 1,299 | 411 | 31.6% | 1,545.5 | 471 | 30.48% |
| Source: Florida Department of Children and Families, HR-Public Reports, Position Funding Statewide SFY's 2013-14 and 2014-15. | | | | | | | |

The primary reasons documented in the People First data system for all separations of Department child protective investigative staff for SFY's 2013-14 and 2014-15 is provided in Table 8.

| Table 8 – Reasons Documented in People First for Child Protective Investigative Staff Separations | | | | |
|---|------------------------|---|--------------------|--|
| Separation Reason | SFY 2013-14 SFY | Percentage of Separation Reasons for SFY 2013-14 | SFY 2014-15 | Separation Reasons by % for SFY 2014-15 |
| Abandonment | 1 | <1% | 1 | <1% |
| Death of Employee | 0 | 0% | 0 | 0% |
| Dismissal | 21 | 5% | 19 | 3.9% |
| Dismissal Employee Also Retires | 0 | 0% | 1 | <1% |
| Failed Probationary Period | 20 | 5% | 42 | 8.6% |
| Move to Non State of Florida Government (local or federal) | 16 | 4% | 46 | 9.5% |
| Move to Private Sector | 41 | 10% | 78 | 16.1% |
| Move within State of Florida Government | 26 | 6% | 34 | 7% |
| Other | 228 | 55% | 259 | 53.2% |
| Retirement | 10 | 2% | 7 | 1.4% |
| Termination-Initiated by Employee* | 48 | 12% | 0 | 0% |
| Totals | 411 | 100% | 487 | 100% |
| Source: Florida Department of Children and Families, HR-Public Reports, Turnover Statewide 2013-07-01—2015-8-24 as of 8/24/2015. *All of these categories are employee initiated, except Dismissal, Failed Probationary Period. | | | | |

The Department continues to work on strategies to improve the retention rate of child protective investigative staff. In June 2014, the Department initiated a Recruitment and Retention study to conduct an analysis and provide recommendations as to how retention rates for child protective investigative staff could be improved. As part of the recommendation, the Department has introduced a standardized pre-employment behavioral assessment to improve recruitment and retention of quality employees. On August 29, 2014, the Department finalized a contract with Infor PeopleAnswers to conduct a behavioral/performance profile of the Department's current child protective investigative workforce. In the fall of 2014, Infor PeopleAnswers worked with the Department to survey all Child Protective Investigators and Child Protective Investigator Supervisors. From the data collected in the surveys, Infor PeopleAnswers created a customized child protective investigator performance profile that could be applied to all future child protective investigative applicants in an effort to ensure that a potential candidate's behavioral traits give them the highest probability of achieving success as a child protective investigator.

As of January 2015, all new CPI applicants are now invited to take the Infor Behavioral Assessment. Candidates are invited by the Regional Hiring/Recruiter Specialist to create a profile and take the assessment. After the CPI candidate has created the profile, a goodness of fit score is created based on their responses to the assessment. The Infor system ranks candidates as: Recommended, Recommended with Reservations, Recommended with Qualifications, and Not Recommended. As of 9/3/2015, 57 percent of all new hires scored in the Recommended with Reservations or Recommended range.

Educational Levels and Background of Child Protective Investigative Staff

Statutory Requirements

Subsection 402.402(1), F.S. directs the Department to recruit and hire persons qualified by their education and experience to perform social work functions. Preference should be given to individuals having a social work degree with a second level preference given to individuals with a human service related degree with the goal of having 50 percent of its workforce having a social work degree by 2019.³

Educational Attainment of Employed Child Protective Investigative Staff

As of August 24, 2015 a People First data extract indicated there were 1,538 active FTE child protective investigative positions within the People First data system, of which 14 did not identify the type of degree held; 1,258 were identified as having a bachelor's degree; 260 were identified as having a master's degree; and six were identified as having a doctorate degree.⁴

As of August 24, 2015, 235 of the 1,538 FTE child protective investigative staff listed in the People First data set held a degree in social work (167 baccalaureate and 68 masters' degrees) for a total percentage of active FTE child protective investigative staff that currently hold a degree in social work of 15.3 percent.⁵

An additional 505 child protective investigative staff held a baccalaureate or master's degree in psychology, sociology, counseling, special education, education, human development, child development, family development, marriage and family therapy, and nursing (436 baccalaureate, 68 master's degrees, and 1 doctorate degree) for a percentage of active FTE child protective investigative staff that hold a secondary preferred degree of 33 percent.⁶

While the total percentage of child protective investigative staff that currently holds either a baccalaureate or master's degree in social work is relatively low, it should be noted there are areas within the state where a fairly high percentage of child protective investigative employees already hold a degree in social work. For example, in the Northwest Region 55 child protective investigative staff (47 bachelors and 8 masters) currently hold social work degrees and this total accounts for 31 percent of the current Northwest Region FTE workforce, while the Central Region follows with 14 percent of its workforce holding a social work degree, 67 total (42 bachelors and 25 masters).⁷

For a more detailed review of the education level and degree type of the 1,538 FTE child protective investigative staff that were contained within the August 24, 2015 Peoples First data extract, please see Table 9.

³ Chapter 402.402(1)(a)(b)&(c), Florida Statute (2014)

⁴ Source: Florida Department of Children and Families, HR-Public Reports, Position Funding Statewide 2015-06-01, as of 8/24/2015.

⁵ Source: Florida Department of Children and Families, HR-Public Reports, Position Funding Statewide 2015-06-01, as of 8/24/2015.

⁶ Source Florida Department of Children and Families, HR-Public Reports, Position Funding Statewide 2015-06-01, as of 8/24/2015.

⁷ Source: Florida Department of Children and Families, HR-Public Reports, Position Funding Statewide 2015-06-01, as of 8/24/2015.

| Table 9 – Distribution of all Department Child Protective Investigative Positions by Region and Degree Type and Percentage of Degree Type by Total Employed as of 8/24/2015 | | | | | | | |
|--|------------------|------------------|-----------------|-----------------|------------------|-----------------|------------------|
| Degree Type | Northwest | Northeast | Central | SunCoast | Southeast | Southern | Statewide |
| Baccalaureate Degree Social Work | 47 (26%) | 23 (7%) | 42 (9%) | 11 (8%) | 30 (18%) | 14 (9%) | 167 (12%) |
| Master's Degree Social Work | 8 (5%) | 15 (5%) | 25 (5%) | 2 (1%) | 8 (5%) | 10 (7%) | 68 (5%) |
| Baccalaureate Degree Psychology, Sociology, Counseling, Special Education, Education, Human Development, Child Development, Family Development, Marriage and Family Therapy or Nursing | 39 (22%) | 123 (37%) | 139 (30%) | 46 (33%) | 43 (25%) | 46 (31%) | 436 (30%) |
| Master's Degree Psychology, Sociology, Counseling, Special Education, Education, Human Development, Child Development, Family Development, Marriage and Family Therapy or Nursing | 8 (5%) | 19 (6%) | 27 (6%) | 4 (3%) | 3 (2%) | 7 (5%) | 68 (5%) |
| Baccalaureate Degree Other | 75 (42%) | 135 (41%) | 225 (48%) | 73 (52%) | 77 (46%) | 70 (47%) | 655 (46%) |
| Master's Degree Other | 15 (9%) | 32 (10%) | 30 (6%) | 9 (6%) | 14 (8%) | 24 (16%) | 124 (9%) |
| No Education Data Available | 0 (0%) | 0 (0%) | 5 (1%) | 8 (6%) | 0 (0%) | 0 (0%) | 8 (5%) |
| Baccalaureate Degree Total | 161 (90%) | 281 (85%) | 406 (86%) | 130 (93%) | 150 (89%) | 130 (87%) | 1,258 (87%) |
| Master's Degree Total | 31 (17%) | 66 (20%) | 82 (18%) | 15 (11%) | 25 (15%) | 41 (27%) | 260 (18%) |
| Doctorate Degree Total | 0 (0%) | 0 (4%) | 2 ($<1\%$) | 1 ($<1\%$) | 1 (1%) | 1 (1%) | 5 ($<1\%$) |
| Total Employed as of 8/24/2015* | 179 (100%) | 332 (100%) | 470 (100%) | 140 (100%) | 169 (100%) | 150 (100%) | 1,440 (100%) |
| Source: Florida Department of Children and Families, HR-Public Reports, Position Funding Statewide 2015-06-01, as of 8/24/2015. * This number does not include vacant positions | | | | | | | |

In support of achieving the goal of at least half of all child protective investigators and supervisors possessing a bachelor's degree or a master's degree in social work from a college or university social work program accredited by the Council on Social Work Education, all six of the Department Regional Directors initiated the process of becoming integrated with their local universities and colleges that have accredited social work programs.

In addition, the application process within People First has already been adjusted to provide a weighting advantage towards those applicants that hold a bachelors or master's degree from an accredited social work program. During the SFY 2014-15, the number of employees' holding a bachelor's degree in the area of social work increased from 109 to 167, an increase total of 53 percent and the number of employees' holding a master's degree increased from 43 to 68 individuals, an increase total of 58 percent. The Department is 22 percent toward the goal of having at least half of all child protective investigators and supervisors employed holding a bachelor's or master's degree in the area of social work from a college or university accredited by the Council of Social work Education by July 2019.

Department of Children and Families 2015 Annual Child Protection Investigative Survey Results

Child Protection Investigation Survey Results

The Department emailed its Annual Child Protection Investigative Survey to all Child Protective Investigators, Senior Child Protective Investigators and Child Protective Investigator Supervisors as a way to gain insight into understanding how CPI's, Senior CPI's and CPI Supervisor's view their current work environment and gauge staff's overall view of what is important to them. The survey was administered over a two week period from July 31, 2015 – August 14, 2015 through the Department's Survey Monkey account. All active CPI's, Senior CPI's and CPI Supervisors were encouraged to participate in the survey and was sent the survey link. The survey was estimated to take about 10 minutes, with 11 questions to complete.

The survey had a 40 percent participation rate and garnered an average of 600 responses, with the average respondent having a tenure of five or more years with the Department (26.4%) followed by respondents having a tenure of six months to one year (21.78%). Table 9 shows participant responses to questions related to employee perceptions of the current work place.

| Table 10 – Child Protective Investigation Survey Results, Employee Perception of the Work Environment | | | | | | |
|---|---|----------------|-------|----------|-------------------|-----------------|
| Child Protective Investigation Survey Results: "For the following statements, please indicate how much you agree/disagree" | | | | | | |
| Question # | Question | Strongly Agree | Agree | Disagree | Strongly Disagree | Total Responses |
| One | I feel like Senior Management (Program Administrator and up) understands the role of a Child Protective Investigator | 177 | 310 | 82 | 36 | 605 |
| Two | The training I received upon accepting the position prepared me for the Child Protective Investigator (Senior CPI, CPI - Supervisor) role | 102 | 338 | 121 | 44 | 605 |
| Three | The ongoing training that I received is adequate | 117 | 374 | 90 | 21 | 602 |
| Four | My immediate supervisor communicates job expectations and responsibilities clearly | 263 | 261 | 53 | 26 | 603 |
| Five | I feel like Senior Management (Program Administrator and up) "has my back" | 145 | 273 | 112 | 67 | 597 |
| Six | My immediate supervisor provides me with timely feedback | 258 | 262 | 55 | 27 | 602 |
| Seven | My immediate supervisor provides me with fair and honest feedback | 271 | 254 | 51 | 24 | 600 |
| Eight | I have sufficient discretion to perform my job and make informed decisions | 197 | 329 | 57 | 17 | 600 |
| Nine | My supervisor appreciates my work | 245 | 275 | 60 | 19 | 599 |
| Ten | My workload is manageable | 81 | 270 | 147 | 102 | 600 |
| Eleven | Senior Management appreciates my work | 121 | 308 | 118 | 45 | 592 |
| Twelve | If I struggle with my workload I can ask for assistance | 129 | 310 | 117 | 38 | 594 |
| Thirteen | I have enough time for my personal life | 43 | 175 | 193 | 185 | 596 |
| Fourteen | The Department offers career paths for Child Protective Investigators (Senior CPI, CPI-Filed Support Supervisor and CPI -Supervisor) | 122 | 365 | 77 | 37 | 601 |
| Fifteen | I plan to stay with DCF for one or more years | 217 | 306 | 47 | 32 | 602 |
| Sixteen | Every week I have at least one full day without any work responsibilities | 50 | 121 | 175 | 251 | 597 |
| Source: The Department of Children and Families 2015 Annual Child Protective Investigation Survey Results. Run Date 7/31/2015 - 8/14/2015 | | | | | | |

Table 11 shows participant responses to questions related to characteristics that are important to them. Based on participant responses, the table show that overall employees value the ability to manage their work and personal life, have support available to them, and have time off each week with no work responsibilities. These attributes chosen as important to participants are consistent with the responses to the table above where employees' top three areas of "strongly disagree" and "disagree" were: "I have enough time for my personal life", "Every week I have at least one full day without any work responsibilities" and "having a manageable workload".

| Table 11 – Child Protective Investigations Survey – Characteristics of Importance | | | | | | | | | | | | | |
|--|--|------------------------|---|----|----|----|----|----|-----|-----|------------------------|-----------------|------------------|
| Child Protective Investigations Survey Results: "On a scale from 1 to 10 (1 meaning 'not important at all' and 10 meaning 'extremely important'), please indicate how important the following things are to you for your personal satisfaction" | | | | | | | | | | | | | |
| Question # | Question | 1 Not Important at All | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 Extremely Important | Total Responses | Average Response |
| One | Immediate Supervisor feedback | 1 | 4 | 6 | 6 | 38 | 15 | 69 | 128 | 77 | 264 | 605 | 8.52 |
| Two | Treatment from supervisor and senior management | 0 | 2 | 1 | 1 | 3 | 21 | 19 | 27 | 94 | 89 | 346 | 9.04 |
| Three | Base Pay | 2 | 1 | 2 | 7 | 39 | 28 | 55 | 84 | 87 | 300 | 605 | 8.66 |
| Four | Overtime Pay | 10 | 5 | 6 | 9 | 37 | 36 | 52 | 75 | 76 | 298 | 604 | 8.45 |
| Five | Discretionary performance bonus | 10 | 4 | 10 | 6 | 55 | 45 | 57 | 88 | 75 | 256 | 606 | 8.18 |
| Six | Job-related training | 2 | 1 | 0 | 2 | 19 | 28 | 27 | 90 | 110 | 324 | 603 | 8.98 |
| Seven | Immediate Supervisor recognition for my work | 10 | 9 | 8 | 17 | 64 | 52 | 72 | 107 | 93 | 172 | 604 | 7.73 |
| Eight | Senior management recognition for my work | 15 | 9 | 15 | 16 | 72 | 55 | 84 | 91 | 94 | 153 | 604 | 7.49 |
| Nine | Time off each week with no work responsibilities | 10 | 7 | 6 | 9 | 29 | 18 | 29 | 67 | 83 | 345 | 603 | 8.73 |
| Ten | Temporary relief from caseload rotation if necessary | 7 | 1 | 10 | 8 | 32 | 16 | 39 | 78 | 94 | 316 | 601 | 8.70 |
| Eleven | Availability of support | 0 | 1 | 3 | 5 | 17 | 11 | 33 | 70 | 112 | 350 | 602 | 9.10 |
| Twelve | Ability to Manage work and personal life | 1 | 1 | 2 | 1 | 14 | 7 | 23 | 46 | 75 | 430 | 600 | 9.38 |
| Thirteen | Career options/ advancement within DCF | 3 | 4 | 2 | 5 | 27 | 28 | 39 | 81 | 102 | 312 | 603 | 8.79 |
| Source: The Department of Children and Families 2015 Annual Child Protective Investigation Survey Results. Run Date 7/31/2015 - 8/14/2015 | | | | | | | | | | | | | |

Within the questions that were scored on a scale of 1 to 10 (“1 meaning ‘not important at all’ and 10 meaning “extremely important”), the four highest scoring responses of importance are identified in Table 12. These findings are consistent with the responses to the North Highland’s CPI Retention Survey administered to CPI’s, Senior CPI’s and CPI Supervisor’s during the SFY 2013-14, where participants selected the same characteristics as being most important to them.

| Table 12 – Child Protective Investigations Survey – Top Four Statements of Importance | | | | | | | | | | | | | |
|--|--|------------------------|---|---|---|----|----|----|----|-----|------------------------|-----------------|------------------|
| Four Highest Scoring Responses from Child Protective Investigations Survey Results: “On a scale from 1 to 10 (1 meaning ‘not important at all’ and 10 meaning ‘extremely important’), please indicate how important the following things are to you for your personal satisfaction” | | | | | | | | | | | | | |
| Question # | Question | 1 Not Important at All | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 Extremely Important | Total Responses | Average Response |
| Twelve | Ability to Manage work and personal life | 1 | 1 | 2 | 1 | 14 | 7 | 23 | 46 | 75 | 430 | 600 | 9.38 |
| Eleven | Availability of support | 0 | 1 | 3 | 5 | 17 | 11 | 33 | 70 | 112 | 350 | 602 | 9.10 |
| Nine | Time off each week with no work responsibilities | 10 | 7 | 6 | 9 | 29 | 18 | 29 | 67 | 83 | 345 | 603 | 8.73 |
| Six | Job-related training | 2 | 1 | 0 | 2 | 19 | 28 | 27 | 90 | 110 | 324 | 603 | 8.98 |
| Source: The Department of Children and Families 2015 Annual Child Protective Investigation Survey Results. Run Date 7/31/2015 - 8/14/2015 | | | | | | | | | | | | | |

Tables 13 and 14 show the top three statements survey participants “strongly agree/agree” and the top three statements participants “strongly disagree/disagree” with regarding the work environment.

| Table 13 – Child Protective Investigation Survey – Top Three Agree Statements | | | | | | |
|---|--|-----------------|-----------------|---------------|-------------------|-----------------|
| “Top Three Strongly Agree/Agree Statement “For the following statements, please indication how much you agree/disagree” | | | | | | |
| Question # | Question | Strongly Agree | Agree | Disagree | Strongly Disagree | Total Responses |
| Seven | My immediate supervisor provides me with fair and honest feedback | 271 (45.17%) | 254 (42.33%) | 51 (8.50%) | 24 (4.00%) | 600 |
| Four | My immediate supervisor communicates job expectations and responsibilities clearly | 263 (43.62%) | 261 (43.28%) | 53 (8.79%) | 26 (4.31%) | 603 |
| Six | My immediate supervisor provides me with timely feedback | 258 (42.86%) | 262 (43.52%) | 55 (9.14%) | 27 (4.49%) | 602 |
| Source: The Department of Children and Families 2015 Annual Child Protective Investigation Survey Results. Run Date 7/31/2015 - 8/14/2015 | | | | | | |

| Table 14 – Child Protective Investigations Survey – Top Three Disagree Statements | | | | | | |
|---|---|----------------|-----------------|-----------------|-------------------|-----------------|
| "Top Three Strongly Disagree/Disagree Statement "For the following statements, please indicate how much you agree/disagree" | | | | | | |
| Question # | Question | Strongly Agree | Agree | Disagree | Strongly Disagree | Total Responses |
| Sixteen | Every week I have at least one full day without any work responsibilities | 50 (8.38%) | 121 (20.27%) | 175 (29.31%) | 251 (42.04%) | 597 |
| Thirteen | I have enough time for my personal life | 43 (7.21%) | 175 (29.36%) | 193 (32.38%) | 185 (31.04%) | 596 |
| Ten | My workload is manageable | 81 (13.50%) | 270 (45.00%) | 147 (24.50%) | 102 (17.00%) | 600 |
| Source: The Department of Children and Families 2015 Annual Child Protective Investigation Survey Results. Run Date 7/31/2015 - 8/14/2015 | | | | | | |

Survey summary:

The administered survey provided the CPI's, Senior CPI's and CPI Supervisor's an opportunity to voice their concerns, likes and dislikes about their work environment as well as information on what motivates them. At the end of the survey, participants were given the chance to provide feedback and comments they wanted to share. In response to the feedback received, the Department will work to understand how to continue improving the work environment in an effort to recruit and retain staff in this critical and important job class.

Conclusions

The Department has worked hard to implement the statutory requirements and goals associated with the recruitment and retention of qualified child protective investigation candidates and staff contained in Chapter 2014-224, Laws of Florida. The Department continues to make strides in lowering the turnover rate and increasing the number of social work majors recruited to fill positions contained in the investigative position classes.

ANNUAL REPORT

Patricia Babcock, Ph.D., LCSW
Interim Director



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- **The Annual Report**

- Statewide, system wide child welfare strategic plan
- Data driven decision-making
- Safety, permanency, and well-being factors
- Special populations in the child welfare system: Infants and toddlers; pregnant and parenting teens; commercially sexually exploited children; DJJ-DCF crossover youth
- Residential group care
- Workforce issues
- Critical Incident Rapid Response Team (CIRRT) process



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“The prioritization and mechanics to achieve these recommendations remains to be developed; however, the Institute intends to be a dedicated partner toward their assessment and prospective implementation.”



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- MOUs/Affiliates
- Budget (Admin; Intramural; Extramural)
- Research Projects
- Technical Reports
- Moving Forward



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Need for a Child Welfare Strategic Plan

- Convene
- Integration
- 26 State-wide workgroups

Recommendation:

1. Establish an oversight mechanism for the multiagency workgroups :
 - coordinated and collaborative;
 - communicate findings; and
 - have action plans



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Data Driven Decision-Making

- Results Oriented Accountability Program Plan (ROAP)
- Predictive Analytics
- Data System Upgrades

Recommendations:

1. Increase funding ROAP
2. Prioritize data system upgrades with input from the Institute



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Safety, Permanency, and Well-Being: *Florida's Practice Model*

- Model Implementation
- OCW Performance and Quality Management Unit

Recommendation:

1. Develop and implement a practice model evaluation plan in the geographic areas in which the model is fully implemented.



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Safety, Permanency, and Well-Being:

Evidence-based and Innovative/Promising Practices

- From availability and access to quality and effectiveness
- Innovation

Recommendations:

1. Complete the statewide services analysis
2. Develop contractually required quality standards (from abuse hotline to permanency).
3. Align quality standards with the ROAP
4. Build a centralized repository of quality programs



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Safety, Permanency, and Well-Being:

Importance of Well-being and Trauma-informed Care

- Trauma-informed systems
- Chapter 39
- National Child Traumatic Stress Network (NCTSN)
- Medicaid

Recommendations:

1. Amend Chapter 39
2. Integrate resources from the National Child Traumatic Stress Network (NCTSN) Child Welfare Trauma Training Toolkit



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Safety, Permanency, and Well-Being:

Importance of Well-being and Trauma-informed Care

Recommendations:

3. Integrate trauma-informed care throughout the pre-service training curriculum.
4. Statutorily require trauma-informed care training for all child welfare professionals and subcontracted service providers.
5. Explore options to allow families to retain their existing Medicaid coverage
6. The Agency for Health Care Administration reimbursement



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Special Populations

- ***Children Birth to Three***
- ***Pregnant and Parenting Teens***
- ***Commercially Sexually Exploited Children***
- ***DJJ-DCF Crossover Youth***



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Special Populations:

Children Birth to Three

1. Early Childhood Courts
2. Trauma Screening
3. Parent-Infant Relationship Global Assessment Scale (PIR-GAS)-<40



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Special Populations:

Children Birth to Three

1. Align policy standards to ensure timely assessments and services - assessment of the parent-child relationship.
2. Ensure that CPIs, case managers, and service providers have received trauma-informed care training and are applying it in practice.
3. Require trauma screening for families (child and parents) entering the system with a child between the ages of birth to three.
4. Require referrals to Early Steps for all children under age three who are involved in a verified incident of abuse or neglect.
5. Explore reimbursement options with Agency for Health Care Administration (AHCA) for therapeutic interventions for children with PIR-GAS scores of 40 or less.



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Special Populations:

Pregnant and Parenting Teens

1. Obtain an accurate count of pregnant and parenting teens in the system
2. Teen parents (mothers and fathers) and their child(ren) should have the opportunity to live together
3. Require cross-system training specific to pregnant and parenting teen
4. Expand the *My Services* survey to include follow-up questions that can assist with service planning and programming
5. Ensure access to services that will help them meet goals



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Special Populations:

Pregnant and Parenting Teens

6. Independent living skills for parents aging out need to prioritize the well-being of the parent and the child
7. Conduct trauma-informed risk assessments for all pregnant and parenting teens to assess parent/guardian protective capacities.
8. Continuum of culturally and linguistically competent and trauma-informed interventions, including parenting, should be provided to address the needs of teen parents and their children
9. Parent education training
10. Single case manager
11. Create a workgroup to examine challenges and best practices related to pregnant and parenting teens in group care



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Special Populations:

Commercially Sexually Exploited Children

(CSEC)

1. Universally screen for commercial sexual exploitation
2. Ensure that FSFN has a required field specific to commercial sexual exploitation.
3. Revamp the training requirements to include all of the topics in the “specialized topics
4. Mandate cross-systems training specific to CSEC



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Special Populations:

Commercially Sexually Exploited Children

5. Establish policies and procedures that actively involve the parents/caregivers of victims
6. Ensure that there are qualified supervisors who can monitor and manage the staff who have CSE victims on their caseloads.
7. Placements should be very rigorously vetted
8. Foster parents and house parents should be adequately informed as to the CSE history of the child



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Special Populations:

DJJ-DCF Crossover Youth

1. Develop training curriculum for parents, foster parents, and RGC staff on appropriate intervention strategies for youth with complex behavioral health issues.
2. Develop a statewide process map (points of entry and exit from DJJ; case flow overview of FSFN services; service array) to assist in creating an information-sharing template to ensure that crossover youths are identified and received services. Once the process map is completed, a local level and a community level plan should be developed.
3. Develop a crossover youth training curriculum for law enforcement and a bench card for the judiciary.
4. Ensure that programs are trauma-informed and involve the families in treatment and care planning.



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Residential Group Care (RGC)

1. DCF should continue to refine and implement the RGC quality standards developed by the DCF residential group care workgroup.
2. Explore flexible funding strategies that can help facilitate higher quality services and innovative uses of RGC that are consistent with systems of care principles.
3. Crosswalk quality standards to existing policy and accreditation standards (i.e. Council on Accreditation - COA) to ensure uniform language and consistency across standards.



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Workforce Issues

1. Require a training plan from each region that includes a strategy for the distribution of the IV-E training funds.
2. Statutorily require child welfare specific training for all child welfare providers, including ancillary professionals such as judges, Guardians ad Litem, and attorneys, akin to s. 456.031 Florida Statutes' domestic violence requirement.



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Critical Incident Rapid Response Team (CIRRT)

1. DCF should ensure that the CIRRT report information is disseminated to leadership in all regions and formally discussed.
2. Increase awareness and disseminate shortfalls of important safety practice issues involved with child fatalities at the frontline level.



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QUESTIONS



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FY 2014-2015 ANNUAL REPORT

Submitted to:

Governor Rick Scott
Senate President, Andy Gardiner
House Speaker, Steve Crisafulli
Incoming House Speaker, Richard Corcoran

OCTOBER 1, 2015

College of Social Work
Florida State University
Tallahassee, Florida

MISSION

The Florida Institute for Child Welfare seeks to promote safety, permanency, and well-being among the children and families of Florida that are involved with the child welfare system. To accomplish this mission, the Institute will sponsor and support interdisciplinary research projects and program evaluation initiatives that will contribute to a dynamic knowledge base relevant for enhancing Florida's child welfare outcomes. The Institute will collaborate with community agencies across all sectors and other important organizations in order to translate relevant knowledge generated through ecologically-valid research, policy analysis, and program evaluation. This will be best achieved through the design and implementation of developmentally-targeted and trauma-informed strategies for children and families involved in the child welfare system.



FLORIDA INSTITUTE for CHILD WELFARE

The Honorable Rick Scott
Governor
PL-05 The Capitol
Tallahassee, Florida 32399

Dear Governor Scott,

The Florida State University College of Social Work is honored to house the Florida Institute for Child Welfare. On behalf of the Institute, we submit the Annual Report for your consideration. On February 1, 2015, the Institute submitted an Interim Report with thirty recommendations. This Annual Report will update the status of those recommendations as well as provide additional recommendations for improving the child welfare system in our state. Any additional recommendations are meant to complement those that were made in the Interim Report, not replace them.

We want to thank the many stakeholders around the state for providing insight into how the child welfare system throughout Florida is currently functioning and inviting us to work with them to improve child welfare outcomes.

The child welfare legislation you signed into law has already made changes in the way we conduct the business of child welfare service delivery in Florida. There is no doubt that there will be continued collaboration and improvement at the state and local level. The Institute is grateful for the opportunity to be at the forefront of ensuring that Florida's children are safe and thriving in homes that support their life-long well-being.

Sincerely,

James J. Clark, Ph.D., LCSW
Dean and Professor
College of Social Work

Patricia Babcock, Ph.D., LCSW
Interim Director
Florida Institute for Child Welfare

cc: The Honorable Andy Gardiner, Senate President
The Honorable Steve Crisafulli, Speaker of the House
The Honorable Richard Corcoran, Incoming Speaker of the House

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SECTION I - EXECUTIVE SUMMARY

The child welfare legislation passed in the 2014 and 2015 legislative sessions has underscored the state's commitment to making children and families in the child welfare system a priority by mandating research supported policy and practice standards that maximize accountability and improve safety, permanency, and well-being outcomes. The Florida Institute for Child Welfare at the Florida State University College of Social Work has an annual appropriation of \$1,000,000 and is tasked with establishing a cadre of child welfare researchers who will provide policy and practice recommendations. In February 2015, the Institute submitted its Interim Report (Appendix A) with thirty recommendations for consideration by the legislature and the Department. Since the submission of the report, numerous advances and initiatives have taken place.

In accordance with s. 1004.615, Florida Statutes, the Florida Institute for Child Welfare submits this Annual Report to the Governor. This report will cover the period of July 1, 2014 through September 30, 2015.

Subsequent reports will cover the period of October 1 to September 30 so that information provided in the report is current. The key areas of this report were selected for presentation because of their significance in terms of legislative interest or Department priority. Assessment of key issues was made through interviews, workgroup/meeting participation, and literature and document reviews. The recommendations set forth in this report are intended to complement, rather than replace, the recommendations made in the Interim Report. The Institute remains committed to working with stakeholders to improve Florida's child welfare system and changing the life trajectory of the children and families that are served by it.

The recommendations address the specific mandates outlined in the legislation and focus on seven key areas:

1. Statewide, system wide child welfare strategic plan
2. Data driven decision-making
3. Safety, permanency, and well-being factors
4. Special populations in the child welfare system: Infants and toddlers; pregnant and parenting teens; commercially sexually exploited children; DJJ-DCF crossover youth
5. Residential group care
6. Workforce issues
7. Critical Incident Rapid Response Team (CIRRT) process

REPORT RECOMMENDATIONS

Section III – Need for a Child Welfare Strategic Plan

1. Establish an oversight mechanism for the multiagency workgroups that are working on children’s issues to ensure that statewide efforts: 1) are coordinated and collaborative; 2) communicate findings among stakeholders; and 3) have action plans that address the unique needs of children in the child welfare system.

Section IV – Data Driven Decision-Making

1. Increase funding for the Results Oriented Accountability Program (s. 409.997, Florida Statutes).
2. Prioritize data system upgrades that maximize functionality, capability, and data quality assurances with input from the Institute to ensure that effective program evaluation and useful secondary data analysis is possible in the future. The goal of the partnership is to produce high-quality data that can be analyzed and utilized for decision-making.

Section V – Safety, Permanency, and Well-being

Florida’s Practice Model

1. Develop and implement a practice model evaluation plan in the geographic areas in which the model is fully implemented.

Evidence-based and Innovative/Promising Practices

1. Complete the statewide services analysis and provide a plan for filling the gaps with a priority on evidence-based programs.
2. Develop quality standards for all aspects of the child welfare system that are contractually required (from abuse hotline to permanency).
3. Align quality standards with the Results Oriented Accountability Program Plan.
4. Build a centralized repository of quality programs specific to Florida so that effective programs can be accessed and replicated across the state.

Importance of Well-being and Trauma-informed Care

1. Amend Chapter 39 to reflect evidence-based and trauma-informed practices (i.e., visitation frequency).
2. Integrate resources from the National Child Traumatic Stress Network (NCTSN) Child Welfare Trauma Training Toolkit to ground evidence-based and trauma-informed trainings in research and promote standardization across the state.
3. Ensure trauma-informed care is integrated throughout the pre-service training curriculum.
4. Statutorily require trauma-informed care training for all child welfare professionals and subcontracted service providers.
5. Explore options to allow families to retain their existing Medicaid coverage whenever reunification is the goal in an effort to achieve medical and behavioral health stability while in the system and post-discharge.
6. The Agency for Health Care Administration should reimburse behavioral health interventions that require greater than one hour a day and/or more than 26 hours of therapy for children and families.

Section VI – Special Populations

Children Birth to Three

1. Align policy standards to ensure that families with children birth to three receive timely assessments and services that include an assessment of the parent-child relationship.
2. Ensure that CPIs, case managers, and service providers have received trauma-informed care training and are applying it in practice.
3. Require trauma screening for families (child and parents) entering the system with a child between the ages of birth to three.
4. Require referrals to Early Steps for all children under age three who are involved in a verified incident of abuse or neglect.
5. Explore reimbursement options with Agency for Health Care Administration (AHCA) for therapeutic interventions for children with PIR-GAS scores of 40 or less.

Pregnant and Parenting Teens

1. Obtain an accurate count of the number of pregnant and parenting teens in the system. A statewide, point in time, data collection (one day count) should be conducted. Once the point in time data is collected and analyzed, data should be collected on an annual basis utilizing the advisory group recommendations set forth in Appendix J.
2. Teen parents (mothers and fathers) and their child(ren) should have the opportunity to live together when possible and should have access to appropriate housing options that meet the needs of the teen parent(s), as well as their children.
3. Require cross-system training specific to pregnant and parenting teens to all child welfare professionals (including the judiciary and attorneys), foster parents, and service providers.
4. Expand the *My Services* survey to include follow-up questions that can assist with service planning and programming.
5. Ensure that parents aging out, like their non-parenting counterparts, have access to services that will help them meet their goals in various aspects of their lives (i.e. education and employment).
6. Independent living skills for parents aging out need to prioritize the well-being of the parent and the child; thus the skills may be different than the independent living skills for other (non-parenting) youth aging out.
7. Child welfare professionals should conduct trauma-informed risk assessments for all pregnant and parenting teens to assess parent/guardian protective capacities.
8. A continuum of culturally and linguistically competent and trauma-informed interventions, including parenting, should be provided to address the needs of teen parents and their children.
9. Parent education training for youth aging out of the system are needed to address the specialized needs of young parents and their children.
10. The cases of a teen parent and his or her children should be connected with a single case manager.
11. The Department should create a workgroup to examine challenges and best practices related to pregnant and parenting teens in group care.

Commercially Sexually Exploited Children

1. Universally screen for commercial sexual exploitation as part of the investigative and case management process when there is a history of runaway behavior or sexual abuse (self-report or verified).
2. Ensure that FSFN has a required field specific to commercial sexual exploitation.

3. Revamp the training requirements to include all of the topics in the “specialized topics” list and eliminate the grandfather clause to ensure that “specialists” are up to date on approaches.
4. Mandate cross-systems training specific to commercial sexual exploitation of minors for all child welfare professionals (including the judiciary and attorneys), foster parents, and service providers.
5. Establish policies and procedures that actively involve the parents/caregivers of victims who have reunification as their goal or have identified permanency plans.
6. Ensure that there are qualified supervisors who can monitor and manage the staff who have CSE victims on their caseloads.
7. Placements should be very rigorously vetted to ensure that the CSE victim is protected from her perpetrator; has ready access to support and services; and has an after-care plan that includes continued therapy, housing, and educational and employment options.
8. Foster parents and house parents should be adequately informed as to the CSE history of the child prior to placement and should receive specialized training regarding the needs and approaches that are needed to keep the child safely in the placement and ensure the safety of the other children in the home.

DJJ-DCF Crossover Youth

1. Develop training curriculum for parents, foster parents, and RGC staff on appropriate intervention strategies for youth with complex behavioral health issues.
2. DCF, CBCs, DJJ, and the courts should develop a statewide process map (points of entry and exit from DJJ; case flow overview of FSFN services; service array) to assist in creating an information-sharing template to ensure that crossover youths are identified and received services. Once the process map is completed, a local level and a community level plan should be developed.
3. Develop a crossover youth training curriculum for law enforcement and a bench card for the judiciary.
4. Ensure that programs are trauma-informed and involve the families in treatment and care planning.

Section VII – Residential Group Care

1. DCF should continue to refine and implement the RGC quality standards developed by the DCF residential group care workgroup.
2. Explore flexible funding strategies that can help facilitate higher quality services and innovative uses of RGC that are consistent with systems of care principles.
3. Crosswalk quality standards to existing policy and accreditation standards (i.e. Council on Accreditation - COA) to ensure uniform language and consistency across standards.

Section VIII – Workforce Issues

1. Require a training plan from each region that includes a strategy for the distribution of the IV-E training funds.
2. Statutorily require child welfare specific training for all child welfare providers, including ancillary professionals such as judges, Guardians ad Litem, and attorneys, akin to s. 456.031 Florida Statutes’ domestic violence requirement.

Section IX – Critical Incident Rapid Response Team (CIRRT)

1. DCF should ensure that the CIRRT report information is disseminated to leadership in all regions and formally discussed.
2. Increase awareness and disseminate shortfalls of important safety practice issues involved with child fatalities at the frontline level.

SECTION II - FLORIDA INSTITUTE FOR CHILD WELFARE

Background

In 2014, the Florida Legislature passed comprehensive child welfare legislation (Senate Bill 1666), which established the Florida Institute for Child Welfare (Institute) at the Florida State University College of Social Work under s. 1004.615, Florida Statutes. The purpose of the Institute is to advance the well-being of children and families by improving the performance of child protection and child welfare services through research, policy analysis, evaluation, and leadership development. The Institute is a consortium of accredited public and private universities throughout Florida offering social work degrees. The statute requires the Institute to work with the Department of Children and Families (DCF), sheriffs' offices providing child protective investigative services, community-based care lead agencies (CBC), community-based care provider organizations, the court system, the Department of Juvenile Justice (DJJ), the Florida Coalition Against Domestic Violence (FCADV), and other stakeholders who contribute to and participate in providing child protection and child welfare services.

The Institute is statutorily required to:

- Maintain a program of research contributing to the scientific knowledge related to child safety, permanency, and child and family well-being.
- Advise DCF and other organizations about the scientific evidence regarding child welfare practice.
- Provide advice regarding management practices and administrative processes.
- Assess the performance of child welfare services based on specified outcome measures.
- Evaluate the educational/training requirements for the child welfare workforce and the effectiveness of training.
- Develop a program of training/consulting to assist organizations with employee retention.
- Identify and communicate effective policies and promising practices.
- Develop a definition of a child or family at high risk of abuse or neglect.
- Evaluate the provisions of Senate Bill 1666 and recommend improvements.
- Recommend improvements in the state's child welfare system.
- Submit an annual report to the Governor and legislature outlining activities, significant research findings, and recommendations for improving child welfare practice.

Beyond funds appropriated directly to the Institute, these tasks will be funded through contracts with DCF, public and private grants, and/or other funding resources obtained directly by the Institute.

Yearly Activities/Information Sources

The Interim Director has traveled extensively throughout the state and has participated in formal statewide and national child welfare meetings, workgroups, interviews, and conferences to gain a better understanding of the state of child welfare in Florida and to set priorities for the Institute (Appendices B and C). Through these mechanisms, the Institute gained invaluable insight as to the strengths and needs of Florida's child welfare system as well as the leadership and expertise required from the Institute regarding practice research, policy analysis, and technical assistance.

Budget Allocation Plan

The 2014 Legislature appropriated \$1 million in recurring general revenue funds to the Florida State University specifically for the Institute. The expenditure categories, descriptions, and allocations submitted to the Governor's office were as follows.

Institute Administration

Responsible for strategic planning, fiscal and personnel management, compliance, deliverables, and liaison activities with the State of Florida government offices.

On-Going Research & Evaluation Activities

Focuses on projects that inform policy and practice related to child safety, permanency, and child and family well-being. This research will be housed permanently at the Institute and will include longitudinal and cross-sectional studies on 1) children that come into contact with Florida's child welfare system; 2) the child welfare workforce; and 3) evaluation of training and education.

Subcontracts to Social Work Programs

Focuses on research and evaluation on the efficacy of child welfare interventions using partnerships between universities and community-based agencies through a competitive application process.

The expenditures for FY 2014-2015 are presented in Table 1.

Table 1 - FY 2014-2015 Budget

| | Original Budget | Adjusted Budget | Expenses July-June | Obligated Funds | Available Balance |
|---|----------------------------|----------------------------|-------------------------------|----------------------------|------------------------------|
| Institute Administration | | | | | |
| Salaries | | | 156,824.16 | | |
| Expenses | | | 4,371.53 | | |
| Computer Equipment and Software | | | 7,641.03 | | |
| Affiliate Agreements | | | 32,500 | 2,500 ¹ | |
| Total Administration | 200,000 | 205,000 | 201,336.72 | 2,500 | 1,163.28 |
| Ongoing Research and Evaluation Activities | | | | | |
| FSU Faculty Salaries | | | 60,842.36 | | |
| Graduate Assistants | | | 9,455.88 | | |
| Travel | | | 12,773.09 | | |
| Total Ongoing | 175,000 | 136,500 | 83,071.33 | | 53,428.67 |
| Subcontracts | 625,000 | 658,500 | 222,500 | 436,000² | |
| Total Institute | 1,000,000 | 1,000,000 | 506,908.05 | 43,8500 | 54,591.95³ |

¹ MOU with FSU College of Social Work has been signed. Expenses are being charged to the College of Social Work budget. At the end of the fiscal year those expenditures will be transferred to the FICW budget via journal transfer.

² Projects awarded to researchers external to FSU. Funds are being encumbered via purchase order.

³ Includes carry forward from FSU fringe pool.

Staffing Plan

Two mechanisms are utilized to staff the Institute: Florida State University (FSU) employees and public/private university social work faculty affiliations. FSU employees will be hired through the College of Social Work (CSW) in designated faculty, non-faculty, or Other Personnel Services (OPS) positions. The Institute has secured Memoranda of Understanding (MOU) with each of the 14 accredited universities offering social work degrees. Each participating program receives an annual stipend of \$2500 to offset incurred costs associated with faculty travel to Institute meetings and to attend child welfare conferences. Currently, the Institute has 54 faculty affiliates across the state that have identified themselves as child welfare researchers or child welfare faculty (Appendix D).

Research Priorities

The Institute's priority is to partner in building an informed and integrated child welfare system through collaborative research that can be translated into effective and efficient practice. The Institute utilized the 2014-2015 fiscal year legislative appropriation to prioritize three research areas:

1. Enhancing collaborative relationships in child welfare practice
2. Child welfare evidence-based practice (EBP) replication projects
3. Innovative/promising child welfare practices

The goal of focusing on these areas is to emphasize the need to move toward evidence-based/evidence-informed child welfare practice through replication of existing EBP programs and/or utilizing innovative ideas to develop practices that can be validated through program evaluation and intervention research. To this end, the Institute made ten \$60,000 research awards. For a complete list of the awardees, see Appendix E. Researchers from the Florida State University College of Social Work were funded to develop a work plan for a large scale five-year longitudinal workforce study. The prospectus is presented in Appendix F. Additionally, the Institute funded eight technical reports designed to assist in decision-making and inform stakeholders of current research and effective practices (see Appendix G). These reports are currently being edited and formatted and will be made available to the Governor's office, the Senate President, Speaker of the House, and key stakeholders once they are finalized.

Strategic Plan

The Institute's goals and priorities were specified in Senate Bill 1666 with an overarching mandate to make practice and policy recommendations to improve Florida's child welfare system. In maintaining alignment with legislative intent and priorities, the Institute proposes "Four Pillars" to target mandated outcomes in the following research priority areas:

1. Collaborative partnerships
2. Practice research
3. Policy analysis
4. Technical assistance and training

The Institute's 5-year strategic plan is presented in Appendix H.

The remainder of this report updates the Interim Report submitted on February 1, 2015 and makes additional recommendations for improving the Florida's child welfare system for consideration by the Governor, legislature, and Department of Children and Families. The recommendations in this report are grounded in available research and serve as points of departure for further discussion and analysis as to where investments should be made to improve the child welfare system. The prioritization and mechanics to achieve these

recommendations remains to be developed; however, the Institute intends to be a dedicated partner toward their assessment and prospective implementation.

SECTION III - NEED FOR A CHILD WELFARE STRATEGIC PLAN

The Interim Report presented an argument for a statewide, system-wide strategic plan based on the child welfare system model presented in the Interim Report (Appendix A, Figure 3, Page 13). As suggested in the Interim Report, system integration is difficult to attain because each entity has their own mission, strategic plan, outcome measures, and resource allocation plans that may or may not be aligned with those of child welfare. Senate Bill 1666 set the stage for a forward-thinking child welfare agenda that embraces a child-centric systems approach; however, getting everyone to the table to agree on a sustainable model of collaboration, cooperation, and shared responsibility has been difficult even though there is overwhelming support for a plan. The Institute is committed to continue advocating for a unified strategic plan for children and families in the child welfare system, but now has a better appreciation for the magnitude of effort that is needed to bring this plan to fruition. We will continue to work with entities that provide services to children and families in the child welfare system to identify opportunities for strategic collaboration and planning.

Moving forward, the Institute will convene and meet with significant organizations and actors across multiple, relevant fields in the public and private sectors that help shape the lives of Florida's families and children, and especially those who significantly affect and intervene with child welfare clients at practice and policy levels. The Institute will develop and use convening-and-designing processes that help "smooth the path" for translational research and consultation by establishing and clarifying the actual geographies, contours, and boundaries of the child welfare environment. These efforts can help meet a number of objectives including: 1) invite committed persons already working on children's issues to develop approaches that are coordinated and collaborative with others engaged in such work; 2) develop a usable "catalogue" of statewide assets across sectors that can be employed in the service of children and families more effectively and efficiently; 3) communicate important issues, questions, and findings among stakeholders and across sectors; 4) move forward the design of action plans and scalable "proof of concept" designs that will help address the unique and long-term needs of children in the child welfare system; and 5) enhance the probability of successful "translation" of validated child welfare knowledge and interventions into Florida's system of care.

Although the Institute has not yet made forward movement on a unified strategic plan, there are examples of opportunities to capitalize on that should be noted. The Department is in the early stages of developing a model for integrating behavioral health (substance abuse and mental health) services with child welfare services. The integration plan's success will be highly dependent on the ability of the two systems to a) accurately assess current policies and practices to identify the commonalities and gaps; b) establish an exchange of information and referral system; c) map existing resources against existing need; and d) identify desired conjoint outcomes. Once the model is developed, it will require cross-system strategic planning for successful implementation and sustainability. The Institute can help inform and facilitate this process.

A second opportunity is to unify the statewide, state-level, multiagency groups that are currently addressing children's issues. In June 2015, the Office of the State Courts Administrator took the first step in identifying the groups and their purpose/goals and the agencies participating in the workgroup (Appendix A). The inventory identified 26 workgroups across the state. A review of the purpose and goals of each group revealed that the state does not have a mechanism for communication between the various workgroups, which results in overlap and ineffective dissemination of information regarding programs, policies, and practices.

Recommendation

1. Establish an oversight mechanism for the multiagency workgroups that are working on children's issues to ensure that statewide efforts: 1) are coordinated and collaborative; 2) communicate findings among stakeholders; and 3) have action plans that address the unique needs of children in the child welfare system.

SECTION IV - DATA DRIVEN DECISION-MAKING

System accountability was the primary focus of the sweeping child welfare reforms during the 2014 legislative session. The Results-Oriented Accountability Program (ROAP) was legislatively mandated in s. 409.997, Florida Statutes. The statute specifies that DCF, CBC agencies, and the lead agencies' subcontractors share the responsibility for achieving the outcome goals specified in s. 409.986(2), Florida Statutes. The DCF submitted its ROAP plan and budget recommendations in February 2015. During the 2015 legislative session, the legislature appropriated \$500,000, well below DCF's submitted budget projections.

During the 2014 legislative session, there also was a focus on data analytics, specifically predictive risk modeling (PRM). North Highland Consulting and the SAS Institute completed the "discovery phase" of the project and will continue the project in FY 2015-2016.

The Institute was actively involved in an advisory capacity with the development of the ROAP and predictive analytics plan. The Interim Report supported the need for a co-located (Institute and DCF) "Results Lab" in which the Institute would be responsible for the research and data analysis process of the plan. As suggested in the report, it would be a logical extension of the PRM plan to include the expertise of the Institute to run predictive risk models. Co-location will also provide researchers across the state access to data. It will also cultivate a new generation of child welfare researchers by encouraging access to Ph.D. students and post-doctoral fellows.

Since the Interim Report was submitted, the Department has formed the *Child Welfare Performance and Quality Management Unit* within the Office of Child Welfare (OCW). The OCW has hired a researcher/statistician specifically for the unit. The Institute and the director of the unit have been working closely and the Institute readily offering advice and guidance regarding research design and data collection. The Institute and the OCW are in continuous dialogue regarding the possibility of a co-located results lab.

The ROAP and data analytics plans provide the blueprint for moving Florida's child welfare system to the forefront of quality child welfare service delivery on a national level; however, the plans are only as good as the data that is entered. The Florida Safe Families Network (FSFN) system needs to be upgraded to ensure that functionality and capability is maximized. Significant improvements to the quality of data entry could be made if timeframe policies were consistently applied and the data was reviewed by supervisors for accuracy and completeness.

Recommendations

1. Increase funding for the Results Oriented Accountability Program (s. 409.997, Florida Statutes).
2. Prioritize data system upgrades that maximize functionality, capability, and data quality assurances with input from the Institute to ensure that effective intramural and extramural program evaluation and useful secondary data analysis is possible in the future. The goal of the partnership is to produce high-quality data that can be analyzed and utilized for decision-making.

SECTION V - SAFETY, PERMANENCY, AND WELL-BEING

Florida's Practice Model

Florida's child welfare practice model is the driving force behind meeting the safety, permanency, and well-being outcomes specified in s. 409.986 Florida Statutes. The integrated model is intended to control for safety through present and impending danger assessments, safety planning, Family Functioning Assessment (FFA), and assessing risk with an actuarial risk assessment. As stated in the Institute's Interim Report, the model was implemented without a critical literature review on the two approaches and without evidence that they were valid and reliable (Appendix A, page 17).

To date, the model has not been fully implemented across the state; however, there has been considerable progress towards implementation since the Interim Report. Currently 95% of the investigators are utilizing the practice model whereas only 25% of case managers have been trained. These rates indicate that there are still areas of the state where only CPIs are trained and utilize the practice model; yet cases are given to case managers who have not yet had the necessary training or have the capacity to continue services based on the model. The Institute continues to have concerns that child safety, permanency, and well-being remain at risk because the same framework/model for controlling for safety and making risk assessments is not being universally utilized. The "full" model is dependent on both investigations and case management staff being fully trained and working in tandem. Additionally, it is unknown what fidelity issues exist and if they are consistent across geographic areas where the model has been fully implemented in both investigations and case management.

Additionally, the practice model tools have not been validated. The OCW's Performance and Quality Management Unit is in the process of validating the FFA and continues to contract with ACTION and the Children's Resource Center for quality/fidelity assurance reviews and compliance on the CPI components of the model. The CBC agencies are not uniformly providing the same fidelity reviews in the Circuits where the model has been implemented.

An evaluation of the utilization of the practice model in geographic areas with full implementation would provide insight on best practices for adhering to and ensuring fidelity to the model. These lessons learned could better provide guidance to other areas new to implementation. In June 2015, a DCF report entitled, *Community Based Case Care Lead Agency Trends and Comparisons: Caseloads and Use of Placement Resources*, documented that the out-of-home care (OHC) rate had significantly increased while at the same time there was a decrease in discharge rates. These rates varied across Circuits. The Office of Child Welfare has partnered with Casey Family Programs and the Ounce of Prevention to identify the root causes and systemic factors contributing to the increased numbers of out- of-home care. The Institute is represented on the advisory committee.

Recommendation

1. Develop and implement a practice model evaluation plan to be conducted in the geographic areas in which the model is fully implemented.

Evidence-based and Innovative/Promising Practices

In the Interim Report, the distinction between best practice models and evidence-based practice (EBP) was made. According to Brown (2009), best practice models are "generally accepted, informally-standardized techniques, methods, or processes that have proven themselves over time; however, they lack the independent evaluations needed to validate their effectiveness." Evidence-based programs are programs that have been shown effective by scientifically rigorous evaluations. The recommendation to prioritize evidence-based programs was written into statute in the 2015 legislative session (Appendix A, pages 17-19). This legislation is a

step in the right direction; however, the goal to prioritize evidence-based programs and practices into an existing complex system may prove challenging because a) EBP's will need to be adapted to fit the unique circuit needs; and b) the privatized system does not have a mechanism for disseminating innovative models that are effective. Such challenges are not unique to Florida; the entire nation is struggling with these tasks.

Since the legislation was passed, efforts have been made by the Department to identify the current array of available services and how they fit into the best practices to evidence-based continuum. There has also been a notable positive shift by the Department from "availability of and access to services" to one that prioritizes "service quality and effectiveness". The Department has collected initial data on the current service array and is in the process of collecting additional data. The Institute has made recommendations regarding survey design to maximize response rates and results. As the shift moves toward quality and effectiveness of programs, quality standards or a quality rating system will need to be identified and/or developed. Additionally, as new evidence-informed or innovative practices are implemented in other settings, it will be critical for evaluation studies to be in place to ensure that the practices meet quality standard thresholds and are effective. Lastly, practices that are found to be effective should be replicated and adapted to meet community level needs.

Recommendations

1. Complete the statewide services analysis and provide a plan for filling the gaps with a priority on evidence-based practices.
2. Develop quality standards for all aspects of the child welfare system that are contractually required (from abuse hotline to permanency).
3. Align quality standards with the Results Oriented Accountability Program Plan.
4. Build a centralized repository of quality programs specific to Florida so that effective programs can be accessed and replicated across the state.

Importance of Well-being and Trauma-informed Care

Although Florida's child welfare outcomes are safety, permanency, and well-being, Florida's child welfare model prioritizes safety. As the Department moves toward integrating behavioral health and child welfare services, the practice model will need to place a greater emphasis on well-being. In an integrated service model, child and family well-being assessments will need to prioritize and analyze the interactions of parental behavioral health status and child maltreatment with a trauma-informed perspective.

Trauma-informed practice reflects the following six key principles:

1. **Safety** - Ensuring physical and emotional safety.
2. **Trustworthiness and Transparency** - Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries.
3. **Peer Support** - Increasing positive peer support.
4. **Collaboration and Mutuality** - Maximizing collaboration and sharing of power with clients.
5. **Empowerment, Voice, and Choice** - Prioritizing client empowerment and skill-building, hearing client desires and concerns, and prioritizing client choice.
6. **Cultural, Historical, and Gender Issues** - Being sensitive to a variety of cultural, historical, and gender issues that affect service access, delivery, and client decision-making.

As Florida moves toward a trauma-informed child welfare system, there will also need to be a shift in how families in the system are viewed and valued. Trauma-informed systems:

1. Recognize that coercive interventions can be both traumatizing and re-traumatizing for clients;
2. Routinely assess for trauma and common traumatic stress related mental health conditions;

3. Solicit and value client opinions;
4. Include clients in treatment and case decision making processes;
5. Envision client success; and
6. Help clients make different and more success-oriented choices moving forward.

In the 2015 legislative session, language was written into statute requiring the prioritization of trauma-informed care (TIC); however, there were not policy changes to reflect how TIC is translated into practice. For example, s. 39.4085(15-16), Florida Statutes requires sibling visitation at least once a week and visitation with parents at least once a month, unless a judge orders otherwise. Although these visitation goals are not the standard across the state, they illustrate the need to align policies with the best practice of frequent visitation, especially for infants and toddlers. The National Child Traumatic Stress Network (NCTSN) has developed a trauma toolkit that has provided guidance and/or has been successfully integrated in other states that could be used as a model for Florida.

The Department's desire to develop a trauma-informed service delivery model that integrates behavioral health and child welfare services will require consideration of Medicaid eligibility, funding mechanisms, and require assurances that the Agency for Health Care Administration (AHCA) will support the shift. Child welfare families coming into the system have a unique set of treatment issues that are directly related to their Medicaid benefits.

Currently, DCF's eligibility criteria require that parents/caretaker relatives must have at least one minor child in the home, or be pregnant, to receive Medicaid if they otherwise meet the program's eligibility criteria. On the federal level, parents/caretaker relatives in low-income families with dependent children are eligible for coverage if their income meets minimum eligibility levels. The federal guideline does not define "dependent" as residing in the home; this is a criterion specific to Florida. The "in-home" criterion can be a detriment for the family that is willing to work a case plan with reunification as a goal. If a family comes into the child welfare system already receiving Medicaid benefits and the child is removed from the home, the parent is no longer eligible to receive Medicaid benefits. If the child is placed in out-of-home care, they may be moved to another Medicaid health plan, specifically Sunshine Health, and the parents will no longer have access to their primary and/or behavioral health care provider. Essentially, the family unit loses their "medical home." If the child is reunified, the family will have to reestablish a medical home which can take 45 days. This causes undue stress on the family and may actually inhibit the child and the parent's ability to get timely and necessary services such as substance abuse and or mental health treatment for the maltreating parent.

Second, Medicaid reimburses a maximum of 104 quarter-hour units (26 hours) of individual and family therapy services, per recipient, per state fiscal year. There is also a maximum daily limit of four quarter-hour units (one hour). This is especially troublesome given that families that come into the system often have complex trauma histories as well as myriad behavioral health issues that may routinely need more than 26 hours of individual or family therapy and/or more than one hour of services per day. Additionally, the session length and unit limits set forth by AHCA do not support trauma-focused evidence-based interventions, such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and/or is not conducive to system constraints (i.e. transportation).

Recommendations

1. Amend Chapter 39 to reflect evidence-based and trauma-informed practices (i.e., visitation frequency).
2. Integrate resources from the National Child Traumatic Stress Network (NCTSN) Child Welfare Trauma Training Toolkit to ground evidence-based and trauma-informed trainings in research and promote standardization across the state.
3. Ensure trauma-informed care is integrated throughout the pre-service training curriculum.

4. Statutorily require trauma-informed care training for all child welfare professionals and subcontracted service providers.
5. Explore options that allow families to retain their existing Medicaid coverage whenever reunification is the goal in an effort to achieve medical and behavioral health stability while children are in the system and post-discharge.
6. The Agency for Health Care Administration should reimburse behavioral health interventions that require greater than one hour a day and/or more than 26 hours of therapy for children and families.

SECTION VI – SPECIAL POPULATIONS

This section of the report is designed to address the unique needs of four subsets of the child welfare population, specifically: 1) children ages birth to three; 2) pregnant and parenting teens; 3) commercially sexually exploited children; and 4) crossover youth. Each subsection will provide a high level overview of the issues with associated recommendations. Technical reports will be provided for the first three populations once they have been edited and formatted.

Children Birth to Three

The Interim Report presented the importance of specialized services for families with children birth to three in the child welfare system (Appendix A, pages 21-22). Infants and toddlers are disproportionately represented in Florida's child welfare system and are at greatest risk of death due to abuse or neglect. This is also the critical period for brain development and for establishing secure attachments to a primary caregiver. As discussed in the Interim Report, the child welfare system can unintentionally re-traumatize young children and disrupt secure attachments. Because infants and toddlers have typically been a low priority for behavioral health intervention and funding in the United States, child welfare approaches have focused exclusively on the parent without adequate focus on the parent-child relationship.

To help address this deficiency, advocates, judges, and other stakeholders have made concerted efforts to implement early childhood courts around the state. In March 2015, Florida's Court Improvement Program was chosen as one of six ZERO TO THREE (ZTT) Quality Improvement Center for Research-Based Infant-Toddler Court Team demonstration sites. Currently, there are 20 circuits receiving technical assistance from ZTT. The set of core components of Florida's Early Childhood Courts are as follows:

1. Judicial leadership
2. Trauma lens
3. Central role of infant mental health specialists and child-parent psychotherapy
4. Continuum of behavioral health services
5. Collaborative court team
6. Community coordinator
7. Cross agency training
8. Developmental support for the child
9. Parent education and support
10. Placement stability and concurrent planning
11. Monthly family team meetings
12. Parent-child contact (family time visitation)
13. Co-parenting
14. Evaluation
15. Funding and sustainability

What makes this approach unique is the use of frequent judicial oversight; up-front assessment and planning; the use of infant mental health therapeutic approaches; and multi-disciplinary teams. What is not known, is whether the totality of the 15 components drives positive outcomes or if different combinations of specific components impact child maltreatment rates. What is known is that infants and toddlers in the child welfare system simply cannot wait for services because of access and availability limitations. Delays in providing services

for the birth to three segment of the child welfare population will continue to have long-term developmental and societal implications.

The DCF Secretary announced at the 2015 Dependency Summit that policy requirements, fiscal resources, and services for children three years of age and younger will be a priority in the upcoming year. The Institute is prepared to work with the Department to develop a research agenda that will help move this initiative forward.

The impact of maltreatment on infants and toddler development is well documented, as is the importance of addressing the parent's trauma history; however, frontline professionals, foster parents, and service providers are not typically trained to address the impact of trauma on young children, nor are they trained on the unique needs of infants and toddlers in the child welfare system. Screening for trauma history and symptoms is not a policy or practice standard for CPIs, case managers, or service providers. Such screening would enhance the Family Functioning Assessment, case plans, and assist with identifying appropriate treatment interventions for the parent as well as the parent-child relationship. Additionally, referrals to Early Steps (Part C), as required by the Child Abuse and Prevention Treatment Act (CAPTA), are not made on all children three years of age and younger who are involved in a verified incident of abuse or neglect.

Therapeutic interventions for children birth to three are Medicaid reimbursable. Currently, the *DC: 0-3R* can be cross walked to the Diagnostic and Statistical Manual of Mental Disorders (*DSM-IV-TR*), and the International Statistical Classification of Diseases and Related Health Problems (ICD-9) for billing purposes. However, the child, not the parent, must have a diagnosis, which is sometimes difficult to make in children ages birth to three. The DC: 0-3R is a multi-axial system with Axis II assessing the parent-child relationship through the use of the Parent-Infant Relationship Global Assessment Scale (PIR-GAS). The PIR-GAS is a parent-child relationship rating instrument to describe the strengths of a relationship as well as the severity of a disorder. Currently, there are not any alternatives for billing for a low PIR-GAS score without an identified Axis I clinical disorder. Given that child safety, permanency, and well-being outcomes are contingent on healthy and stable parent-child relationships, low PIR-GAS scores should be considered as reimbursable. It should be noted that the Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes a PIR-GAS score of 40 or below (which indicates a Relationship Disorder in the "Disturbed" Category) as an indicator of imminent risk for maltreatment.

Recommendations

1. Align policy standards to ensure that families with children ages birth to three receive timely assessments and services that include an assessment of the parent-child relationship.
2. Ensure that CPIs, case managers, and service providers have received trauma-informed care training and are applying it in practice.
3. Require trauma screening for families (child and parents) entering the system with a child between the ages of birth to three.
4. Require referrals to Early Steps for all children three years of age and younger who are involved in a verified incident of abuse or neglect.
5. Explore reimbursement options with AHCA for therapeutic interventions for children with PIR-GAS scores of 40 or less.

Pregnant and Parenting Teens

Pregnant and parenting teens involved in the child welfare system present a unique set of complex, multidimensional challenges. Unfortunately, we do not have the data to precisely know the magnitude of the problem in Florida. Nationally, it is estimated that between 16-50% of females in foster care or recently aged out become pregnant by age 22. FSN has the capability to capture this data; however, the field is not universally utilized.

Currently, the Department gathers data via the *My Services* survey which is designed to provide insight into the foster care experience from the perspective of Florida's foster youth. The survey also helps depict the degree to which foster care and independent living services are achieving their intended objectives. The survey is administered twice a year to youths age 13-17. There are two yes/no items specific to teen pregnancy and parenting: 1) Are you pregnant? and 2) I have a child or children. However, there are not any follow-up items related to these two areas. DCF also utilizes an expanded version of the National Youth in Transition Database (NYTD) survey of young people ages 18-22 that have aged out of Florida's foster care system. The survey is administered on an annual basis. There is one question related to parenthood on the survey, "Have you ever given birth or fathered any children that were born?" Neither of these surveys allow for further opportunity to gather richer data regarding the teens' circumstances. The lack of available data makes it extremely difficult to adequately identify the correct service array that is needed for these youth and their children.

There is universal agreement that being a teen parent is a risk factor for not providing a healthy, safe, and nurturing environment for infants and toddlers. From a developmental perspective, the teen years are often difficult to maneuver and successfully emerge from as a healthy young adult. For pregnant and parenting teens in the child welfare system, this developmental stage can be even more tumultuous, because they have their own maltreatment and trauma histories to address as well as the added stressor of pregnancy and/or a child. Pregnant and parenting teens are also more likely to perform below grade level and have lower graduation rates than their non-pregnant/parenting peers. Lastly, they do not readily access healthcare and are more likely to rapidly become pregnant again.

The cumulative effect of these problems often makes it difficult to successfully navigate the teen years especially for those pregnant and parenting teens with a backdrop of involvement in the child welfare system. Preexisting involvement in the child welfare system can result in the teen voluntarily relinquishing custody of their child to a relative or their children becoming involved in the child welfare system because of maltreatment; thus the multi-generational impact of maltreatment continues. If the teen decides to keep her child, she is often faced with challenges related to housing, employment, educational opportunities, childcare, transportation and access to support services. These challenges require a sophisticated understanding of systems and bureaucracies that is typically unavailable to teenagers. Additionally, teen fathers are often overlooked and/or undervalued, yet they may be experiencing the same barriers that the teen mother is experiencing.

Finding appropriate placements for pregnant and parenting teens is difficult because there already is a shortage of placements for teens. Teen parents in the system are often separated from their children because there is not an adequate number of placements available that will accept pregnant teens or teens with their infants. Residential group homes are often utilized to fill the gap; however, they are often ill-equipped to meet the complex needs of these youth.

In 2014, the Independent Living Advisory Council Related to Pregnant and Parenting Teens in Florida made recommendations to the Department regarding data collection, training and safety (Appendix J). This year the Institute contracted with researchers from Florida State University to write a technical report on parents aging out of the child welfare system. The recommendations set forth in this report encompass both of these resources.

Recommendations

1. Obtain an accurate count of the number of pregnant and parenting teens in the system. A statewide, point in time, data collection (one day count) should be conducted. Once the point in time data is collected and analyzed, data should be collected on an annual basis utilizing the advisory group recommendations set forth in Appendix J.

2. Teen parents (mothers and fathers) and their child(ren) should have the opportunity to live together when possible and should have access to appropriate housing options that meet the needs of the parent(s), as well as their children.
3. Require cross-system training specific to pregnant and parenting teens to all child welfare professionals (including the judiciary and attorneys), foster parents, and service providers.
4. Expand the *My Services* survey to include additional items that can assist with service planning and programming.
5. Ensure that parents aging out, like their non-parenting counterparts, have access to services that will help them meet their goals in various aspects of their lives (i.e. education and employment).
6. Independent living skills for parents aging out need to prioritize the well-being of the parent and the child; thus the skills may be different than the independent living skills for other (non-parenting) youth aging out.
7. Child welfare professionals should conduct trauma-informed risk assessments for all pregnant and parenting teens to assess parent/guardian protective capacities.
8. A continuum of culturally and linguistically competent and trauma-informed interventions, including parenting, should be provided to address the needs of teen parents and their children.
9. Parent education training for youth aging out of the system are needed to address the specialized needs of young parents and their children.
10. The cases of a teen parent and his or her children should be connected with a single case manager.
11. The Department should create a workgroup to examine challenges and best practices related to pregnant and parenting teens in group care.

Commercially Sexually Exploited Children

Section 787.06, Florida Statutes, defines “human trafficking” as “transporting, soliciting, recruiting, harboring, providing, or obtaining another person for transport.” Unfortunately, we do not know the number of children in the child welfare system that have a current or past history of sexual exploitation. These children require a highly specialized screening, assessment, and treatment model to ensure that the system is protecting them from further exploitation and needlessly re-traumatizing them.

In 2014, the legislature recognized the need for legislation related to screening and assessing children who are victims of commercial sexual exploitation (CSE) by creating s. 409.1754 Florida Statutes. The statute outlines the legislatively mandated requirements for screening and assessment, training, case management and task forces for sexually exploited children. The statute requires that initial screening and assessment instruments be developed to assess the appropriate placement of a sexually exploited child, including whether placement in a safe house or safe foster home is appropriate, and validation of the initial screening and assessment instruments. The Department developed a screening tool in conjunction with the Department of Juvenile Justice. The Institute is working with DCF to refine the tool so that it can be validated.

Additionally, the statute requires the Department and community-based care lead agencies ensure that cases with alleged, suspected, or known commercial sexual exploitation have child protective investigators and case managers who have received specialized intensive training in handling these types of cases. Regular multidisciplinary staffings relating to services provided for sexually exploited children must be conducted to ensure that all parties possess relevant information and services are coordinated across systems. Each region of the department and each community-based care lead agency must establish local protocols and procedures for working with sexually exploited children. The protocols and procedures should take into account: a) the varying types and levels of trauma endured; b) whether the sexual exploitation is actively occurring, occurred in the past, or inactive but likely to recur; and c) the differing community resources and degrees of familial support

that are available. Child protective investigators and case managers must use these protocols and procedures when working with a sexually exploited child.

Lastly, the statute stipulates:

“to the extent that funds are available, the local regional director may provide training to local law enforcement officials who are likely to encounter sexually exploited children in the course of their law enforcement duties. Training shall address the provisions of this section and how to identify and obtain appropriate services for sexually exploited children.”

It was reported in the DCF presentation to the House Children, Families, and Seniors subcommittee in September 2015 that over 930 protective investigators, case managers, and hotline staff have received specialized training. The initial training required of agency personnel before accepting cases with human trafficking victims includes a three-hour “Human Trafficking 101” course, a one-hour course on HB 7141, and two more hours of additional live training on topics related to human trafficking (i.e., gangs, complex trauma, motivational interviewing, etc). Ongoing training is required 12 months after the initial training: one hour per quarter for a total of four hours each fiscal year. The Department has also stipulated a grandfather clause for training that allows staff who have had 10 hours of Human Trafficking in the last 24 months to only complete the HB 7141 training.

The Institute has concerns that this training approach is inadequate. While these requirements are commendable as a strong effort to meet the legislative mandate, the training curricula should include all of the specialized topic areas and should not be self-selective in nature nor based on previous training requirements. The long-term consequences of missing or not appropriately addressing CSE issues early are dire.

Sexually exploited children have a unique set of risk factors. Research shows that vulnerability increases the younger the age of the child. Exploiters target younger children because they are easier to manipulate and deceive than adults. CSE victims typically come from minority populations, have experienced poverty, have a history of emotional, physical, or sexual abuse and have faced significant familial and school disruptions. Among CSE girls, two risk factors transcend demographic differences — a history of child sexual abuse and/or a history of runaway behavior. Several studies indicate that between 70-90% of exploited children have experienced child sexual abuse before they are first commercially exploited. Additionally, many victims run away or are ‘thrown out’ of their homes leaving them extremely vulnerable to exploitation in the streets. The National Center for Missing and Exploited Children (NCMEC) reports that in 2014, 1 in every 6 endangered runaways reported to NCMEC was likely a victim of child sex trafficking. Children who run away from home, foster care placements, or treatment facilities are common targets for commercial exploitation. Once on the streets, these youth are frequently approached by exploiters within as few as 48 hours.

Studies estimate that between 50-85% of the victims of CSE have a history with the child welfare system. The similarities among the risk factors associated with CSE and child maltreatment explain, in part, why many children who have been involved with child welfare are also victims of sexual exploitation. Children who are being exploited, even when known to the child welfare system, may go unnoticed until they are arrested by law enforcement for prostitution, typically years after they were first exploited. The child welfare system offers an opportunity to intervene and prevent commercial sexual exploitation. Additionally, the child welfare system’s focus on addressing abuse, neglect, and more recently, trauma, seems especially relevant to efforts to meet the needs of victims of trafficking.

Appropriate placement and treatment for children with a history of CSE may be difficult because we know that most children who are CSE victims have their own history of maltreatment and family issues. We also know that victims do not typically disclose that their family was involved in trafficking. Placement in foster or group homes can be problematic because foster parents are not equipped to manage sexualized language and behaviors,

relationship issues, substance abuse issues, and trauma-related responses to care. Additionally, the victim's history of runaway behavior is not precluded simply because they are in foster care. Foster parents and group homes that are not designated as "specialized" may find it problematic to have these children in their care.

The *Safe Harbor Act* went into effect January 1, 2013 to help ensure the safety of child victims who have been trafficked for sex to receive assistance from child welfare professionals instead of being placed in juvenile delinquency. Safe harbor homes are designed to deliver intensive treatment in residential settings, however treatment is often impeded because: a) the runaway histories of CSE victims make it difficult to engage the victims; b) the victims often have a "trauma bond" with their perpetrator that is difficult to break; and c) victims often perceive that "systems" have failed them in the past. Specialized trauma-informed therapy approaches are needed that provide for rapid engagement as well as a strengths-based, victim-centric multidisciplinary response.

In 2014, the Florida Legislature appropriated \$3 million to provide services to youth who have been identified as victims of sex trafficking and have been adjudicated dependent or are the subject of an ongoing child welfare investigation. These funds are administered through the Department of Children Services to regional community-based care agencies which are responsible for licensing service providers and assessing juvenile sex trafficking victims for appropriate placement referrals in specialized foster homes or safe houses.

Recommendations

1. Universally screen for commercial sexual exploitation as part of the investigative and case management process when there is a history of runaway behavior or sexual abuse (self-report or verified).
2. Ensure that FSFN has a required field specific to commercial sexual exploitation.
3. Revamp the training requirements to include all of the topics in the "specialized topics" list and eliminate the grandfather clause to ensure that "specialists" are up to date on approaches.
4. Mandate cross-systems training specific to commercial sexual exploitation of children for all child welfare professionals (including the judiciary and attorneys), foster parents and service providers.
5. Establish policy and procedures that actively involve the parents/caregivers of victims who have reunification as their goal or have identified permanency plans.
6. Ensure that there are qualified supervisors who can monitor and manage the staff who have CSE victims on their caseloads.
7. Placements should be rigorously vetted to ensure that the CSE victim is protected from her perpetrator; has ready access to support and services; and has an after-care plan that includes continued therapy, housing, and educational and employment options.
8. Foster parents and house parents should be adequately informed as to the CSE history of the child prior to placement and should receive specialized training regarding the needs and approaches that are needed to keep the child safely in the placement and ensure the safety of the other children in the home.

DJJ-DCF Crossover Youth

In FY 2014-2015, there were 1,424 youth who simultaneously had open cases with the DJJ and DCF. The Department of Children and Families in collaboration with the Florida Coalition for Children (FCC) created the Crossover Youth Workgroup to address the growing concerns surrounding the limited and inadequate resources available to serve youth dually involved with the dependency and delinquency system—also known as crossover youth. The Institute has had limited involvement with this workgroup but will work with the Department to research and identify the components of successful crossover youth program models and translate them into quality standards for incorporation into policy.

It is known that:

- The interface between DCF and DJJ data systems is not adequate to fully capture an accurate accounting of the actual number of crossover children and their behavioral health and services needs in FSFN.
- There is not a statewide protocol for multiagency communication/response specifically as it relates to lock-outs (Department of Juvenile Justice and State Inpatient Placement).
- Blended funding streams are not utilized to maximize services for these children.
- Civil citations and diversion programs are underutilized.
- Appropriate placements are difficult to find.
- Permanency is often not achieved because of the perception that their issues are too complex.
- There is not a statewide model of practice for these youth.
- Family-based intervention approaches are underutilized.

Recommendations

1. Develop training curriculum for parents, foster parents, and RGC staff on appropriate intervention strategies for youth with complex behavioral health issues.
2. DCF, CBCs, DJJ, and the courts should develop a statewide process map (points of entry and exit from DJJ; case flow overview of FSFN services; service array) to assist in creating an information-sharing template to ensure that crossover youths are identified and received services. Once the process map is completed, a local level and a community level plan should be developed.
3. Develop a crossover youth training curriculum for law enforcement and a bench card for the judiciary.
4. Ensure that programs are trauma-informed and involve the families in treatment and care planning.

SECTION VII – RESIDENTIAL GROUP CARE

In FY 2013-2014 there were 18,152 dependent children in out-of-home care, with approximately 11% ($n = 1,997$) of those children placed in residential group care (RGC). There are two RGC models in Florida, *shift care models* (58%) with staff who work in shifts and *family group homes* (42%) with live-in staff. There has been considerable legislative attention and debate over the last two years regarding the appropriate use of RGC in Florida. The debate will most likely continue in the 2016 legislative session. The Institute is aware of the scrutiny and stands with the majority of child welfare researchers, practitioners, and advocacy groups that believe that *high quality* group care is an essential continuum of care intervention for some children in the child welfare system. RGC facilities should not be the first placement option for the vast majority of children; however, there is a subset of the foster care population—primarily older youth—who have known behavioral health issues that are so severe that they warrant more intensive or structured services than traditional foster homes can provide. The system has an obligation to ensure that initial placements are the best placement for the child and that a full continuum of wrap-around services is readily available to those who need them. Research findings support that for some children and youth, RGC is an effective intervention while for others, including juvenile justice involved adolescents and younger children entering out-of-home care for the first time due to substantiated child abuse, treatment foster care, and family foster care may be better options.

Traditionally, RGC providers have not had to meet standards of practice above the minimum licensing requirements. With the increased scrutiny of the legislature, a workgroup was established to build a set of group care quality standards. The Institute has actively participated in the Group Care Quality Standards Workgroup established by the Department of Children and Families (DCF) and the Florida Coalition for Children (FCC). The 25-member workgroup is comprised of DCF representatives, CBC lead agency staff members, and group care provider agency experts. The workgroup developed draft research-informed quality standards to present to DCF leadership. The Institute also recommended the standards to be cross walked to existing Commission on Accreditation of Rehabilitation Facilities (CARF) and Council on Accreditation (COA) standards as well as Rule 65C-14 to ensure the quality standards are consistent across these domains and their associated documents. The Institute completed the CARF and COA crosswalk and submitted our findings to DCF in August 2015.

Recommendations

1. DCF should continue to refine and implement the RGC quality standards developed by the DCF residential group care workgroup.
2. Explore flexible funding strategies that can help facilitate higher quality services and innovative uses of RGC that are consistent with systems of care principles.
3. Crosswalk quality standards to existing policy and accreditation standards (i.e. Council on Accreditation) to ensure uniform language and consistency across standards.

SECTION VIII – WORKFORCE ISSUES

Recruitment and Retention

Recruitment and retention issues continue to be widespread for DCF, CBC agencies, and service providers. High staff turnover puts vulnerable children at greater risk for recurrence of maltreatment and impedes timely intervention and ultimately permanency. Workforce attrition estimates across the state continue to range between 25-60%. In an effort to address the retention issues, the Institute will lead a five-year longitudinal study of 1,000 newly hired CPIs and case managers to study the individual conduct and organizational influences on child welfare employee retention, and ultimately, child and family outcomes. This intramural research project was launched in September 2015.

The Title IV-E stipend program was established in the 2015 legislative session with the University of Central Florida (UCF) as the lead institution for the program. The program is designed to attract social work students to the child welfare career field by providing stipends — \$6,000 for up to two years of full-time enrollment and \$4,000 for up to three years of part-time enrollment — in exchange for one year of employment per stipend awarded. Employment can be with DCF, a CBC agency, or a sheriff's investigation unit. There will be 200 stipends statewide in FY 2015-16 and a projected 300 stipends in FY 2016-2017. Students receiving the stipend will be required to take two child welfare courses and complete a child welfare field placement. The Department has prioritized undergraduate students for this round of funding.

Training

The Institute participated in a statewide workgroup to assist the Florida Certification Board with revamping the core competencies to align with the practice model. DCF's pre-service curricula have undergone substantial revision. There has been an internal review of the Core Curriculum and DCF has recommendations for improvement. The Institute is currently reviewing the Core Curriculum and will provide the Department with additional recommendations once the review is completed.

The Department received \$16.6 million for training this legislative session that has been allocated across DCF regions, CBC agencies, and the sheriffs' offices. The allocation of funds does not include a targeted statewide training plan. Training plans are supposed to be developed at the regional and circuit level. The Institute believes that this was a missed opportunity to prioritize statewide training needs, identify deficiencies in current training, and to develop a system wide, synchronized training plan that is consistent across the state.

Supervisory Models and Case Consultation

One of the key factors driving the practice model is the assumption that there will be appropriate supervision and timely feedback; however, this is not happening consistently across the state primarily because of the high turnover rate of investigators and case managers. It was reported that the average length of time on the job for supervisors is about a year and a half. The Florida Certification Board is currently rewriting the competencies to align with the practice model with the assumption that it will take a full year for a new investigator or case manager to become proficient in the practice model. This translates to supervisors essentially being deemed proficient in the practice model for six months, on average, before they become a supervisor. More importantly, because there is a limited number of investigators and case managers with longevity, the supervisors are not receiving the supervisory support that they need to be effective managers. Additionally, as noted in the Interim Report there is not a supervisory or peer case review model in place across the state because of the turnover rate and the caseload issues due to inadequate staffing numbers (Appendix A, page 20).

The Department has acknowledged the need for an integrated system that taps into mental health, substance abuse, and domestic violence expertise because of the increased complexity of the cases coming into the

system. However, the standard current practice is to rely on external expertise rather than internal expertise for case consultation. This type of approach can have unintended negative consequences because the “typical” mental health, substance abuse, trauma and/or domestic violence services provider does not necessarily have a child welfare lens for use in consultation. Service providers, especially those who are licensed, are not required to have any prior child welfare experience to deliver services. This means that they may not have the requisite sense of urgency and understanding of the child welfare system when accepting referrals, making assessments, and treating the child and the parents/caregivers. Additionally, their practice orientation may not be one that supports family preservation and/or reunification. External consultation that is not child welfare system focused, coupled with the lack of consistent internal supervision further exacerbates the frontline child welfare professionals’ ability to make the best safety, permanency, and well-being decisions for the families that they are working with.

Recommendations

1. Require a training plan from each region that includes a strategy for the distribution of the IV-E training funds.
2. Develop a supervisory model that includes a training and mentoring component.
3. Statutorily require child welfare specific training for all child welfare providers, including ancillary professionals such as judges, Guardians ad Litem, and attorneys, akin to s. 456.031 Florida Statutes’ domestic violence requirement.

SECTION IX - CRITICAL INCIDENT RAPID RESPONSE TEAM (CIRRT)

The Florida Legislature mandated the creation of a multiagency Critical Incident Rapid Response Team (CIRRT) to perform a root-cause analysis in child fatality cases with a verified report of abuse or neglect within the preceding 12 months. Further, the CIRRT is to determine the need for change to organizational policies and practices related to child protection and child welfare (s. 39.2015, Florida Statutes). The legislation also stipulates that the Secretary may direct an immediate investigation for other cases involving serious injury to a child. In the 2015 legislative session, the statutory language was modified to require the CIRRT advisory committee to meet at least once each quarter rather than annually. The Institute has participated in two quarterly meetings. What has been abundantly clear through these meetings is that the Secretary and OCW staff are committed to collecting data on the CIRRT cases, as well as all child death cases, to utilize for sound policy and practice decision-making. The OCW has developed a quality assurance tool that will allow them to capture child welfare practice, service array, and organizational data on each child fatality case.

The [Child Fatality Prevention](#) website was created to raise public awareness about child fatalities throughout the state and assist communities with identifying where additional resources or efforts are needed to assist struggling families. The website is a great resource; however, there is still not a process in place for raising awareness of important safety practice issues associated with child fatalities across regions and at the frontline level. Information about the circumstances of each child death is not disseminated within and between DCF regions, CBC case management agencies and/or service providers. The Interim Report recommended the use of *safety stand downs* or case reviews with each fatality to: 1) prioritize child safety and well-being; 2) emphasize the importance of fidelity to the child welfare practice model and procedures; 3) give supervisors the opportunity to review protocol with their staff; and 4) give staff the opportunity to ask questions about specific case issues that may be similar to the case being reviewed. Each child fatality should be viewed as an opportunity to learn and to improve system policies and practices. Preventable and duplicative errors may occur because there is no mechanism in place for disseminating the CIRRT findings within and between regions.

Recommendations

1. DCF should ensure that the CIRRT report information is disseminated to leadership in all regions and formally discussed.
2. Increase awareness and disseminate shortfalls of important safety practice issues involved with child fatalities at the frontline level.

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FLORIDA INSTITUTE
for CHILD WELFARE

INTERIM REPORT

Submitted to:
Governor Rick Scott
Senate President, Andy Gardiner
House Speaker, Steve Crisafulli

January 2015

College of Social Work
Florida State University
Tallahassee, FL

MISSION

The Florida Institute for Child Welfare seeks to promote safety, permanency, and well-being among the children and families of Florida involved with the child welfare system. To accomplish this mission, the Institute will engage in interdisciplinary research and evaluation and will collaborate with community agencies and statewide training resources to translate knowledge generated through research, policy analysis, and evaluation into practical, developmentally appropriate strategies for children and families.



FLORIDA INSTITUTE for CHILD WELFARE

The Honorable Rick Scott
Governor
PL-05 The Capitol
Tallahassee, Florida 32399

Dear Governor Scott:

The Florida State University College of Social Work is honored to have been selected to house the Florida Institute for Child Welfare. On behalf of the Institute, we submit the Interim Report for your consideration. In accordance with state law, the Institute has prepared recommendations for improving the child welfare system in our state.

We want to thank the many stakeholders around the state for meeting with us and providing insight into how the child welfare system throughout Florida is currently functioning.

The child welfare bill you signed into law last year will have a lasting impact on our children and families. There is no doubt that effective public-private collaboration at state and local levels, combined with strong community participation, is key to ensuring that Florida's children are safe and thriving in homes that support their life-long well-being.

Sincerely,

Nicholas F. Mazza, Ph.D., LCSW, LMFT
Dean and Professor
College of Social Work

Patricia Babcock, PhD, LCSW
Interim Director
Florida Institute for Child Welfare

Cc: The Honorable Andy Gardiner, Senate President
The Honorable Steve Crisafulli, House Speaker

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SECTION I - EXECUTIVE SUMMARY

The sweeping child welfare reforms passed in the 2014 legislative session paved the way for making Florida's children safer by mandating research supported policy and practice standards that prioritize safety, permanency and well-being outcomes. The Florida Institute for Child Welfare at the Florida State University College of Social Work was appropriated \$1,000,000 and tasked with forming a consortium of child welfare researchers who will provide scientifically based recommendations for preventing child maltreatment fatalities and improving child safety, permanency and well-being.

In the last six months, the Institute's Interim Director has met with national child welfare experts and state-wide stakeholders. Without exception, all of the experts and stakeholders acknowledged the need to improve state and national child welfare outcomes and want to be part of the solution by working in partnership with the Institute.

In accordance with s. 1004.615, Florida Statutes, the Florida Institute for Child Welfare submits its interim report to the Governor and Florida Legislature. The recommendations set forth in this report are intended to show the Institute's commitment to improving Florida's child welfare system and changing the life trajectory of the children and families that are served by it.

The recommendations are intended to address the specific mandates outlined in the legislation and focus on five key areas:

- The need for a statewide, system-wide child welfare strategic plan;
- A unified accountability plan that encompasses the Results-Oriented Accountability Program (ROAP) and the Data Analytics Project plans;
- Safety, permanency and well-being factors;
- Workforce issues; and
- Critical Incident Rapid Response Team (CIRRT) process

The annual report due on October 1, 2015, will further expound on these areas and will include recommendations related to:

- Group Homes
- Pregnant and Parenting Teens in the Child Welfare System
- Human Trafficking
- DJJ-DCF Crossover Youth

REPORT RECOMMENDATIONS

1. Legislative support for a statewide, system-wide child welfare strategic plan that includes cost projections through FY 2020. The plan should be aligned with the Governor's Office for Adoption and Child Protection state plan, which is focused on the promotion of adoption, support of adoptive families, and prevention of abuse, abandonment, and neglect of children (s. 39.001 (10)(a), Florida Statutes). The plan should also be aligned with the Results-Oriented Accountability Program requirements in s. 409.997, Florida Statutes, presented in Section IV of this report.
2. The Institute should be the conduit for coordination in developing and implementing the plan, and should utilize it for prioritizing its research and evaluation agenda.
3. Combine and fund the research and evaluation components of the ROAP plan and the data analytics program through the Institute.
4. DCF should continue discussions with the Institute and Casey Family Programs to establish and implement an evaluation plan of the practice model.
5. The Legislature should provide additional funding for the known EBP gaps identified in the Casey report: Safe at Home, CPP, and CBT.
6. Establish quality standards for the service categories identified in the Casey report and ensure that fidelity and timeliness measures are included in the standards.
7. Complete a statewide service gap analysis that includes quality standards and provides a plan for filling the gaps with a priority on EBP.
8. Resource allocation should prioritize programs that are EBP or promising/innovative (evidence-informed) practices with a robust evaluative process/plan that is directly tied to the safety, permanency and well-being outcomes specified in s. 409.986(2), Florida Statutes.
9. DCF and CBCs currently utilizing RSF and/or Field Support Consultants should build an evaluative component into the practice model quality assurance and fidelity review process.
10. DCF should mandate that innovative models for improving outcomes be required to have an evaluative component.
11. The Institute, DCF, CBCs, public/private social work programs and NASW-FL should work together to develop a supervisory model and curriculum.
12. Fund Institute-led DCF and CBC pilot sites with embedded (full-time, onsite) Licensed Clinical Social Workers to model a holistic supervisory approach (i.e., incorporating mental health, substance abuse and domestic violence consultation and peer review).
13. Develop ROAP well-being measures that utilize multi-dimensional, strengths-based measures that focus on protective factors, trauma, and development.
14. Preservice and in-service training should ensure that there is an emphasis on building protective capacities of the parents, the child, and ultimately in the parent/child relationship.
15. Contractually require trauma and developmental screens for all children and their caregivers.
16. Amend Chapter 39, Florida Statutes, by inserting provisions for trauma-informed care that includes mandated 1) system-wide trauma-informed care training; 2) trauma and developmental assessments for children and their parents; and 3) trauma-informed services.
17. DCF should ensure that Early Steps referrals are made for all children birth to three with verified findings of abuse and neglect.
18. Fund CPP for all verified cases of abuse and neglect involving children ages birth to three, regardless of any diagnosis or lack thereof.
19. Increase the childcare subsidy rate for young children in foster care.

20. Preservice and in-service training should have a supplementary checklist, including question prompts to enhance critical thinking skills and minimize procedural errors.
21. Fund additional case managers and require a goal for half of all case managers and supervisors to have a degree in social work by July 1, 2020.
22. Establish a statewide workgroup that includes social work educators to optimize recruitment and retention strategies and solutions, as well as formulate a plan for reaching the 50% workforce requirement.
23. DCF and CBCs should work with the Institute to establish strategies for evaluating caseload severity and variables to include in caseload capacity calculations.
24. Fund an Institute-led, large-scale, longitudinal workforce study of newly hired CPIs and Case Managers.
25. Fund the Title IV-E Stipend Program.
26. DCF, the FADD and the Florida Certification Board should work with the Institute in developing a plan to crosswalk the pre-service curricula with the social work educational experience (academics and field placement).
27. DCF should work with the Institute to construct a rigorous pre-service curricula evaluative plan prior to statewide implementation.
28. The CIRRT advisory committee should be required to submit reports to the Secretary on a quarterly basis, in addition to the annual report required in statute. This is necessary to ensure that DCF is made aware of trends or protocol issues on an ongoing basis.
29. Due to the high visibility of cases where a CIRRT is activated, the process-from notification to report submission-should be standardized to ensure it is not subject to external influences or input.
30. DCF and the CBC's should utilize "Safety Stand Downs" whenever there is a child death or serious injury case. The Institute will educate DCF, CBCs and Statewide Child Fatality Prevention Specialist on the value of a "safety stand down" protocol and implementation plan. Safety stand down data can then be collected and the process can be added to the legislatively mandated review of the CIRRT.

SECTION II - FLORIDA INSTITUTE FOR CHILD WELFARE

Background

In 2014, the Florida Legislature passed comprehensive child welfare legislation (Senate Bill 1666) in response to media reports of almost 500 children known to Florida's child welfare system who had died in the previous five years. This legislation established the Florida Institute for Child Welfare (Institute) at the Florida State University College of Social Work under s.1004.615, Florida Statutes.

The purpose of the Institute is to advance the well-being of children and families by improving the performance of child protection and child welfare services through research, policy analysis, evaluation, and leadership development. The Institute consists of a consortium of public and private universities throughout Florida that offer degrees in social work. The statute also requires the Institute to work with the Department of Children and Families (DCF), sheriffs providing child protective investigative services, community-based care lead agencies (CBC), community-based care provider organizations, the court system, the Department of Juvenile Justice (DJJ), the Florida Coalition Against Domestic Violence (FCADV), and other partners who contribute to and participate in providing child protection and child welfare services.

By statute, the Institute is required to:

- Maintain a program of research contributing to the scientific knowledge related to child safety, permanency, and child and family well-being
- Advise DCF and other organizations about the scientific evidence regarding child welfare practice
- Provide advice regarding management practices and administrative processes
- Assess the performance of child welfare services based on specified outcome measures
- Evaluate the educational/training requirements for the child welfare workforce and the effectiveness of training
- Develop a program of training/consulting to assist organizations with employee retention
- Identify and communicate effective policies and promising practices
- Develop a definition of a child or family at high risk of abuse or neglect
- Evaluate the provisions of Senate Bill 1666 and recommend improvements
- Recommend improvements in the state's child welfare system
- Submit an annual report to the Governor and Legislature outlining activities, significant research findings, and recommendations for improving child welfare practice

Beyond funds appropriated directly to the Institute, these tasks will be funded through contracts with DCF, public and private grants, and/or other funding resources obtained directly by the Institute.

Budget Allocation Plan

The 2014 Legislature appropriated \$1 million in recurring general revenue funds to the Florida State University specifically for the Institute. The detailed proposed budget submitted to the Governor is presented in Appendix A. The expenditure categories, descriptions and allocations submitted are as follows:

Institute Administration

\$ 282,353

Responsible for strategic planning, fiscal and personnel management, compliance, deliverables, and liaison activities with the State of Florida government offices.

On-Going Research & Evaluation Activities

\$ 417,647

Focuses on projects that inform policy and practice related to child safety, permanency, and child and family well-being. This research will be housed permanently at the Institute and will include longitudinal and cross-sectional studies on 1) children that come into contact with Florida's child welfare system; 2) the child welfare workforce; and 3) evaluation of training and education.

Subcontracts to Social Work Programs**\$ 300,000**

Focuses on research and evaluation on the efficacy of child welfare interventions using partnerships between universities and community-based agencies through a competitive application process.

The Interim Director was hired in mid-August and immediately began meeting with key stakeholders throughout the state. The information derived from these meetings will be used to ensure that the Institute allocates funds for research, evaluation, and technical assistance to maximize the benefit of this funding. Table 1 represents the actual (through December 31, 2014) and projected expenditures for the current fiscal year.

Table 1 – FY 2014-2015 Budget Projection

| | Original Budget | Adjusted Budget | Expenses July-Dec | Obligated Funds | Available Balance |
|---|----------------------------|----------------------------|------------------------------|----------------------------|------------------------------|
| Institute Administration | | | | | |
| Salaries | | | \$48,774 | \$104,465 | |
| Expenses | | | \$2,763 | | |
| Computer Equipment and Software | | | \$6,316 | | |
| Affiliate Agreements | | | | \$35,000 | |
| Total Administration | \$282,353 | \$200,000 | \$57,853 | \$139,465 | \$2,682 |
| Ongoing Research and Evaluation Activities | | | | | |
| FSU Faculty Salaries | | | \$21,770 | \$114,632 ¹ | |
| Graduate Assistants | | | \$1,164 | \$8,100 | |
| Travel | | | \$8,471 | | |
| Total Ongoing | \$417,647 | \$175,000 | \$31,405 | \$122,732 | \$20,863 |
| Subcontracts | \$300,000 | \$625,000 ² | | \$120,000 | \$505,000 |
| Total Institute | \$1,000,000 | \$1,000,000 | \$89,258 | \$382,197 | \$528,545 |

Notes:

¹ Effective January 2015, a senior faculty member was funded to work on research related to the issues surrounding workforce concerns throughout the child welfare system. In addition, the Institute plans to hire an additional researcher effective March 1.

² The Institute will engage researchers around the state to conduct child welfare research. In total, the Institute will award 10 contracts, each for \$60,000. Additionally, the Institute will contract for 5 technical reports, each estimated to cost \$5,000.

Staffing Plan

Two mechanisms will be utilized for Institute staffing: Florida State University (FSU) employees and public/private university social work affiliations. FSU employees will be hired through the College of Social Work (CSW) in designated Faculty, non-faculty or Other Personnel Services (OPS) positions. By statute, the Institute must consist of a consortium of the 14 public and private universities offering degrees in social work (Figure 1).

Figure 1: Florida's Public and Private Social Work Programs



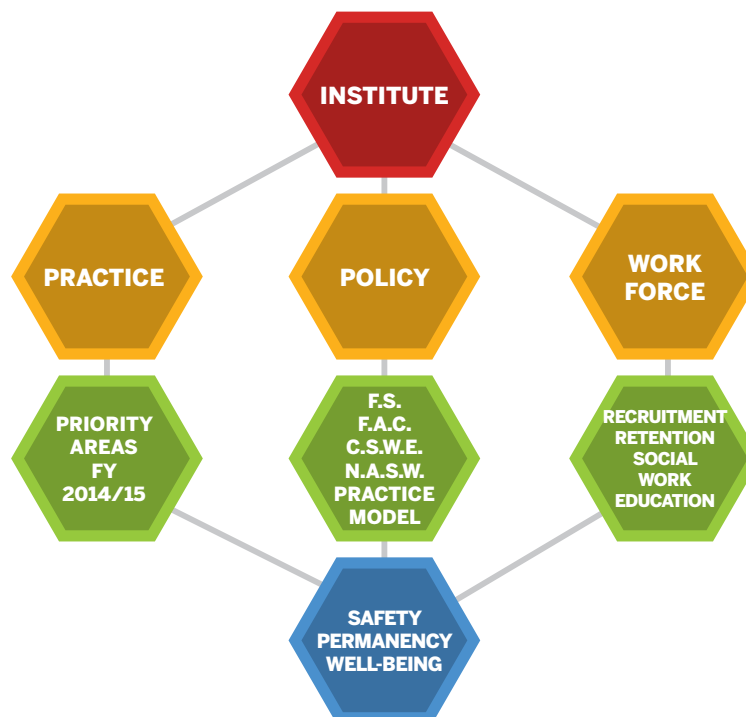
The Institute and the Florida Association of Deans and Directors of the Schools of Social Work (FADD) are in the process of working on an affiliate Memoranda of Understanding (MOU). Each participating program will receive a \$2500 stipend to offset costs such as faculty travel to Institute meetings.

Activities to Date/Information Sources

The Interim Director has traveled throughout the state and participated in 19 formal statewide/national child welfare conferences and meetings as well as numerous individual/consultation meetings to gain a better understanding of the state of child welfare in Florida and to set priorities for the Institute (see Appendices B and C).

Through these meetings and conferences, the Institute gained invaluable insight as to the strengths and needs of Florida's child welfare system and the leadership required from the Institute regarding research and technical assistance. The Conceptual Model for moving forward is illustrated in Figure 2:

Figure 2 – Conceptual Model for the Institute



Research Priorities Areas

The Institute will utilize the 2014-2015 fiscal year legislative appropriation to prioritize three research areas:

1. Enhancing Collaborative Relationships in Child Welfare Practice
2. Child Welfare Evidence-Based Practice (EBP) Replication Projects
3. Innovative/Promising Child Welfare Practices

The goal of focusing on these areas is to bring awareness of the need to move toward evidence-based child welfare practice through replication of existing EBP programs and/or utilizing innovative ideas to develop evidence informed practices that can withstand rigorous evaluation. The Institute places a high premium on building a fully integrated child welfare system through collaborative research between statewide public/private social work programs and community stakeholders. To this end, the Institute will make ten \$60,000 academic/community awards through an invitation for research proposal process. The proposals must fall into one of the three priority areas noted above and must be directed towards one of the following practice categories:

- Evidence-Based Services For Children Birth To Three
- Group Home Quality
- Youth-specific Issues - Pregnant and Parenting Teens, DJJ “Lock-Outs” and Crossovers
- Human Trafficking
- Diversion Services for Safe but at High Risk or Very High Risk Children
- Integration/Co-location of Mental Health, Substance Abuse, and/or Domestic Violence Services with Protective Investigations and/or Case Management
- Evidence-based Services for Medically Complex Children

Researchers from the Florida State University College of Social Work will take the lead on assessing the impact of:

- Workforce Recruitment and Retention Strategies
- Pre-service Training and Social Work Curriculum Alignment
- Results-Oriented Accountability Program-Related Research (see Section IV)

Research will be funded using fixed-price performance-based contracts requiring regular status and expenditure reports as well as an evaluation and sustainability plan. The goal of using this type of approach is three-pronged: 1) accountability; 2) moving toward developing evaluation plans for addressing outcomes specified in s. 409.986(2) Florida Statutes on a prospective basis rather than after implementation; and 3) utilizing evaluations to make programmatic and practice decisions.

Strategic Planning

The Institute’s 5-year strategic plan will be presented in the annual report due on October 1, 2015.

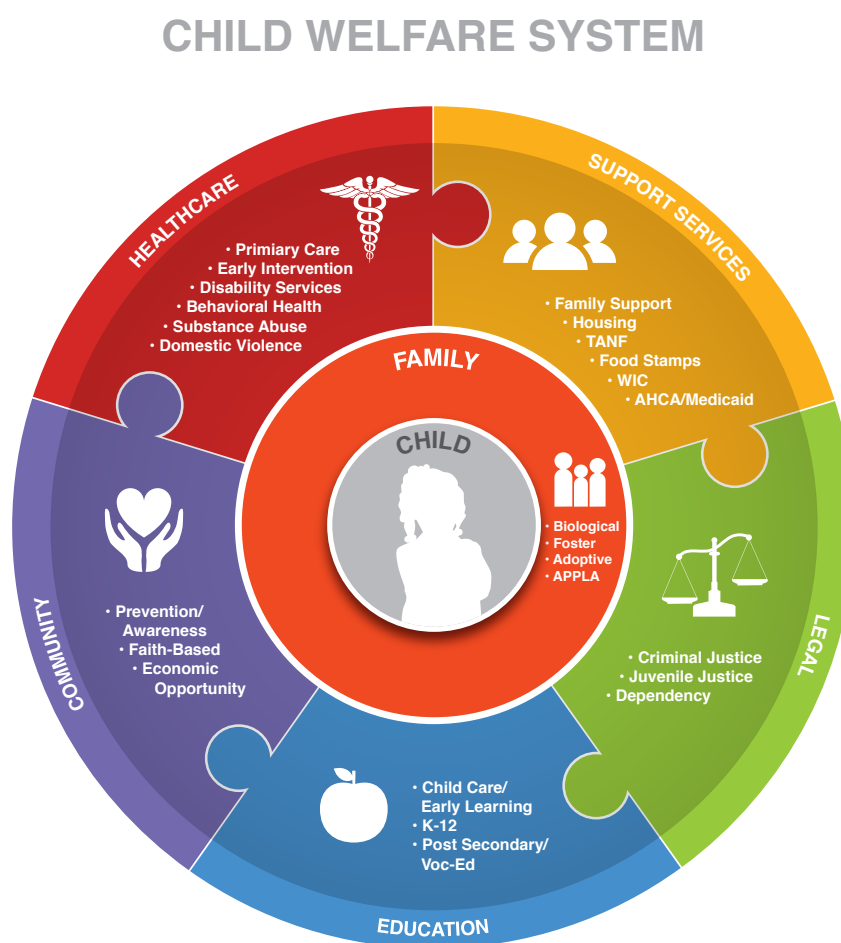
The remainder of this report outlines recommendations for improving the Florida’s child welfare system for consideration by the Governor, the Legislature and the Department of Children and Families.

SECTION III - NEED FOR A CHILD WELFARE STRATEGIC PLAN

Florida's child welfare system is unique in that case management services have been privatized. The Department of Children and Families (DCF) staffs the Abuse Hotline and conducts child protective investigations in 61 of Florida's 67 counties. Sheriff's Offices conduct child protective investigations in the remaining six counties under agreements with DCF. DCF contracts with 17 Community Based Care (CBC) entities to provide ongoing case management services. Each of the CBCs is responsible for providing an array of services to meet the identified needs of the child and family.

Florida's child welfare system is typically thought of as only DCF and the CBCs; however, the *system* is much more complex and intricate. The Child Welfare *System* Model, as presented in Figure 3, reflects the many subsystems responsible for meeting the varied needs of children and families.

Figure 3 – Child Welfare System Model



The graphic reflects the need for the *system* to be child centric while at the same time acknowledging that the relationship with the family is critical to ensuring that the child's safety, permanency and well-being needs are met. More importantly, the graphic underscores the need for integration, cooperation, and commitment among and between the entities that make up the entire child welfare *system*. This approach utilizes system theory which acknowledges and respects the complexities and intricacies of each subsystem, while at the same time recognizes that one subsystem cannot be isolated from the others without negatively impacting the ability to meet the needs of the

children and families it serves. There are three underlying assumptions of this type of approach.

1. The “whole” is greater than the sum of its parts
2. Relationship patterns and/or components within the “whole” impact the flow of events between each subsystem
3. Outcomes in the “whole” will impact all of the parts

Over the past decade, Florida’s child welfare *system* has been plagued with significant changes, challenges, and choices. There has been an unprecedented increase and dynamic shift in the complexity of child welfare cases involving substance abuse, mental health, and family violence issues. Out of necessity, DCF and the CBCs have become more dependent on *system*-wide expertise, coordination and integration to achieve safety, permanency, and well-being outcomes, while accountability for meeting these outcomes continues to be the sole responsibility of DCF. This type of approach puts the burden on DCF for ensuring that entities not under the jurisdiction of child welfare statutory requirements and/or court orders prioritize children and families who are in need of child welfare related services. Unfortunately, children are “falling through the cracks” because this approach does not hold the entire *system* accountable. DCF has the burden of accountability without the authority to meet that responsibility.

In practice, *system* integration is difficult to attain because each entity has their own mission statement, outcome measures, and resource allocation plans that may or may not be aligned with those of child welfare. Additionally, funding for programs is more often than not competitive rather than cooperative, which further inhibits the ability to successfully implement and sustain networks and collaborative relationships. Lastly, sustainable and quality *system* integration requires significant vision, foresight, and planning which is not compatible with the historical climate of reactionary responses and/or planning from one legislative budget request to the next.

Senate Bill 1666 sets the stage for a forward-thinking child welfare agenda that embraces a child-centric *system* approach and places a priority on ensuring that children and families receive the services they need. The 2014 child welfare legislative reforms provide the impetus to make the cultural mindset shift of working in silos or free-standing entities to one of collaboration, cooperation, and shared responsibility. The only way to keep the momentum moving forward is with a strategic plan that embraces the whole *system*, puts resources in place to sustain it, and holds every part of the *system* accountable.

Recommendations

1. Legislative support for a statewide, *system*-wide child welfare strategic plan that includes cost projections through FY 2020. The plan should be aligned with the Governor’s Office for Adoption and Child Protection state plan, which is focused on the promotion of adoption, support of adoptive families, and prevention of abuse, abandonment, and neglect of children (s. 39.001(10)(a), Florida Statutes). The plan should also be aligned with the Results-Oriented Accountability Program requirements in s. 409.997, Florida Statutes, presented in Section IV of this report.
2. The Institute should be the conduit for coordination in developing and implementing the plan, and should utilize it for prioritizing its research and evaluation agenda.

SECTION IV - RESULTS-ORIENTED ACCOUNTABILITY PROGRAM (ROAP) AND DATA ANALYTICS

System accountability was the primary focus of the sweeping child welfare reforms during the 2014 Legislative session. From this, the Results-Oriented Accountability Program (ROAP) was legislatively mandated in s. 409.997, Florida Statutes. The statute is based in large part on the recommendations set forth in *Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy* (Testa & Poertner, 2010). The purpose of the ROAP is to:

- Monitor and measure the use of resources, the quality and amount of services provided, and child and family outcomes through data analysis, research review, and evaluation
- Produce an assessment of individual entities' performance, as well as the performance of groups of entities working together on a local, regional, and statewide basis to provide an integrated system of care
- Inform DCF's development and maintenance of an inclusive, interactive, and evidence-supported program of quality improvement, which promotes individual skill building as well as organizational learning
- Act as the basis for payment of performance incentives if funds for such payments are made available through the General Appropriations Act

The statute specifies that DCF, CBCs, and the lead agencies' subcontractors share the responsibility for achieving the outcome goals specified in s. 409.986(2), Florida Statutes.

- Children are first and foremost protected from abuse and neglect.
- Children are safely maintained in their homes, if possible and appropriate.
- Services are provided to protect children and prevent their removal from their home.
- Children have permanency and stability in their living arrangements.
- Family relationships and connections are preserved for children.
- Families have enhanced capacity to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.
- Children receive services to meet their physical and mental health needs.
- Children develop the capacity for independent living and competence as an adult.

Additionally, the ROAP must incorporate:

- A limited number of valid and reliable outcome measures for each of the goals specified in the subsection
- Regular and periodic monitoring activities that track the identified outcome measures on a statewide, regional, and provider-specific basis
- An analytical framework that builds on the results of the outcome monitoring procedures and assesses the statistical validity of observed associations between child welfare interventions and the measured outcomes
- A program of research review to identify interventions that are supported by evidence as causally linked to improved outcomes
- An ongoing process of evaluation to determine the efficacy and effectiveness of various interventions
- Procedures for making the results of the accountability program transparent for all parties involved in the child welfare system as well as policymakers and the public.

DCF contracted with North Highland to develop the ROAP plan and established a technical advisory panel to advise DCF on the implementation of the ROAP plan. The Institute was represented on the advisory panel and participated in reviewing the draft plan and cost projections. The ROAP plan is to be submitted by DCF by February 1, 2015.

During the 2014 Legislative session, there was also a focus on data analytics, specifically predictive risk modeling (PRM). In child welfare, PRM, or risk stratification, is used as a decision-making tool to assist child welfare professionals with identifying the level and intensity of services that a case may need. The Legislature mandated that DCF advance the work of the *Child Fatality Data Discovery and Analytics* project conducted by North Highland and the SAS Institute. DCF also requested PRM regarding the re-maltreatment of children and returning a child to a safe, permanent environment. The multi-year project is designed to:

- Understand and quantify the risks that children face
- Understand how the agency can make policy to mitigate, and where possible, remove those risks
- Explore permanency and the many inputs that drive the process
- Incorporate analytics to provide data-driven insights to the agency
- Develop a comprehensive 3-year plan for the Office of Child Welfare on how to continue forward through the data analytics life cycle, with the goal of improving the policies and practices based on outcomes
- Gain additional insights on child welfare that can drive DCF policy and programming for improved services

North Highland and the SAS Institute are currently in the “discovery phase” of the project, and will provide a plan for the continued integration of data analytics to be carried out in the fiscal year beginning July 1, 2015.

The use of PRM in child welfare has been limited. In the past few years there has been an increased interest in utilizing routinely collected cross-system administrative data to identify children at risk for maltreatment. The cross-system approach is perfectly aligned with the Institute’s recommendation that a statewide, system-wide child welfare strategic plan be developed (Section III). There are significant ethical considerations that should be addressed prior to adopting a PRM plan; cross-system approaches require integrated data systems that allow access to information that is typically not in child welfare databases such as Protected Health Information (PHI) and Family Educational Rights and Privacy Act (FERPA) information.

As previously noted, the child welfare legislation clearly recognized the need for systemic accountability. However, the ROAP and Data Analytics (PRM) projects were not mandated as a unified accountability project. One of the basic tenets of PRM, or any data analytic approach, is the need for domain expertise. Inherent in the legislation establishing the Institute (s. 1004.615, Florida Statutes) is the recognition that the Institute is tasked with providing child welfare expertise “to advance the well-being of children and families by improving the performance of child protection and child welfare services through research, policy analysis, evaluation, and leadership development... Identify effective policies and promising practices, including, but not limited to, innovations in coordination between entities participating in the child protection and child welfare system, data analytics...”. If the onus for providing expertise for improving performance is placed on the Institute, it would make logical and fiscal sense that the projects should be synchronous, mutually aligned, and run in tandem under one entity rather than parallel to one another. The Institute can ensure that PRM ethical considerations such as confidentiality/privacy rights and disproportionate representation/stigmatization of vulnerable populations are appropriately addressed.

The ROAP plan includes a co-located (Institute and DCF) “Results Lab”. The Institute will be responsible for the data analysis process of the plan. It would be a logical extension of the PRM plan to include the “Result Lab” expertise of the Institute to run predictive risk models. Co-location will also provide access to data for researchers across the state and will cultivate a new generation of researchers through access to Ph.D. students and post-doctoral fellows who are interested in child welfare.

The Florida child welfare model is unique in that it is a hybrid model that utilizes the ACTION for Child Protection and the Children’s Research Center (CRC) assessment formats and tools. The Institute can ensure that the ROAP outcome measures and PRM findings are aligned with and/or inform Florida’s practice model.

Recommendations

3. Combine and fund the research and evaluation components of the ROAP plan and the data analytics program through the Institute.

SECTION V - SAFETY, PERMANENCY AND WELL-BEING

Florida's Practice Model

The outcomes specified in s. 409.986(2), Florida Statutes, are the foundation of the proposed Results-Oriented Accountability Program (ROAP). Florida's child welfare practice model is the driving force behind meeting the safety, permanency, and well-being outcomes specified in statute. DCF developed the practice model as part of the Child Protection Transformation Project introduced in late 2012. The "hybrid" model was designed to:

- Provide a common methodology for interacting with families, teaming with experts and making critical decisions from initial removal to reunification
- Incorporate safety information standards and constructs into the hotline, investigation and ongoing case management processes
- Integrate two national *best practice models* supported by ACTION for Child Protection and the Children's Research Center (CRC)

The main focus of the ACTION model is controlling for safety through present and impending danger assessments, safety planning and the Family Functioning Assessment (FFA). The CRC component of the model is the utilization of the Structured Decision Making (SDM) actuarial risk assessment.

During the initial implementation phase, the Casey Family Programs *Review of the Safety Model and Front-End Assessment Tools* (2013) report made 33 recommendations regarding implementation and improvements to the model. The report was requested by DCF Interim Secretary Esther Jacobo and was intended to provide feedback and suggestions for possible improvements on both the safety framework and the CPI assessment tools. It is not clear if all the Casey recommendations were considered prior to the model being implemented. In addition, a critical review of the literature on the ACTION and/or SDM assessments was not performed by DCF.

To date, the model has not been fully implemented across the state, but is projected to be in late Spring 2015. Currently, there are areas of the state where only CPIs are trained and utilizing the practice model, yet cases are being passed for ongoing case management without the necessary training or capacity to continue services based on the model.

Additionally, the practice model has not been evaluated due to the delay in implementation. DCF is contracting with ACTION and the CRC for quality/fidelity assurance reviews and compliance on the CPI components of the model. The Institute's concern is that the CBCs are not uniformly providing the same fidelity reviews in the Circuits where the model has been implemented. There was a discussion between DCF, the Casey Foundation and the Institute to perform an evaluation of the SDM component of the model. This evaluation was postponed until the model was fully implemented. The Assistant Secretary for Child Welfare understands the importance of an evaluation of the practice model and has been in ongoing discussions with Casey Family Programs and the Institute about evaluating the model once it has been fully implemented.

The current child welfare practice model is superior to what was previously utilized in Florida. However, child safety, permanency, and well-being remain at risk without a deliberate, methodical plan for implementation and evaluation. It is critical that investigators and case managers are trained and utilizing the same framework/model for controlling for safety and making risk assessments as soon as possible. To implement the model only on the investigations side or the case management side puts children at risk as well as nullifies fidelity to the model.

Recommendations:

4. DCF should continue discussions with the Institute and Casey Family Programs to establish and implement an evaluation plan of the practice model.

Evidence-based Practice

The terms *best practice* models and *evidence-based* practice are often used interchangeably, however they are not

synonymous. According to Brown (2009), *best practice models* are “generally accepted, informally-standardized techniques, methods, or processes that have proven themselves over time, however they lack the independent evaluations needed to validate their effectiveness.” *Evidence-based programs* are programs that have been shown effective by scientifically rigorous evaluations.

In child welfare, evidence-based practice (EBP) has not been a top priority. The focus has been on ensuring the availability of and accessibility to programs and services rather than on assessment of quality and effectiveness. There is not a universal system in Florida for assessing quality and effectiveness. Programs continue to be funded without contractual requirements for routine or on-going evaluation. The Office of Child Welfare recognizes the need for a quality rating system and has assigned a project manager to build a system that has clearly defined measures of quality. If the state is going to move toward a ROAP that places a premium on safety, permanency and well-being outcomes, there has to be a parallel requirement of linking outcomes to EBP and/or innovative practices that are effective but have not yet met the threshold of EBP classification (i.e., evidence-informed practices).

In April 2014, the University of South Florida College of Behavioral and Community Services and Casey Family Programs completed *The Florida Child Welfare Services Gap Analysis*. The survey gathered information from 1128 child welfare system related respondents regarding their perceptions of the need, availability, and accessibility of 115 unduplicated services. These services were organized into the following five categories:

- Safety management
- Prevention and early intervention
- Assessment
- Treatment
- Innovative or evidence-based practices

For this study, EBP was defined as a combination of the following three factors:

- Best research evidence
- Best clinical experience
- Consistent with family/client values

Of the 115 services identified in the report, only 13 (11%) were classified as “innovative or evidence-based practices.” It should be alarming to any decision-maker that three of the 13 evidence-based interventions (Safe at Home In-Home Services, Child-Parent Psychotherapy (CPP) and Cognitive Behavioral Therapy (CBT)) were identified as “critical unmet [service] needs that affect child safety” given the following:

- The current practice model places a priority on keeping children safely in the home. Although the Safe at Home model could not be located by name on any of the national EBP databases, it was classified as an EBP in the Services Gap Analysis. The program “provides an in-home haven for children who suffer at the hands of abuse and neglect though intensive intervention and 24/7 case management ...the family is then monitored for an additional six months to ensure that the home environment remains stable, healthy and without future threat to the children’s safety.”
- Almost 50% of the children entering the child welfare system are between ages birth and five. CPP is a treatment for trauma-exposed children in this age range that examines how trauma and relational histories negatively impact the caregiver-child relationship and the child’s developmental trajectory. The California Evidence-Based Clearinghouse (CEBC) for Child Welfare rated CPP as a “5” indicating a high child welfare relevance.
- Issues with parental substance abuse, mental health, and domestic violence are the three main reasons that children come into the system. CBT is one of the most recognized EBP therapies for a multitude conditions including mood disorders, anxiety disorders, personality disorders, eating disorders, substance abuse disorders, sleep disorders and psychotic disorders. These disorders account for the vast majority of the issues that are the impetus for involvement in the child welfare system.

Technology has made it possible to readily access evidence-based programs through sources such as:

- California Evidence-Based Clearinghouse for Child Welfare (CEBC)
- SAMSHA's National Registry of Evidence-based Programs and Practices (NREPP)
- Promising Practice Network
- Social Programs That Work
- Guide to Community Prevention Services

Recommendations:

5. The Legislature should provide additional funding for the known EBP gaps identified in the Casey report: Safe at Home, CPP, and CBT.
6. Establish quality standards for the service categories identified in the Casey report and ensure that fidelity and timeliness measures are included in the standards.
7. Complete a statewide service gap analysis that includes quality standards and provides a plan for filling the gaps with a priority on EBP.
8. Resource allocation should prioritize programs that are EBP or promising/innovative (evidence-informed) practices with a robust evaluative process/plan that is directly tied to the safety, permanency and well-being outcomes specified in s. 409.986(2), Florida Statutes.

Innovative/Promising Practices

Although there is a national movement for increased utilization for EBP in child welfare, the focus should not be so narrow that it inhibits innovation. During the course of travel and interviews, the Institute learned of three innovative/promising safety and permanency initiatives taking place in Florida: Rapid Safety Feedback, Casey Family Program Safety and Permanency Roundtables, and Field Support Consultants.

Rapid Safety Feedback

Rapid Safety Feedback (RSF) is mandatory for all active in-home investigations that involve children under age three and is optional for case management. RSF is designed to flag key risk factors in open child welfare cases that could gravely impact a child's safety. Cases are prioritized by age, allegation, and number of prior reports. Eckerd Community Alliance has taken the lead on instituting RSF as part of their protocol. The President's Commission to Eliminate Child Abuse and Neglect Fatalities praised Eckerd for implementing an RSF protocol.

Field Support Consultants

DCF has identified 37 investigators with practice model expertise to assume the role of Field Support Consultants. Field support consultants and DCF's Quality Assurance (QA) staff are referred to as the Critical Safety Team and are responsible for ensuring fidelity to the practice model.

Casey Family Programs Roundtables

Casey Family Programs Safety and Permanency Roundtables are currently taking place in Polk, Broward, and Palm Beach counties. Implementation of the Roundtables in Circuit 1 (Escambia, Santa Rosa, Okaloosa, and Walton counties) will begin in February 2015. Roundtables are a DCF-CBC collaborative effort. Case eligibility criteria are determined by the jurisdiction in consultation with Casey. The goal of the roundtable is to develop an action plan to ensure that child safety or permanency is achieved and maintained. Although the roundtable approach can be applied to a range of cases, currently the typical case has a history of 10 or more prior calls to the hotline, a child age birth to four in the home and an underlying parental mental health, substance abuse and/or domestic violence issue. Casey Family Programs reported that they will begin collecting data and requiring a summary report for each roundtable detailing systemic barriers as they move forward with expansion.

While it is commendable that there are processes in place for safety and permanency reviews, it is critical that an evaluative process be put in place to ensure that the review practices are effective, and if found to be effective, are implemented as a practice standard throughout the state.

Recommendations:

9. DCF and CBCs currently utilizing RSF and/or Field Support Consultants should build an evaluative component into the practice model quality assurance and fidelity review process.
10. DCF should mandate that innovative models for improving outcomes be required to have an evaluative component.

Supervisory Models and Peer Reviews

Rapid Safety Feedback, Field Support Consultant and Safety Roundtables underscore the need for strong supervisors and supervisory models, as well as the need for a tiered process for case review. The Social Work Policy Institute's *Supervision: The Safety Net for Front-Line Child Welfare Practice* (2009) outlines a model and framework for child welfare supervision that reinforces the on-going validity and relevance of three supervisory functions: administrative supervision, educational supervision, and supportive supervision.

Stakeholders readily acknowledge that there are deficiencies in supervisory practices. The following key issues were noted by the Institute:

- Supervisors did not have the requisite time to supervise cases because of workload issues (i.e. carrying their own caseload and/or paperwork requirements)
- There was not a model used for supervision nor does there appear to be adequate training of supervisors
- Peer case reviews are not utilized because of workload and time constraints

Rapid Safety Feedback, Field Support Consultants and Safety Roundtables also underscore the need for embedded mental health, substance abuse, and domestic violence expertise. Each one of these initiatives was developed in response to the increased complexity of the cases coming into the system. The assumption that front-line child welfare professionals and supervisors can make the best safety, permanency and well-being decisions regarding cases with persistent mental health issues, polysubstance abuse issues and/or family violence issues puts children at greater risk. It also cannot be assumed that front-line professionals and supervisors fully utilize mental health, substance abuse and domestic violence consultation given the acknowledgment that workload and time constraints are significant impediments.

Recommendations:

11. The Institute, DCF, CBCs, public/private social work programs and NASW-FL should work together to develop a supervisory model and curriculum.
12. Fund Institute-led DCF and CBC pilot sites with embedded (full-time, onsite) Licensed Clinical Social Workers to model a holistic supervisory approach (i.e., incorporating mental health, substance abuse and domestic violence consultation and peer review).

The Importance of Well-Being

The primary focus of Florida's child welfare model is safety. Recently, there has been a national call to shift the focus to well-being, which is difficult to define and measure. The literature is varied and inconsistent with regard to how to encompass all of the dimensions of well-being. The Child and Family Services Reviews (CFSR) requires states meet the following well-being outcomes:

- Families have enhanced capacity to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.
- Children receive services to meet their physical and mental health needs.

Florida has added an additional well-being outcome:

- Children develop the capacity for independent living and competence as an adult.

The Center for the Study of Social Policy 2013 report, *Raising the Bar: Child Welfare's Shift Toward Well-being* argues for prioritizing child development, the impact of trauma (toxic stress), and healthy relationships in child welfare practice. The report states, "well-being means the healthy functioning of children and youth that allows them to be successful throughout childhood and into adulthood... the definition goes beyond the cognitive functioning; physical health and development; emotional/behavioral functioning and social functioning domains and explicitly takes into account the interplay between a child's well-being and the parenting or caregiving environment around them. The well-being of families and caregivers is a defining pathway to a child's well-being; thus healthy family relationships and attachment to a caring and reliable adult must also be included as part of the concept and recommended actions to promote well-being." The report emphasizes the importance of a protective factor framework being incorporated into practice models.

The impact of trauma on children has been minimized in child welfare. The system does not require the use of trauma or developmental screens as standardized practice protocol. There are areas throughout the state where screens are being utilized but trauma-informed and/or developmental services are not available, or if they are available, are not being accessed. The Center for Advanced Studies in Child Welfare at the University of Minnesota School of Social Work Spring 2014 issue of *CW 360° Attending to Well-Being in Child Welfare* states, "Understanding trauma's impact on children's social and emotional functioning and health is an important place to start when considering how best to intervene and get children back on track developmentally."

Recommendations:

13. Develop ROAP well-being measures that utilize multi-dimensional, strengths-based measures that focus on protective factors, trauma, and development.
14. Preservice and in-service training should ensure that there is an emphasis on building protective capacities of the parents, the child, and ultimately in the parent/child relationship.
15. Contractually require trauma and developmental screens for all children and their caregivers.

Children Birth to Three

Children between the ages of birth and three are disproportionately represented in Florida's child welfare system. Infants and toddlers are at the greatest risk of death due to abuse or neglect. Approximately 37% of the children in Florida's child welfare system are between the ages of birth to three and children under the age of 1 represent the largest risk group (20%). Child welfare policy and practice standards do not consistently, if at all, consider the impact of early maltreatment and trauma on development, attachment and early childhood mental health.

Birth to three is the developmental period when the domains of physical, language, social, emotional and cognitive development are exponential. This is also the critical period for brain development, which according to the Harvard University *Center on the Developing Child*, is "inextricably intertwined" with social, emotional, and cognitive development. With advances in neuroscientific research, we know that the architecture of the brain (i.e. neural and synaptic connections) is built through an ongoing process that is dependent on genetics *and* early experiences, specifically the interactions between the parent or caregiver and the child. If early experiences are nurturing and positive, the brain will form as expected. In contrast, if early experiences are negative, the brain does not form as expected which can lead to developmental delays and lifelong consequences. The research has also shown that prolonged exposure to traumatic events such as abuse, chronic neglect and domestic violence activates stress responses (i.e. increased cortisol levels). Without deliberate intervention and mediation, the heightened stress response becomes toxic (*toxic stress*) and impairs the formation of neural connections.

A secure attachment to a parent or primary caregiver is imperative for healthy development in all domains. Environments that provide consistent and loving care foster secure attachments and set the foundation for all future relationships. Infants and toddlers must develop a sense of trust that their needs will be met and their cues will be appropriately and consistently attended to. Although well-intentioned, the child welfare system can unwittingly disrupt secure attachments through:

- Removals
- Inadequate or multiple placements
- Infrequent or inconsistent visitation
- Placing the child in poor quality childcare

Infants and toddlers who experience trauma through abuse, neglect or witnessing domestic violence can experience mental health issues related to attachment and emotional/behavioral regulation. Traumatized young children may experience signs and symptoms of sleep impairment, diminished capacity to self-soothe or self-regulate, hyperarousal and regression in language and toileting skills. These issues can make it difficult to form and maintain secure attachments.

One of the key characteristics of a secure attachment is reciprocity or the ability and desire to reciprocate emotional responses by both the parent/caregiver and the child. Parents/caregivers who have experienced traumatic events, as children or adults, may have difficulty reciprocating appropriate or consistent emotional support to their children. A parent/caregiver's trauma history may increase the risk of maltreatment and negatively impact the child's ability to overcome their own trauma symptoms.

Traditionally, child welfare approaches have focused on what was wrong with the parent or child rather than what happened to the parent or child. Florida's child welfare system recognizes the need for a paradigm shift to trauma-informed policies and practices but the implementation process has been slow to follow. For example:

- Trauma assessments are not a policy or practice requirement for CPIs or case managers.
- Referrals to Early Steps (Part C) as required by the Child Abuse and Prevention Treatment Act (CAPTA) are not made on all children under age three who are involved in a verified incident of abuse or neglect.
- Child-Parent Psychotherapy (CPP) is a Medicaid reimbursable therapeutic intervention but it requires that the child, not the parent, have a diagnosis, which is sometimes difficult to make in children ages birth to three.
- Quality daycare for children in the system is not adequately funded.
- Foster parents are not trained on the impact of trauma on young children nor are they trained on the unique needs of infants and toddlers in the child welfare system.

Recommendations:

16. Amend Chapter 39, Florida Statutes, by inserting provisions for trauma-informed care that includes mandated 1) system-wide trauma-informed care training; 2) trauma and developmental assessments for children and their parents; and 3) trauma-informed services.
17. DCF should ensure that Early Steps referrals are made for all children birth to three with verified findings of abuse and neglect.
18. Fund CPP for all verified cases of abuse and neglect involving children ages birth to three, regardless of any diagnosis or lack thereof.
19. Increase the childcare subsidy rate for young children in foster care.

Critical Thinking and Checklists

New child protective investigators and case managers, regardless of their college major, currently receive approximately 10 weeks of preservice training prior to going into the field. Once in the field, they are required to make safety decisions regarding present and impending danger, safety planning, and assessment of family functioning. Supervisory consultation is required at different phases of the investigation or on-going case management. Safety decisions are multi-faceted and often require critical thinking skills on the part of the new employee and their supervisor. It is assumed that each new employee and his/her supervisor have the requisite critical thinking skills and knowledge of the practice model to make quality decisions without the use of checklists or prompts.

Stakeholders raised concerns that checklists would discourage child protective investigators and case managers from critically thinking about their cases. In contrast, the medical and aviation fields are also in the business of making safety decisions. However, these fields have recognized that possessing a high level of critical thinking skills and very lengthy training (in comparison to child welfare) is, in and of itself, insufficient to make the best decisions and minimize error. Both of these professions rely heavily on checklists to ensure protocols are adhered to and the risk of error is managed.

Recommendations:

20. Preservice and in-service training should have a supplementary checklist, including question prompts to enhance critical thinking skills and minimize procedural errors.

SECTION VI - WORKFORCE

Recruitment and Retention

Recruitment and retention issues are widespread for both DCF and the CBCs. High staff turnover puts vulnerable children at greater risk for recurrence of maltreatment and impedes timely intervention referrals and ultimately permanency. Attrition estimates across the state were reported to range between 25%-60%.

The Florida Coalition for Children (FCC) represents the collective interests of the CBCs. DCF and the FCC each contracted with consulting firms (North Highland and GOLD & Associates, respectively) to assist with strategically identifying CPI and case manager recruitment profiles, retention barriers, and marketing solutions.

In 2014, the Legislature funded 191 new CPI positions in an effort to lower caseload ratios. Approximately 100 positions reportedly have been filled. It is the Institute's understanding that DCF will request funding for additional case managers to lower their caseload ratio in an equitable manner. The 2014 legislation also mandates a five-year goal that 50% of all CPIs and supervisors have degrees in social work. This does not appear to apply to case managers and their supervisors.

While staffing levels and qualifications are an issue, the attrition rate has to be addressed through programmatic change or the net gain of additional positions will be marginal. One known factor contributing to attrition is related to workload. While there are child welfare models for workforce estimation, the models typically do not account for caseload complexity. The National Association for Social Workers (NASW) recently launched the Caseload Capacity Calculator (CLC). A model such as this would allow managers and supervisors to triage and distribute cases based on case complexity rather than on a rotational assignment.

Low salaries and salary disparity is also a key factor in attrition rates. Florida does not have a standardized salary schedule for child welfare professionals. There are salary disparities between CPIs and case managers as well as variation between CBCs. Case managers are moving from one CBC to a neighboring CBC because of these salary differentials. Additionally, there is not a standard of "step" or merit increases.

DCF reports that the beginning salary for CPIs is \$39,600. The Bureau of Labor Statistics 2013 State Occupational Employment and Wage Estimates for Florida does not specify child welfare social worker as an occupational group, but there are three categories that are closely aligned. The job title and mean annual wage is represented in the table below:

Table 2 – Comparable Salaries

| Code | Social Worker Title | Mean Annual Wage |
|-------------|-----------------------------------|-------------------------|
| 21-1021 | Child, Family and School | \$46,060 |
| 21-1023 | Mental Health and Substance Abuse | \$44,420 |
| 21-1029 | Social Workers, All Other | \$56,060 |

One tool available to recruit more social work students to careers in child welfare is the Title IV-E stipend program. While this program would be available through all accredited social work programs, the Institute would be responsible for evaluating its effectiveness.

Recommendations:

21. Fund additional case managers and require a goal for half of all case managers and supervisors to have a degree in social work by July 1, 2020.
22. Establish a statewide workgroup that includes social work educators to optimize recruitment and retention strategies and solutions, as well as formulate a plan for reaching the 50% workforce requirement.

23. DCF and CBCs should work with the Institute to establish strategies for evaluating caseload severity and variables to include in caseload capacity calculations.
24. Fund an Institute-led, large-scale, longitudinal workforce study of newly hired CPIs and Case Managers.
25. Fund the Title IV-E Stipend Program.

Moving Toward a Social Work Workforce and Philosophical Approach

Section 402.40(5), Florida Statutes, requires DCF to “approve core competencies and related preservice curricula that ensures that each person delivering child welfare services obtains the knowledge, skills, and abilities to competently carry out his or her work responsibilities.” As Florida’s child welfare system moves toward a workforce of 50% social workers, considerations will need to be made in terms of aligning Florida’s practice model competencies with those of the National Association of Social Workers (NASW) and the Council on Social Work Education (CSWE). Dr. Mary Hart from Florida Gulf Coast University has begun the alignment process and has crosswalked the current CPI and case manager competencies with those of NASW and CSWE (see Appendix D). Dr. Hart’s work reinforces the importance of recruiting and retaining social workers in child welfare. By virtue of their educational experience, BSW or MSW graduates come to the child welfare profession with exposure to the vast majority of the essential child welfare competencies required by DCF.

DCF’s preservice curricula have undergone a substantial revision. The Core curriculum preliminary launch date was January 2015. The Institute has not received a copy of this curriculum but is knowledgeable of the module topic areas. It is the Institute’s understanding that the current plan is to use the initial release of the Core Curriculum as a “pilot” to make adjustments before the mandatory roll-out.

Recommendations:

26. DCF, the FADD and the Florida Certification Board should work with the Institute in developing a plan to crosswalk the pre-service curricula with the social work educational experience (academics and field placement).
27. DCF should work with the Institute to construct a rigorous pre-service curricula evaluative plan prior to statewide implementation.

SECTION VII - CRITICAL INCIDENT RAPID RESPONSE TEAM (CIRRT)

The Florida Legislature mandated the creation of a multiagency Critical Incident Rapid Response Team (CIRRT) to perform a root-cause analysis in child fatality cases with a verified report of abuse or neglect within the preceding 12 months. Further, the CIRRT is to determine the need for change to policies and practices related to child protection and child welfare (s. 39.2015, Florida State). The legislation also stipulates that the Secretary may direct an immediate investigation for other cases involving serious injury to a child.

By statute, a multiagency team of at least five professionals with expertise in child protection, child welfare, and organizational management conducts the CIRRT investigation. The investigation must be initiated no later than 2 business days after the case is reported to DCF. A preliminary report on each case is provided to the Secretary no later than 30 days after the investigation begins.

The Interim Director of the Institute participated in the September 2014 Gilchrist County murder-suicide CIRRT. This was the first CIRRT activated by the Secretary. At the time, there was not a protocol in place for the CIRRT team. The CIRRT process was developed during the case review, which proved to be an invaluable learning experience for establishing protocol for the January 1, 2015, mandatory implementation. The Institute also reviewed the training material and attended the CIRRT training in November 2014.

As a result of participating on the Gilchrist County CIRRT, the Institute made process, practice and report writing recommendations. In response to the Institute's recommendations, as well as the recommendations from other members of the Gilchrist team, the Statewide Child Fatality Prevention Specialist developed a statewide CIRRT protocol.

Section 39.2015(3), Florida Statutes, specifies that a CIRRT *may* consist of employees of DCF, CBCs, Children's Medical Services, and community-based care provider organizations; faculty from the Institute; or any other person with the required expertise. Section 39.2015(11), Florida Statutes, states the Secretary *shall* appoint an advisory committee made up of experts in child protection and child welfare, including the Statewide Medical Director for Child Protection under the Department of Health, a representative from the Institute, an expert in organizational management, and an attorney with experience in child welfare, to conduct an independent review of investigative reports from the CIRRTs and to make recommendations to improve policies and practices related to child protection and child welfare services. Further, the advisory committee is required to submit a report to DCF each year by October 1.

The Institute has interpreted s. 39.2015(3), Florida Statutes, to mean that serving as a member of the CIRRT is optional. The Institute can best serve the intent of the CIRRT legislation by participating only on the advisory committee, which is mandated to conduct an independent review of the investigative reports. This ensures that there truly is an independent review process by eliminating any type of conflict or bias that could potentially occur from being part of the CIRRT.

The CIRRT legislation was put in place as a means of informing organizational practices and policies. If the CIRRT is utilized as mandated, the process will be an invaluable tool for identifying, classifying, and attributing responsibility for cases that involve a child death or other serious incident. However, given the media's oversight and public perception of how death cases are reported, reviewed, and released, there is a risk that the external process will impede the internal dissemination of findings and learning from practice errors.

The concept of "safety stand downs" is regularly used in the fields of aviation, medicine and construction as a means of internally raising awareness of important safety practice issues in a timely manner. Safety stand downs in child welfare are intended to 1) prioritize child safety and well-being; 2) emphasize the importance of fidelity to the child welfare practice model and procedures; 3) give supervisors the opportunity to review protocol with their staff; and 4) give staff the opportunity to ask questions about specific case issues that may be similar to the case that initiated the safety stand down.

Recommendations:

28. The CIRRT advisory committee should be required to submit reports to the Secretary on a quarterly basis, in addition to the annual report required in statute. This is necessary to ensure that DCF is made aware of trends or protocol issues on an ongoing basis.
29. Due to the high visibility of cases where a CIRRT is activated, the process-from notification to report submission-should be standardized to ensure it is not subject to external influences or input.
30. DCF and the CBC's should utilize "Safety Stand Downs" whenever there is a child death or serious injury case. The Institute will educate DCF, CBCs and Statewide Child Fatality Prevention Specialist on the value of a "safety stand down" protocol and implementation plan. Safety stand down data can then be collected and the process can be added to the legislatively mandated review of the CIRRT.

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Appendix A - Institute Proposed Budget

Florida Institute for Child Welfare (FICW)

INSTITUTE ADMINISTRATION

Institute administrators have responsibility for strategic planning, fiscal and personnel management, compliance, deliverables, and liaison activities with the State of Florida government offices.

| Personnel | Type Appt | FTE | Base Salary | Fringe Rate | Salary | Fringe | Total |
|---------------------------------|-----------|-----|-------------|-------------|-----------|----------|-----------|
| FICW Director | 12 | 1 | \$125,000 | 26.90% | \$125,000 | \$33,625 | \$158,625 |
| Financial Specialist | 12 | 0.5 | \$35,000 | 26.90% | \$17,500 | \$4,708 | \$22,208 |
| Database/Network Manager | 12 | 1 | \$50,000 | 26.90% | \$50,000 | \$13,450 | \$63,450 |
| Program Assistant/Communication | 12 | 1 | \$30,000 | 26.90% | \$30,000 | \$8,070 | \$38,070 |

TOTAL ADMINISTRATION \$282,353

ON-GOING RESEARCH & EVALUATION ACTIVITIES

Focuses on projects that inform policy and practice related to child safety, permanency, and child and family well-being which are housed permanently at the FICW. Will include longitudinal and cross-sectional studies on 1) children that come into contact with Florida's child welfare system; 2) the child welfare workforce; and 3) evaluation of training and education.

1) DATA COLLECTION & ANALYSIS

| | |
|--|-----------|
| Faculty Salary - course release, summer salary/fringe for up to 5 faculty est. @ 40K/yr | \$200,000 |
| Graduate Research Assistants - 4 including salary, fringe, tuition, insurance est. @ 8K/yr | \$40,000 |
| Primary data collection | \$50,000 |
| Consultants | \$15,000 |

DATA COLLECTION & ANALYSIS \$305,000

2) TRAVEL

| | | |
|---|--------|----------|
| Includes: conference presentations, regional meetings | TRAVEL | \$38,147 |
|---|--------|----------|

3) COMPUTER EQUIPMENT & NETWORK

| | | |
|---|------------------------------|----------|
| Includes: server, security, maintenance | COMPUTER EQUIPMENT & NETWORK | \$15,000 |
|---|------------------------------|----------|

4) DISSEMINATION

| | | |
|---|---------------|----------|
| Includes: printing, website maintenance for policy briefs, white papers, webinars, etc. | DISSEMINATION | \$10,000 |
|---|---------------|----------|

5) OPERATING EXPENSES

| | |
|---|----------|
| Space est. @ \$2,500/month | \$30,000 |
| Start up costs (furniture, copy machines, etc.) | \$30,000 |
| Recurring supplies | \$9,500 |

OPERATING EXPENSES \$49,500

TOTAL ON-GOING RESEARCH & EVALUATION ACTIVITIES \$417,647

SUBCONTRACTS TO THE CONSORTIUM OF PUBLIC & PRIVATE SOCIAL WORK PROGRAMS IN FLORIDA

Focuses on research and evaluation on the efficacy of child welfare interventions using partnerships between universities and community-based agencies through a competitive application process.

1) RESEARCH & EVALUATION

| | | |
|---|--------------|-----------|
| Est. 5 projects @ average of \$60,000 each for university/community collaborations | SUBCONTRACTS | \$300,000 |
|---|--------------|-----------|

TOTAL RESEARCH & EVALUATION SUBCONTRACTS \$300,000

FLORIDA INSTITUTE FOR CHILD WELFARE

TOTAL COSTS \$1,000,000

Appendix B – Statewide and National Child Welfare Meetings/Conferences Attended

| MEETING/CONFERENCE | LOCATION |
|---|----------------------------|
| Casey Family Programs Child Safety Forum | Philadelphia, Pennsylvania |
| Casey Family Programs Safety and Permanency Roundtables | West Palm Beach |
| Child Protective Investigations Scorecard Revision Meeting | Tampa, Florida |
| Child Welfare Dependency Summit | Orlando, Florida |
| Children’s Home Society 8th Annual Innovation Symposium | Orlando, Florida |
| Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF Roundtable) | Philadelphia, Pennsylvania |
| Council on Social Work Education (CSWE Annual Program Meeting) | Tampa, Florida |
| Critical Incident Rapid Response Team (CIRRT Training) | Orlando, Florida |
| Critical Incident Rapid Response Team (Member) | Gilchrest County, Florida |
| DCF Data Analytics Advisory Committee Meetings | Tallahassee, Florida |
| DCF Results-Oriented Accountability Advisory Committee Meetings | Tallahassee, Florida |
| Florida Association of Deans and Directors of the Schools of Social Work (FADD) | Tampa, Florida |
| Florida Coalition Against Domestic Violence Meeting | Tallahassee, Florida |
| Florida Coalition For Children Board Meeting | Orlando, Florida |
| National Association of Social Workers (NASW Florida Chapter Consortium Meeting) | Orlando, Florida |
| Zero To Three National Training Institute | Fort Lauderdale, Florida |
| Florida State University, College of Medicine Center for Integrated Health | Tallahassee, Florida |
| Florida Children and Youth Cabinet | Tallahassee, Florida |

Appendix C - Meetings with Stakeholders

| Name | Title/Role | Agency |
|-------------------------------------|--|---|
| State Agency Representatives | | |
| Mike Carroll | Secretary | Department of Children and Families (DCF) |
| Janice Thomas | Assistant Secretary for Child Welfare | DCF |
| Traci Levine | Director, Child Welfare Practice | DCF |
| Kellie Sweat | Director, Child Welfare Operations | DCF |
| JoShonda Guerrier | Director, Planning & Strategic Projects | DCF |
| Keith Perlman | Manager, Performance Management Unit | DCF |
| Zandra T. Odum | Project Management Consultant | DCF |
| Valerie Carnett | Training | DCF |
| Various Staff | Office of Child Welfare | DCF |
| Zackary Gibson | Chief Child Advocate/ Dir. of Adoption and Child Protection | Executive Office of the Governor |
| Amy Farrington | Director of Certification | Florida Certification Board |
| CBCs and Service Providers | | |
| Amy Simpson | Executive Director | Boys Town |
| Shelley Katz | Chief Operating Officer | Children's Home Society |
| Andry Sweet | Chief Strategy Officer | Children's Home Society |
| Shawn Salamida | Director | Circuit 1 CBC |
| Kathleen Cowan | Executive Director | Circuit 13 CBC |
| Larry Rein | Executive Director | Circuit 15 CBC |
| Emilio Benitez | CEO | Circuit 17 CBC |
| John Cooper | CEO | Circuit 5 |

| Name | Title/Role | Agency |
|-----------------------------------|--------------------------------|--------------------------------------|
| CBCs and Service Providers | | |
| Jackie Gonzalez | CEO/President | Circuits 11/16 CBC |
| Mike Watkins | CEO | Circuits 2/14 CBC |
| Stephen Pennypacker | CEO/President | Circuits 3/8 CBC |
| Glen Casel | CEO/President | Circuits 9/18 CBC |
| Brad Gregory | Vice President Programs | Florida Sheriffs Youth Ranches, Inc. |
| Justin Crymes | Supervisor Intake Coordination | Florida Sheriffs Youth Ranches, Inc. |
| Dr. Christopher Card | Chief Operation Officer | Lutheran Services Florida |

Advocates

| | | |
|------------------------------------|---|--------------------------------|
| Jack Levine | Founder | 4 Generations Institute |
| Monica Figueroa King | Executive Director | Child Net |
| Michael Hansen ty Mental Health | President/CEO | Florida Council for Communi- |
| Kurt Kelly | CEO & President | Florida Coalition for Children |
| Victoria Zepp | Executive Director, Government and Community Affairs | Florida Coalition for Children |
| Linda Alexionok | Executive Director | The Children's Campaign |
| Roy Miller | President and Founder | The Children's Campaign |
| Christina Spudeas | Executive Director | Florida's Children First |

Florida Universities Colleges of Social Work

| | | |
|-----------------|---------------------|---|
| Dr. Robin Perry | Associate Professor | FAMU/Chair, State Child Abuse Death Review Committee |
| Dr. John Graham | Director | FAU School of Social Work |

| Name | Title/Role | Agency |
|---|--|--|
| Florida Universities Colleges of Social Work | | |
| Dr. Nicholas F. Mazza | Dean/Patricia V. Vance Professor of Social Work | FSU College of Social Work |
| Dr. Karen A. Randolph | Associate Professor/Agnes Flaherty Stoops Professor in Child Welfare | FSU College of Social Work |
| Dr. Dina J. Wilke | Associate Professor | FSU College of Social Work |
| Dr. Bonnie Yegidis | Chair, FADD/Director | UCF School of Social Work |
| Dr. Daniel Durkin | Assistant Chair | UWF School of Social Work |
| Other Researchers | | |
| Linda Jewell Morgan | Sr. Dir., Strategic Consulting | Casey Family Programs |
| Dr. Mimi Graham | Director | FSU Center for Prevention and Early Intervention |
| Dr. Mary Kay Falconer | Senior Evaluator | Ounce for Prevention Fund of Florida |
| Terry Rhodes | Director of Research, Evaluation and Systems | Ounce for Prevention Fund of Florida |
| Dr. Tim Dare | Associate Professor | University of Auckland, New Zealand |
| Dr. Terry V. Shaw | Director, Ruth Young Center for Families and Children/ Associate Professor | University of Maryland School of Social Work |
| Dr. Richard Barth | Dean and Professor and President of the American Academy of Social Work and Social Welfare | University of Maryland School of Social Work |
| Dr. Peter Pecora | Managing Director, Casey Family Programs/ Professor | University of Washington |
| Judicial | | |
| Judge Lynn Tepper | Circuit Judge | Sixth Judicial Circuit |

Appendix D - Cross Walk of Florida's practice model competencies with those of the National Association of Social Workers (NASW) and the Council on Social Work Education (CSWE)

NASW Standards for Child Welfare

1. Social workers in child welfare shall demonstrate a commitment to the values and ethics of the social work profession and shall use NASW's Code of Ethics as a guide to ethical decision making while understanding the unique aspects of child welfare practice.

CSWE Competencies/Behaviors

Identify as a professional social worker and conduct oneself accordingly.(1)

Apply social work ethical principles to guide professional practice.(2)

DCF Competencies CWPI

Use judgment and demonstrate ethical conduct representative of exemplary professions standards. (1.1)

DCF Competencies CWCW

Implement ethical standards of the profession while conducting CW services. (1.1)

NASW Standards for Child Welfare

2. Social workers practicing in child welfare shall hold a BSW or MSW degree from an accredited school of social work. All social workers in child welfare shall demonstrate a working knowledge of current theory and practice in child welfare and general knowledge of state and federal child welfare laws.

CSWE Competencies/Behaviors

Practice: Engagement, Assessment, Intervention, and evaluation with individuals, families, groups, organizations, and institutions.(10) Engage in policy practice to advance social and economic well-being and to deliver effective social work services.(8)

DCF Competencies CWPI

Conduct child protective investigations in accordance with state/federal law. (1/2)

Make mandatory notifications to law enforcement , CPT, licensing, SAO/AG, and others as required. (2.4)

Refer Special Condition reports (i.e., foster care licensing issues, etc.) to appropriate parties for handling.

(3.4) Use the dependency court injunction process to ensure child safety as appropriate. (6.6)

DCF Competencies CWCW

Recognize and operate within the legal obligations and limitations that state and federal laws place on case managers. (1.3) Provide factual information through reports and testimony to the courts.(1.8)

Demonstrate an understanding of child and human growth and development norms and expectations by conducting age and state appropriate case management interviews, observations, and activities. 2.5)

NASW Standards for Child Welfare

3. Social workers in child welfare shall continuously build their knowledge and skills to provide the most current, beneficial, and culturally appropriate services to children, youths, and families involved in child welfare.

CSWE Competencies/Behaviors

Practice: Engagement, Assessment, Intervention, and evaluation with individuals, families, groups, organizations, and institutions.(10) Engage diversity and difference in practice. (4) Respond to contexts that shape practice.(9)

DCF Competencies CWPI

Perform child protective investigations in the least adversarial, most constructive and supportive manner possible. (1.3) Use a family centered and trauma informed practice approach while performing investigative activities with families. (3.1) Use safety skills and techniques to avoid dangerous situations in the workplace and field (i.e., aware of all egress points from the home, never facing away from a closed door, choice of vehicle parking location outside home, etc.). (3.5)

DCF Competencies CWCW

Effectively communicate information about agency programs and services to clients, agency staff, or other service providers. (1.15) Demonstrate an awareness of and respect for clients' background and current life circumstances when performing case management activities. (2.3) Refer individuals and families for further assessment as need. (3.6) Coordinate a comprehensive, team approach to the delivery of community-based services specific to remediate abuse and neglect and provide long-term support to families. (4.4) Arrange services and ensure ongoing collaboration to meet the specific needs of the children(ren), family, and caregivers. (4.10) Facilitate placement and promote joint planning and delivery of services in collaboration with primary, foster kinship and adoptive families. (4.13) Ensure age-appropriate treatment strategies and services are provided that are essential to the physical, mental, and emotional development of the child. (4.14) Plan and provide foster an adoptive children with supportive serves to reduce the trauma of major life transitions, including transitions related to separation and placement to enhance their adjustment and meet their needs. (4.17) For any dependent child on psychotropic medication, ensure that appropriate consent has been obtained, the reason for the medication are known, and that the child's team is involved in ongoing coordination of other treatment modalities and assessment of medication benefits. (4.20)

NASW Standards for Child Welfare

4. Social workers in child welfare shall seek to advocate for resources and system reforms that will improve services for children, youths, and families.

CSWE Competencies/Behaviors

Advance human rights and social and economic justice.(5)

DCF Competencies CWCW

Advocate for co-parenting of children in care (parents and substitute caregiver/foster parent) including coordination of family-time visits and parent participation in other activities (medical appointment, school activities, family member birthday parties, holidays, etc.) in ways that can ensure safety and well-being. (4.15) Advocate with school personnel for dependent children to achieve academic success through appropriate placement and educational programming; to alleviate barriers to participation in school activities; and to solve school related problems. (4.16)

NASW Standards for Child Welfare

5. Social workers in child welfare shall promote interdisciplinary and interorganizational collaboration to support, enhance, and deliver effective services to children, youths, and families.

CSWE Competencies/Behaviors

Identify as a professional social worker and conduct oneself accordingly.(1)

Apply social work ethical principles to guide professional practice.(2)

DCF Competencies CWPI

Make mandatory notifications to law enforcement , CPT, licensing, SAO/AG, and others as required. (2.4)

Effectively communicate information about agency programs and services to clients, agency staff, or other service providers. (3.4) Use the Child Protection Team to supplement the assessment process through the provision of psychosocial assessments, medical exams and diagnoses, and forensic interviews, etc. (6.4)

Work with Children's Legal Services, State Attorney's Office, or Attorney General to present factual information and evidence to support decision making and demonstrate legal sufficiency for protective actions/

court involvement. (6.5) Use expert medical, legal, and therapeutic opinion and recommendations to inform the decision making process. (7.3) Develop and promote professional relationships by partnering with law enforcement during criminal investigations and conferring with CPT, DV, GAL, CLS, and substance abuse

and mental health advocates for consultative services. (7.4) Work in partnership with various individuals and groups within the child welfare system and community to promote the safety and wellbeing of children and families. (7.6)

DCF Competencies CWCW

Collaborate with other service providers and legal and court personnel in preparing children family members for court activity. (1.7) Work in partnership with various individuals and groups within the child welfare

system and community to promote the safety and well-being of children and families. (1.12) Prepare for and participate effectively in case staffings and meetings as a leader and contributor. (1.13) Create and sustain a helping system for clients that includes collaborative child welfare work with all appropriate persons involved

in the case. (2.6) Establish and maintain relationships with community partners. (2.7) Serve as a communicator and facilitator of information-sharing among appropriate persons involved in the case. (2.8) Work

with the CPI as needed to understand the results of the department's child safety assessment protocol and participate in the development and ongoing management of the safety plan. (3.1) Identify and incorporate

the findings of the assessment, case dispositions, and recommendations for other persons who have a role in case planning. (3.10) Engage in teamwork with the family, children, service providers, and other team

members to ensure that all persons are "on the same page" as to current needs, progress, and continued appropriateness for intervention. (3.11) Provide relevant case history and client background to assessors in

order to inform assessment strategies and findings. (3.13) Collaborate with family members and other persons involved in the case (i.e., the family team) to develop an individualized, family-centered, strengths-based, as-

essment-based and outcome driven plan. (4.1) Refer individuals and families for further assessment as need. (3.6) Coordinate a comprehensive, team approach to the delivery of community-based services specific to

remediate abuse and neglect and provide long-term support to families. (4.4) Promote teamwork and appropriate information sharing among all persons involved in the case and identified stakeholders, including medical, educational, and mental health providers. (4.5) Obtain feedback from the family and service providers to

assist in case planning and assessment. (4.11) Work with the family and team members to plan, prioritize and effectively monitor completion of case plan activities and tasks within required timeframes. (4.12) Advocate

with school personnel for dependent children to achieve academic success through appropriate placement and educational programming; to alleviate barriers to participation in school activities; and to solve school

related problems. (4.16) Work with appropriate team members to make and support permanency recommendations, i.e., reunification, termination of parental rights, other long-term options, or case closure. (4.18)

NASW Standards for Child Welfare

6. Social workers in child welfare shall maintain the appropriate safeguards for the privacy and confidentiality of client information.

CSWE Competencies/Behaviors

Apply social work ethical principles to guide professional practice.(2) Apply critical thinking to inform and communicate professional judgment.(3)

DCF Competencies CWCM

Apply confidentiality requirements to casework tasks. (1.2)

NASW Standards for Child Welfare

7. Social workers shall ensure that families are provided services within the context of cultural understanding and competence.

CSWE Competencies/Behaviors

Engage diversity and difference in practice.(4) Respond to contexts that shape practice.(9) Apply critical thinking to inform and communicate professional judgment.(3)

DCF Competencies CWPI

Provide culturally competent investigative services by recognizing cultural values and linking families with culturally competent service providers. (3.3)

DCF Competencies CWCM

Provide culturally-competent casework services and link families with culturally-competent service providers. (1.19)

NASW Standards for Child Welfare

8. Social workers in child welfare shall conduct an initial, comprehensive assessment of the child, youth, and family system in an effort to gather important information. The social worker shall also conduct ongoing assessments to develop and amend plans for child welfare services.

CSWE Competencies/Behaviors

Engagement, Assessment, Intervention, and evaluation with individuals, families, groups, organizations, and institutions. (10) Apply critical thinking to inform and communicate professional judgment.(3)

DCF Competencies CWPI

Assess all prior individual and family abuse history, service cases, juvenile justice and adult criminal histories, local law enforcement 'call outs', and circuit court injunctive action to determine initial investigative approach. (2.1)

Contact reporter to corroborate allegations in report and seek additional information; advise of notification rights. (2.2) Contact sources identifies in the report, previous or current service providers, and others to gather additional information about the family. (2.3) Make diligent efforts to observe and interview the alleged victim(s) within the required timelines. (4.1) Interview the victim(s), siblings, non-offending caregivers, and any other household member or collateral contacts likely to provide credible evidence or critical information to support or refute the allegations and provide important information about family interaction and dynamics. (4.2) Interview the alleged offender and all appropriate sources to obtain accurate and complete information on alleged offender's adult functioning, parenting, and discipline practices, and assess and determine caregiver protective capacities. (4.3) Interview the alleged victim and all appropriate sources to obtain accurate and complete information on child function and assess and determine child vulnerabilities. (4.4) Assess the nature and extent of maltreatment and accompanying circumstances and determine immediate safety actions needed to ensure child safety. (5.1) Assess impending danger resulting from family conditions that are observable, imminent, out-of-control, and likely to have a severe effect on a child. (5.2) Conduct assessment for child on child sexual abuse. (5.3) Determine implications for child safety by analyzing all present and impending safety factors denoted in the standardized safety assessment instrument to identify immediate safety actions needed. (6.1) Use present danger assessment criteria (safety threshold) to identify the need for a Present danger plan. (6.2) Use family functioning assessment criteria to identify impending danger and the need for a Safety Plan. (6.3) Prepare for and participate in all court hearings. (6.7) Evaluate and synthesize information and evidence gathered during the investigation to determine appropriate investigative findings and disposition. (6.8) Use the Child Maltreatment Index to guide determination of findings. (6.9)

NASW Standards for Child Welfare

9. Social Workers in child welfare shall strive to ensure the safety and well-being of children through evidence-based practices.

CSWE Competencies/Behaviors

Engagement, Assessment, Intervention, and evaluation with individuals, families, groups, organizations, and institutions.(10) Apply critical thinking to inform and communicate professional judgment.(3) Engage in research-informed practice and practice-informed research.(6)

DCF Competencies CWPI

Perform child protective investigations focusing on identification of danger threats, safety planning and safety management. (1.5) Assist individuals and families "in crisis" by responding in a manner that balances the need for personal accountability which promoting positive change, growth, and development to ensure safety for all family members. (3.2) Refer individuals and families for community supports as needed. (5.5) Determine implications for child safety by analyzing all present and impending safety factors denoted in the standardized safety assessment instrument to identify immediate safety actions needed. (6.1) Use the dependency court injunction process to ensure child safety as appropriate. (6.6)

DCF Competencies CWCW

Report CA/N using Abuse Hotline procedures and reporting requirements. (1.2) Perform case management responsibilities in accordance with state and federal laws on CA/N & abandonment within required timeframes. (1.5) Use juvenile court to protect children from maltreatment and assure permanency within legally required timeframes. (1.6) Assure quality of care through a working knowledge of performance standards and best practices.(1.11) Assist individuals and families in responding to a crisis in a manner that promotes

positive change, growth, and development, and assures safety for all family members. (1.18) Demonstrate family-centered, strength-based and trauma-informed approaches to performing case management activities. (2.1) Use evidence-based and best practices when performing case management activities. (2.3) Advocate for co-parenting of children in care (parents and substitute caregiver/foster parent) including coordination of family-time visits and parent participation in other activities (medical appointment, school activities, family member birthday parties, holidays, etc.) in ways that can ensure safety and well-being. (4.15) For dependent children 13 years of age and older, ensure that case plans include developmentally appropriate opportunities for the child to gain skills, education, work experience, relationships, and other necessary capacities for living safely and independently of agency services. (4.19) For any dependent child on psychotropic medication, ensure that appropriate consent has been obtained, the reason for the medication are known, and that the child's team is involved in ongoing coordination of other treatment modalities and assessment of medication benefits. (4.20)

NASW Standards for Child Welfare

10. Social workers in child welfare shall engage families, immediate or extended, as partners in the process of assessment, intervention, and reunification efforts.

CSWE Competencies/Behaviors

Engagement, Assessment, Intervention, and evaluation with individuals, families, groups, organizations, and institutions. (10) Apply critical thinking to inform and communicate professional judgment. (3)

DCF Competencies CWCM

Conduct individual and family interviews. (3.4) Identify and document the family's strengths and needs. (3.5) Ensure that the child(ren) and family members visit as frequently as possible according to statutory requirements, consistent with the developmental needs of the children and in the most natural setting that can ensure safety and well-being. (4.0)

NASW Standards for Child Welfare

11. Social workers in child welfare shall actively engage older youths in addressing their needs while in out-of-home care and as they prepare to transition out of foster care.

CSWE Competencies/Behaviors

Engagement, Assessment, Intervention, and evaluation with individuals, families, groups, organizations, and institutions. (10)

NASW Standards for Child Welfare

12. Social workers in child welfare shall place children and youths in out-of-home care when the children and youths are unable to safely remain in their homes. Social workers shall focus permanency planning efforts on returning children home as soon as possible or placing them with another permanent family.

CSWE Competencies/Behaviors

Engagement, Assessment, Intervention, and evaluation with individuals, families, groups, organizations, and institutions.(10) Apply critical thinking to inform and communicate professional judgment.(3)

DCF Competencies CWC

Conduct purposeful visits with children and parents and/or caregivers that include the on-going assessment of child safety, permanency, and well-being. (3.8) Evaluate need/readiness for permanency planning. (3.9)

Use safety skills and techniques when faced with dangerous situations in the workplace and field. (1.17)

Build and maintain an up-to-date, organized, and accessible case file. (1.21)

Clearly and accurately document events, information/contacts, reasonable efforts, and actions related to the child and family within required timeframes.(1.22)

Enter all case documentation in the official SACWIS within required timeframes. (1.23)

Monitor and update each child's Child Resource Record and, when applicable, the Life Book, to ensure that each has a life history traced over time in care. (1.24)

Monitor and update each child's Health and Education Passport to ensure that each child has a complete and current medical and educational record. (1.25)

Report Prepared by:
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Judith E. Hefren, PhD, MSW, CPA

FLORIDA INSTITUTE for CHILD WELFARE

For more information, please contact us at
850-645-3429 (FICW) or childwelfare@csw.fsu.edu.



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Appendix B: Statewide and National Child Welfare Meetings and Conferences Attended

| Meeting or Conference | Location |
|--|----------------------------|
| Agency for Healthcare Administration Meeting | Tallahassee, Florida |
| Bethesda All sites Early Childhood Court Conference | Bethesda, Maryland |
| Capital Women's Group Meeting | Tallahassee, Florida |
| Casey Family Programs Child Safety Forum | Philadelphia, Pennsylvania |
| Casey Family Programs Safety and Permanency Roundtables | West Palm Beach, Florida |
| Child Protective Investigations Scorecard Revision Meeting | Tampa, Florida |
| Child Welfare Competency Update Planning Meeting | Conference Call |
| Child Welfare Dependency Summit | Orlando, Florida |
| Child Welfare Practice Model Task Force | Gainesville, Florida |
| Child Welfare Practice Model Task Force Quarterly Meeting | Tallahassee, Florida |
| Children's First Meeting | Tallahassee, Florida |
| Children's Home Society 8th Annual Innovation Symposium | Orlando, Florida |
| Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF Roundtable) | Philadelphia, Pennsylvania |
| Council on Social Work Education (CSWE Annual Program Meeting) | Tampa, Florida |
| Critical Incident Rapid Response Team (CIRRT Training) | Orlando, Florida |
| Critical Incident Rapid Response Team (Member) | Bell, Florida |
| Critical Incident Rapid Response Team (Advisory) | Tampa, Florida |
| Crossover Youth Workgroup | Tallahassee, Florida |
| DCF Child Welfare Integration Project Team Meeting | Orlando , Florida |
| DCF Data Analytics Advisory Committee Meetings | Tallahassee, Florida |
| DCF Results-Oriented Accountability Advisory Committee Meetings | Tallahassee, Florida |
| Early Childhood Court Summit | Ft. Lauderdale, Florida |
| Executive Project Briefing Data Analytics Meeting | Tallahassee, Florida |

| Meeting or Conference | Location |
|--|--------------------------|
| FCC/DCF Group Care Quality Standards Workgroup Meeting | Tallahassee, Florida |
| Florida Association of Deans and Directors of the Schools of Social Work (FADD) | Tampa, Florida |
| Florida Certification Board Meeting | Tallahassee, Florida |
| Florida Children and Youth Cabinet | Tallahassee, Florida |
| Florida Coalition Against Domestic Violence Meeting | Tallahassee, Florida |
| Florida Coalition For Children Board Meeting | Orlando, Florida |
| Florida Immersive Case Management Training Discussion | Tallahassee, Florida |
| Florida State University, College of Medicine Center for Integrated Health | Tallahassee, Florida |
| Florida Workload Study Options | Tallahassee, Florida |
| National Association of Social Workers (NASW Florida Chapter Consortium Meeting) | Orlando, Florida |
| Office of Court Improvement Meeting | Tallahassee, Florida |
| Quality Parenting Initiative | Tallahassee, Florida |
| Residential Group Care quality Standards Workgroup | Tallahassee, Florida |
| Results Oriented Accountability Plan Meeting | Tallahassee, Florida |
| Substance Abuse, Mental Health, and Child Welfare Integration Meeting | Orlando, Florida |
| Supervisory Model Planning Meeting | Tallahassee, Florida |
| Teen Foster Homes Meeting | Tallahassee, Florida |
| Zero To Three National Training Institute | Fort Lauderdale, Florida |

Appendix C: Meetings with Stakeholders

State Agency Representatives

| Name | Title/Role | Agency |
|-------------------|--|------------------------------------|
| Mike Carroll | Secretary | DCF |
| Janice Thomas | Assistant Secretary for Child Welfare | DCF |
| Traci Levine | Director, Child Welfare Practice | DCF |
| Kellie Sweat | Director, Child Welfare Operations | DCF |
| JoShonda Guerrier | Director, Planning & Strategic Projects | DCF |
| Keith Perlman | Manager, Performance Management Unit | DCF |
| Emily Tupps | Director, Child Welfare Integration | DCF |
| Tory Wilson | Permanency and Well-being Manager | DCF |
| Kimberly Grabert | Statewide Human Trafficking Director | DCF |
| Alan Abramowitz | Executive Director | Statewide Guardian ad Litem Office |
| Bethany Brimer | Human Trafficking Director | DJJ |
| Zandra T. Odum | Project Management Consultant | DCF |
| Valerie Carnett | Training | DCF |
| Wansley Walters | Chairwoman | Florida Children and Youth Cabinet |
| Zackary Gibson | Chief Child Advocate/Director of Adoption and Child Protection | Executive Office of the Governor |
| Neal McGarry | President and CEO | Florida Certification Board |
| Amy Farrington | Director of Certification | Florida Certification Board |

CBCs and Service Providers

| Name | Title/Role | Agency |
|--------------|-------------------------|-------------------------|
| Amy Simpson | Executive Director | Boystown |
| Shelley Katz | Chief Operating Officer | Children's Home Society |
| Andry Sweet | Chief Strategy Officer | Children's Home Society |

| Name | Title/Role | Agency |
|----------------------|--------------------------------|-------------------------------------|
| Shawn Salamida | Director | Circuit 1 CBC |
| Kathleen Cowan | Executive Director | Circuit 13 CBC |
| Larry Rein | Executive Director | Circuit 15 CBC |
| Emilio Benitez | CEO | Circuit 17 CBC |
| E. Lee Kaywork | CEO | Circuit 4 CBC |
| John Cooper | CEO | Circuit 5 CBC |
| Jackie Gonzalez | CEO/President | Circuits 11/16 CBC |
| Mike Watkins | CEO | Circuits 2/14 CBC |
| Stephen Pennypacker | CEO/President | Circuits 3/8 CBC |
| Glen Casel | CEO/President | Circuits 9/18 CBC |
| Brad Gregory | Vice President Programs | Florida Sheriffs Youth Ranches, Inc |
| Justin Crymes | Supervisor Intake Coordination | Florida Sheriffs Youth Ranches, Inc |
| David Wilkins | Founder and Program Director | Life Connectors |
| Dr. Christopher Card | Chief Operation Officer | Lutheran Services Florida |
| Amanda Prater | Director | Youth Villages |

Advocates

| Name | Title/Role | Agency |
|----------------------|--|---|
| Jack Levine | Founder | 4 Generations Institute |
| Monica Figueroa King | Executive Director | Child Net |
| Michael Hansen | President/CEO | Florida Council for Community Mental Health |
| Kurt Kelly | CEO & President | Florida Coalition for Children |
| Victoria Zepp | Executive Director, Government and Community Affairs | Florida Coalition for Children |
| Linda Alexionok | Executive Director | The Children's Campaign |
| Roy Miller | President and Founder | The Children's Campaign |
| Christina Spudeas | Executive Director | Florida's Children First |
| Guy Spearman | Lobbyist | Tallahassee, Florida |

Florida Universities - Colleges of Social Work

| Name | Title/Role | Agency |
|--------------------------|---|--|
| Dr. James Clark | Dean and Professor | FSU College of Social Work |
| Dr. Robin Perry | Associate Professor Chair, State Child Abuse Death Review Committee | FAMU Department of Social Work |
| Dr. John Graham | Director | FAU School of Social Work |
| Dr. Nicholas F. Mazza | Professor & Patricia V. Vance Professor of Social Work | FSU College of Social Work |
| Dr. Karen A. Randolph | Professor & Agnes Flaherty Stoops Professor in Child Welfare | FSU College of Social Work |
| Dr. Dina J. Wilke | Associate Professor | FSU College of Social Work |
| Dr. Bonnie Yegidis | Chair, FADD/Director | UCF School of Social Work |
| Dr. Daniel Durkin | Assistant Chair | UWF School of Social Work |
| Other Researchers | | |
| Linda Jewell Morgan | Senior Director, Strategic Consulting | Casey Family Programs |
| Dr. Mimi Graham | Director | FSU Center for Prevention and Early Intervention |
| Dr. Mary Armstrong | Executive Director | Louis de la Parte Florida Mental Health Institute |
| Dr. Mary Kay Falconer | Senior Evaluator | Ounce of Prevention Fund of Florida |
| Terry Rhodes | Director of Research, Evaluation and Systems | Ounce of Prevention Fund of Florida |
| Dr. Tim Dare | Associate Professor | University of Auckland, New Zealand |
| Dr. Terry V. Shaw | Director, Ruth Young Center for Families and Children/ Associate Professor | University of Maryland School of Social Work |
| Bruce Bryant | Interim Director, Child Welfare Training Consortium | University of South Florida |
| Dr. Richard Barth | Dean and Professor and President of the American Academy of Social Work and Social Welfare | University of Maryland School of Social Work |
| Dr. Peter Pecora | Managing Director, Casey Family Programs/ Professor | University of Washington |

| Name | Title/Role | Agency |
|-----------------------------|-------------------------------|------------------------|
| Judicial | | |
| Judge Lynn Tepper | Circuit Judge | Sixth Judicial Circuit |
| Justice Barbara J. Pariente | Florida Supreme Court Justice | Tallahassee, Florida |

Appendix D: 2015 Faculty Affiliates

Barry University

| Name | Title/Role |
|---------------------------------|------------------------------|
| Phyllis Scott, Ph.D. | Dean and Associate Professor |
| Mitchell Rosenwald, Ph.D., LCSW | Associate Professor |

Florida Agricultural & Mechanical University

| Name | Title/Role |
|---------------------------------|-------------------------------|
| Jenny Jones, Ph.D., ACSW | Chair and Associate Professor |
| Robin Perry, Ph.D. | Associate Professor |
| Winnifred Whittaker, Ph.D., MBA | BSW Field Coordinator |

Florida Atlantic University

| Name | Title/Role |
|-------------------------------|------------------------|
| John Graham, Ph.D. | Director and Professor |
| Marianna Colvin, Ph.D. | Assistant Professor |
| Heather Farineau, Ph.D., LCSW | Assistant Professor |
| Bettyanne Hutton, MSW | Instructor |
| Joy McClellan, MSW, LCSW | Instructor |

Florida Gulf Coast University

| Name | Title/Role |
|-----------------------|--|
| Mary Hart, Ph.D., MSW | Director & Chair and Assistant Professor |

Florida International University

| Name | Title/Role |
|-------------------------------------|---------------------|
| Mary Helen Hayden, Ed.D, LCSW, DCSW | Director |
| Shanna Burke, Ph.D. | Associate Professor |
| Nicole Fava, Ph.D. | Assistant Professor |
| Hui Huang, Ph.D. | Assistant Professor |
| Elisa Kawam, Ph.D. | Assistant Professor |
| Barbara Thomlison, Ph.D. | Professor |

Florida Memorial University

| Name | Title/Role |
|-----------------------|---|
| Sylvia Boynton, Ph.D. | Social Work Program Coordinator and Assistant Professor |

Florida State University

| Name | Title/Role |
|--|---|
| James Clark, Ph.D., LCSW | Dean and Professor |
| Shamra Boel-Studt, Ph.D. | Assistant Professor |
| Katrina Boone, MSW, LCSW | Director, Field Education and Associate Teaching Professor |
| Pam Graham, MSW, LCSW, DCSW | Director, BSW & Professional Development Programs, and Associate Teaching Professor |
| Jeffrey Lacasse, Ph.D. | Assistant Professor |
| Nicholas Mazza, Ph.D., LCSW, LMHC | Professor and Patricia V. Vance Professor of Social Work |
| Karen Oehme, JD | Director, Institute for Family Violence Studies, Research Associate |
| Melissa Radey, Ph.D. | Associate Professor |
| Karen Randolph, Ph.D. | Agnes Flaherty Stoops Professor in Child Welfare |
| Sharon Ross-Donaldson, MSW, LCSW, CFSW | Assistant Teaching Professor |
| Lisa Schelbe, Ph.D. | Assistant Professor |
| Dina Wilke, Ph.D. | Associate Professor |

Southeastern University

| Name | Title/Role |
|---------------------------|---------------------------------|
| Marleen Milner, Ph.D. | Program Director and Professor |
| Pamela Criss, Ph.D., LCSW | Field Coordinator and Professor |

Saint Leo University

| Name | Title/Role |
|-------------------------|---|
| Cindy Lee, Ph.D. | Director, MSW Program and Associate Professor |
| Lisa Rapp-McCall, Ph.D. | Research Lead |

University of Central Florida

| Name | Title/Role |
|-----------------------|------------------------|
| Bonnie Yegidis, Ph.D. | Director and Professor |
| Ana Leon, Ph.D., LCSW | Professor |
| Julie Steen, Ph.D. | Associate Professor |

University of North Florida

| Name | Title/Role |
|----------------------------------|--|
| Jennifer Spaulding-Givens, Ph.D. | Director of Social Welfare and Assistant Professor |

University of South Florida

| Name | Title/Role |
|----------------------------------|--|
| Alison Salloum, Ph.D., LCSW | Interim Director and Associate Professor |
| LuAnn Conforti-Brown, Ph.D. | Visiting Instructor |
| S. Ruth Power, MSW, LCSW, CAP | Visiting Instructor |
| Lori Rogovin, MSW, ACSW | Chair, BSW Program and Instructor |
| Christopher Simmons, Ph.D., LCSW | Instructor |
| Teri Simpson, MSW, LCSW | Director of Field Education |
| Alicia Stinson-Mendoza, Ph.D. | Chair, MSW Program and Instructor |

University of West Florida

| Name | Title/Role |
|-----------------------------|---|
| Daniel Durkin, Ph.D., LMSW | Department Head/Assistant Chair and Assistant Professor |
| Diane Scott, Ph.D. | Associate Dean/Chair and Professor |
| Christopher Cotten, Ph.D. | Assistant Professor |
| Amelia Kazakos, LCSW | Child Welfare Instructor |
| Dione King, Ph.D. | Assistant Professor |
| Kellie O'Dare Wilson, Ph.D. | Assistant Professor |
| Julie Patton, LCSW | Instructor |

Warner University

| Name | Title/Role |
|---------------------|--|
| Nancy Anderson, MSW | Program Director and Assistant Professor |
| Jeff Bachelder, MSW | Field Education Director |

Appendix E: 2014-2015 Grantees

Trauma Informed Behavioral Parenting: Early Intervention for Child Welfare

Heather Agazzi (Principal Investigator), Ph.D., University of South Florida

Enhancing Caregiving Capacity for Very Young Children: Your Journey Together Home Visiting Intervention

Deborah Alleyne (Principal Investigator), M.S., Devereux Center for Resilient Children

Ana Leon, Ph.D., University of Central Florida

A Randomized Evaluation Examining the Effects of an Incentive-Based Child Welfare Intervention on Strengthening Child and Family Engagement in Services

Shamra Boel-Studt (Principal Investigator), Ph.D., Florida State University

Common Sense Parenting Program for Children 0-5 in the Child Welfare System

Katrina Boone (Principal Investigator), MSW, Florida State University

Kenneth Bender, Executive Director, Boys Town North Florida

Evaluation of Parent Training Services in a Community-Based System of Care

Mary Kay Falconer (Principal Investigator), Ph.D., Ounce of Prevention Fund of Florida

Karen Randolph, Ph.D., Florida State University

The Effectiveness of Service Integration: Studying the Crossover Youth Practice Model

Hui Huang (Principal Investigator), Ph.D., Florida International University

Evaluation of the CriticalThinkRX Educational Curriculum for Child Welfare Workers: A Replication Study

Jeffrey R. Lacasse (Principal Investigator), Ph.D., Florida State University

Preparing Teens and Protecting Futures... Preventing Teen Pregnancies Within the Child Welfare System

Teri Saunders (Principal Investigator), CEO, Heartland for Children

Marleen Milner, Ph.D., Southeastern University

Evidence-based Parenting Intervention for Youth Aging Out of the Child Welfare System

Lisa Schelbe (Principal Investigator), Ph.D., Florida State University

Evidence-Based Parent-Child Relational Intervention for Young Children At-Risk for Abuse and Neglect

Migues Villodas (Principal Investigator), Ph.D., Center for Children and Families, Florida International University

Florida Study of Professionals for Safe Families (FSPSF) Work Plan

Dina Wilke (Principal Investigator), Ph.D., Florida State University

Melissa Radey (Co- Principal Investigator), Ph.D., Florida State University

Appendix F: Florida Study of Professionals for Safe Families (FSPSF)

Purpose

Recruitment and retention for child welfare professionals are widespread issues for the Department of Children and Families (DCF) and the Community-Based Care organizations (CBCs). High staff turnover puts vulnerable children at greater risk for recurrence of maltreatment, impedes timely intervention referrals and, ultimately, delays permanency. Annual attrition estimates across the state range between 25%-60% and the bill analysis submitted in consideration of Senate Bill 1666 indicated \$6.2 million in increased annual costs associated with staff training and inexperienced workers.⁴

The proposed project is a 5-year longitudinal study of newly hired employees into child protective investigator (CPI) and case manager (CM) positions to learn about individual and organizational influences on child welfare employee retention, and ultimately, child and family outcomes. This statewide study will examine **worker personal characteristics** (e.g., educational background, family history, self-esteem, etc.) **worker beliefs and behaviors** (e.g., stress and burnout, work/family balance, social support and coping, etc.), **organizational characteristics** (e.g., physical environment, supervisory and management practices, vacancy rate, etc.), and **work characteristics** such as caseload size and severity, prevalence of child deaths, and exposure to threats and violence. We will also examine **community context** (e.g., unemployment, poverty rates, etc.) recognizing that the local community may impact worker retention and child and family outcomes. A conceptual model is presented in Figure 1, and Tables 1-5 identify the variables used to define each element of the model.

Research Methods & Questions

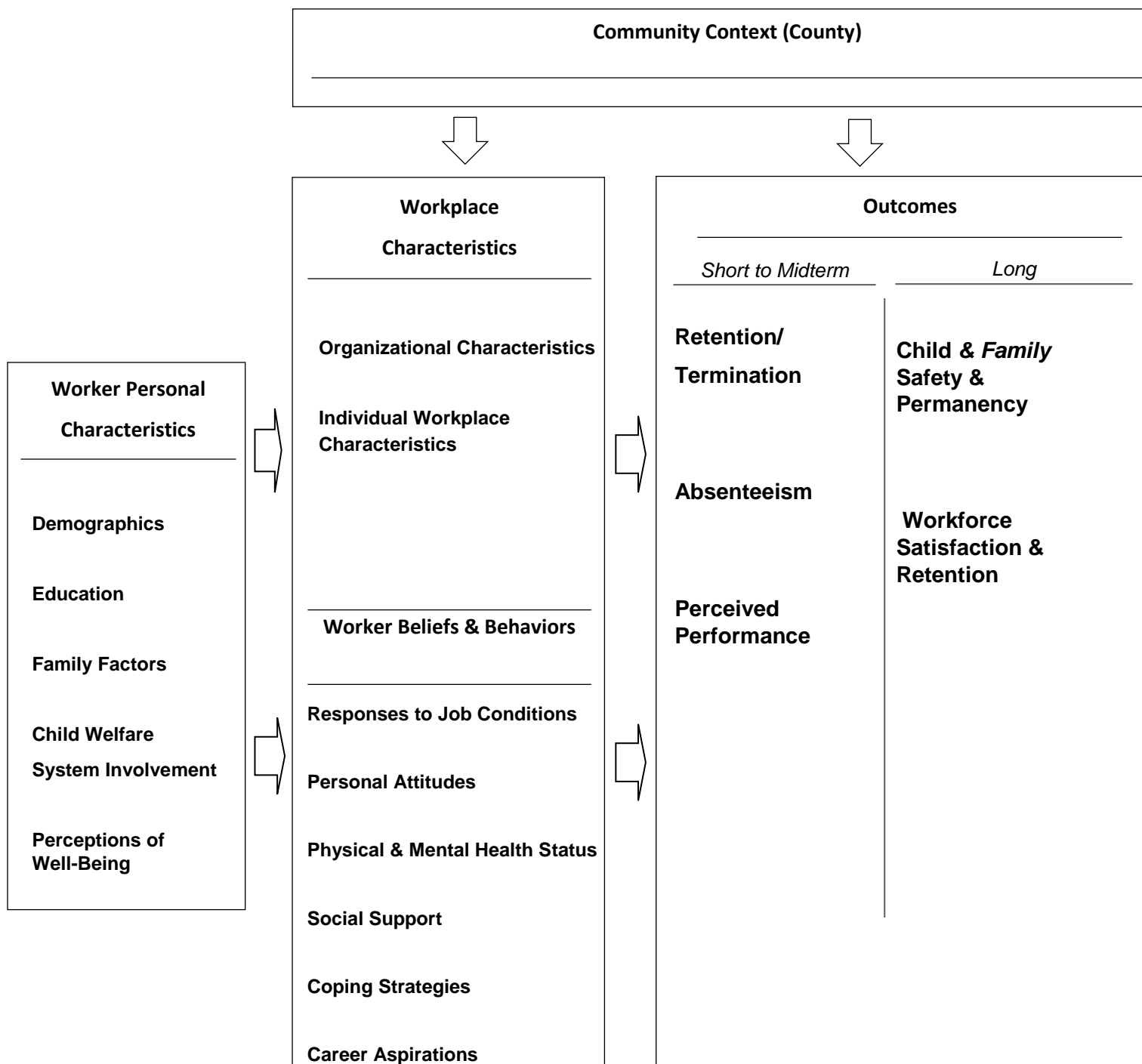
This 5-year longitudinal study will encompass three broad strategies to answer several different research questions based on the conceptual model. First, respondents will be surveyed every 6-7 months for 5 years with a core instrument.

Second, in addition to the core instrument, in-depth modules will be rotated during the data collection period. Each module will be completed twice during the 5-year study. Modules will include: 1) Substance Use, Mental & Physical Health, and Coping Strategies; 2) Work/Personal Life Balance; 3) Supervision; and 4) Organizational Functioning. The intent of this strategy is to gain a deeper understanding of key areas of worker personal or organizational characteristics that may impact job satisfaction and retention. For example, a mental health screening inventory will be part of the core instrument that participants complete during every administration, but on two different occasions, participants will provide in-depth information about mental health and its impact on employment outcomes.

Finally, qualitative interviews will be used to further augment information gathered on the in-depth modules. For example, when the in-depth module focuses on supervision, qualitative interviews will provide greater detail on the role, quality, and depth of supervision for respondents.

⁴ <https://www.flsenate.gov/Session/Bill/2014/1666/Analyses/2014s1666.ap.PDF>

Figure 1. The Florida Study of Professionals for Safe Families Conceptual Model



The Florida Study of Professionals for Safe Families (FSPSF) will seek to answer the following questions:

Individual Attributes

- Do child welfare professionals feel adequately prepared to enter the workforce and do perceptions of the job match work experiences?
- How do worker personal characteristics, including prior educational attainment, impact job satisfaction, retention, and child and family outcomes?
- How do worker beliefs and behaviors, including stress and burnout, impact job satisfaction, retention, and child and family outcomes?
- At what point do workers consider leaving their positions?
 - Among those who stay, what individual attributes contribute to retention?
 - Among those who leave, what individual attributes contribute to departures?

Organizational and Contextual Attributes

- What training practices or structures contribute to readiness, competence in the field, and retention?
- How do organizational characteristics, including supervisory and management practices, influence job satisfaction, retention, and family and child outcomes?
- How do the influences of organizational characteristics change over time?
- What work characteristics, including caseload size and severity, influence job satisfaction and worker retention?
- Among those who leave their jobs for other positions, what are characteristics of their new work environments?
- What organizational and caseload characteristics contribute to an intent to leave or to remain in child welfare?
- What contextual influences impact job satisfaction, retention, and child and family outcomes?

Sample & Recruitment

This study proposes to recruit all Child Protective Investigators (CPIs) and Case Managers (CMs) who are hired between Sept. 1, 2015 and August 31, 2016. To qualify for the study, participants must have completed a 4-year college degree and have received, be eligible for, or have already applied for provisional Florida certification in their respective job category. CPIs are hired by the state of Florida or by one of 6 county sheriffs' offices to conduct investigations. Case managers are hired by agencies sub-contracted with the CBCs to provide case management services. While CPIs and CMs reflect a continuum of care for child welfare cases, CPIs are public employees and CMs are private employees.

Based on previous rates of turnover among CPIs and CMs, we anticipate 1,000 eligible participants throughout the state. We will follow the total sample of new hires for five years, even if they leave their child welfare positions during the study timeframe. This strategy is critical to understanding employment outcomes for those who leave their initial CPI/CM positions.

Participants will be recruited during their pre-service training, a mandatory 12-week training for all new hires not currently holding Florida certification in the job for which they have been hired. DCF staff (or their sub-contractors) provides pre-service training for the CPIs, and CBC staff (or their sub-contractors) provides training on behalf of the case management agencies.

An FSPSF graduate assistant will maintain a database of all pre-service training staff throughout the state and will, on a monthly basis, identify which agencies are beginning a pre-service training class each month. Within the first three weeks of a new training commencing, an FSPSF staff member will physically attend one session in order to seek participation from the entire cohort of trainees. FSPSF staff will use this time to explain the purpose of the study, obtain informed consent, and gather pre-survey demographic and contact information.

Those CMs or CPIs who change jobs within their category of certification are not required to repeat the pre-service training. However, we will recruit these individuals for this study. An FSPSF graduate assistant will contact agency human resource personnel each month to identify any new hires who did not attend training. We will recruit those new hires during the agency orientation.

Data Collection & Variables

We will survey participants twice annually. Demographic and contact information will be gathered during pre-service training followed by electronic administration of Wave 1 baseline data collection. Wave 2 will begin 6 months later. Starting with Wave 3, monthly cohorts will be clustered into quarterly cohorts in order to manage the data collection process. For example, all participants who began the study in September, October, or November 2015 will be clustered together for data collection beginning with Wave 3 (scheduled for October 2016). This same pattern will repeat in subsequent months, and Wave 4 data collection will follow 6 months after Wave 3. In an effort to learn more about potential seasonal influences on caseload satisfaction, job satisfaction, and retention outcomes, Wave 5 will be collected 7 months after Wave 4, and Wave 6 will be collected 6 months after Wave 5. This pattern will repeat each year. As a result, each group of participants will be surveyed during 9 different months of the year during the course of the 5-year study.

Survey data will be gathered electronically using Qualtrics. Participants will provide work and personal email addresses during initial data collection at the pre-service training. The baseline data collection protocol consists of two stages:

1. A FSPSF team member will present the study to potential participants during pre-service training and obtain participant consent. The FSPSF team member will give the participant an iPad (or other tablet) with a pre-loaded link to a Qualtrics survey. This initial data collection will request personal contact information including work and personal email addresses, work and personal phone numbers, and language preference for subsequent surveys. In order to increase study retention, respondents will identify two additional collateral contacts they are likely to stay in contact with throughout the course of the study. Data on the collateral contacts will include personal phone numbers and email addresses.
2. Within one week of completion of the pre-survey data collection, respondents will be sent a link to the Wave 1 baseline instrument.

Subsequent data collection will also involve a multi-stage strategy. First, one week prior to data collection, respondents will be sent a text message to their personal phone number informing them of the upcoming data collection and asking them to confirm contact information. Second, respondents will be sent a link from Qualtrics directing them to the survey. Future waves of data collection are expected to take about 45-60 minutes to complete. Reminder messages will be sent at 5 days and at 10 days for those who have not completed the survey. At 14 days, project staff will email participants who have not yet opened the survey link to insure that the Qualtrics generated emails were not sent to a spam folder. If there is no response to the individual email, project staff will telephone the non-respondent. At 21 days, project staff will attempt to email or call the identified contact persons of non-respondents.

Surveys will be optimized for mobile use and respondents will be able to complete the instrument in multiple attempts and on multiple devices. Survey links will remain available for one month. Upon completion of each

survey, respondents will receive financial compensation for participation that will increase with each year of participation (\$25 for Waves 1 and 2, increasing incrementally to \$75 for Waves 9 and 10).

In an effort to create an identity with the collateral contacts, within one week of receiving the collateral contact's information, FSPSF staff members will send an email explaining the study and the their potential role in it. The participant who identified the collateral contact will also be copied on the message in order to verify participation, if requested. Collateral contacts will be given the opportunity to decline participation. In that event, the study participant will be emailed and asked to provide information on an additional contact.

Incentives

A series of gradually increasing incentives will be utilized to minimize participant attrition. Incentives, primarily in the form of monetary compensation, will be provided upon completion of each survey administration. The incentives will be electronic gift cards to online retailers (e.g., Target) or credit to online accounts like Amazon.com or iTunes. Participants who complete all waves of the study will receive \$500.00 in total compensation, distributed as follows:

- Year 1 (Waves 1 & 2): \$25.00
- Year 2 (Waves 3 & 4): \$40.00
- Year 3 (Waves 5 & 6): \$50.00
- Year 4 (Waves 7 & 8): \$60.00
- Year 5 (Waves 9 & 10): \$75.00

At the end of the survey, participants will be asked to choose their incentive from a list of possible options. When surveys are completed, project staff will send a thank you email that will contains a link to an electronic credit in the appropriate amount.

Beyond compensation for survey completion, other incentives will be used to encourage continuing engagement and identification with the study. At least annually, participants will be asked to verify their phone and email contact information along with the information on their collateral contacts. Respondents who provide this information may elect to participate in a sweepstakes drawing that will include a variety of gifts to be determined.

Finally, beginning in Wave 2, a small subset of respondents will be randomly selected to participate in qualitative interviews. Those who volunteer to engage in a longer interview will receive \$50.00 as compensation, in addition to quantitative survey completion incentives. Qualitative survey incentives will be electronically distributed in a similar manner to the quantitative survey incentive plan.

Appendix G: Technical Reports

Improving the Quality of Residential Group Care: A Review of Current Issues, Empirical Evidence, and Recommendations

Shamra Boel-Studt (Principal Investigator), Ph.D., Florida State University

Psychotropic Medications in the Florida Child Welfare System

Jeffrey R. Lacasse (Principal Investigator), Ph.D., Florida State University

Data and Statistics 101: Key Concepts in the Collection, Analysis, and Application of Child Welfare Data

Philip Osteen (Principal Investigator), Ph.D., Florida State University

Parents Aging Out of the Child Welfare System

Lisa Schoborg Schelbe (Principal Investigator), Ph.D., Florida State University

Trauma-Informed Care: Strengths and Opportunities for Florida Child Welfare Professionals

Stephanie Kennedy (Principal Investigator), MSW, Doctoral Candidate, Florida State University

Infant Mental Health and Child Welfare

Mimi Graham (Principal Investigator), Ed.D., Florida State University

Addressing the Needs of Commercially Exploited Children

Claudia Kitchens (Principal Investigator), Executive Director, Kristi House

Evidence-Based Child Welfare Training for Therapists

Heather Farineau (Principal Investigator), Ph.D., LCSW, Florida Atlantic University

Appendix H: The Florida Institute for Child Welfare 2015-2020 Strategic Plan

Message from the Dean



Jim Clark, Ph.D., LCSW
*Dean and Professor
College of Social Work*

The Florida Institute for Child Welfare’s proposed strategic plan provides everyone involved with and concerned about its mission with a roadmap for the future. Like most effective plans, this one provides guidance for the careful selection of Institute priorities and ultimately, important decisions. At the same time, we recognize that Florida’s child welfare system is complex and emergent. In other words, the service environment is evolving, often unpredictable, and eventful. This environment requires a strategic plan that establishes broad guidelines and yet is open to adapting and changing to advance the organizational mission. The Institute, by its very nature, seeks new ideas and approaches that will continue to inform this plan in the future, thus strengthening and improving it. The “four pillars” of the plan reflect its legislative origin and mandates — all of which require excellence in research, policy analysis, technical assistance, training, and collaboration. We are committed to the Institute’s success and at the same time humbled by the many challenges inherent in its mission! We invite everyone who cares about Florida’s children and families to support and contribute to our shared purpose to enhance child safety, permanency, and well-being through the development of translational knowledge that will inform effective child welfare practice and policy.



FLORIDA INSTITUTE
for CHILD WELFARE

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Mission

The Florida Institute for Child Welfare seeks to promote safety, permanency, and well-being among the children and families of Florida that are involved with the child welfare system. To accomplish this mission, the Institute will sponsor and support interdisciplinary research projects and program evaluation initiatives that will contribute to a dynamic knowledge base relevant for enhancing Florida's child welfare outcomes. The Institute will collaborate with community agencies across all sectors and other important organizations in order to translate relevant knowledge generated through ecologically-valid research, policy analysis, and program evaluation. This will be best achieved through the design and implementation of developmentally-targeted and trauma-informed strategies for children and families involved in the child welfare system.

Vision

To provide nationally acclaimed child welfare research, training services, and policy and practice implementation guidance with our partner organizations in support of the children and families in Florida's child welfare system.

Guiding Principles

- Strive for Research and Training Excellence – we will continually strive to develop research projects that are based in sound translational scientific research methods and principles.
- Commitment – we will exhibit commitment and dedication to the Institute's mission and always prioritize the needs of children and families in Florida's child welfare system.
- Collaboration – we will collaborate within and across disciplines and professions to identify research priorities, apply evidence-based and evidence-informed solutions, and to translate research findings into effective practice and policy.
- Effective Communication – we will continuously share knowledge and information within the Institute to achieve organizational success.
- Respect – we will value everyone's contribution to the mission, treating everyone with dignity.
- Diversity—we will encourage and support robust and pluralistic approaches to the mission, knowing that intellectual diversity contributes to innovation, creativity, and fresh approaches to difficult problems.
- Integrity—while the Institute exists in a challenging political, economic, and cultural environment, its staff and researchers will work to protect the intellectual independence and integrity of its initiatives.

The Institute's Environment

In 2014, the Florida Legislature passed comprehensive child welfare legislation (Senate Bill 1666) in response to media reports of almost 500 children known to Florida's child welfare system who had died in the previous five years. This legislation established the Florida Institute for Child Welfare (Institute) at the Florida State University College of Social Work under s. 1004.615, Florida Statutes.

The purpose of the Institute is to advance the well-being of children and families by improving the performance of child protection and child welfare services through research, policy analysis, evaluation, and leadership development. The Institute consists of a consortium of public and private universities throughout Florida that offer accredited degree programs in social work. The statute also requires the Institute to work with the Department of Children and Families (DCF), sheriffs that provide child protective investigative services, Community-Based Care (CBC) lead agencies, CBC provider organizations, the court system, the Department of Juvenile Justice (DJJ), the Florida Coalition Against Domestic Violence (FCADV), and other partners who contribute to and participate in providing child protection and child welfare services.

By statute, the Institute is required to:

- Maintain a program of research contributing to the scientific knowledge related to child safety, permanency, and child and family well-being.
- Advise DCF and other organizations about the scientific evidence regarding child welfare practice.
- Provide advice regarding management practices and administrative processes.
- Assess the performance of child welfare services based on specified outcome measures.
- Evaluate the educational/training requirements for the child welfare workforce and the effectiveness of training.
- Develop a program of training/consulting to assist organizations with employee retention.
- Identify and communicate effective policies and promising practices.
- Develop a definition of a child or family at high risk of abuse or neglect.
- Evaluate the provisions of Senate Bill 1666 and recommend improvements.
- Recommend improvements in the State's child welfare system.
- Submit an annual report to the Governor and Legislature outlining activities, significant research findings, and recommendations for improving child welfare practice.

The Institute will meet these mandates by producing high quality child welfare research that is translational and inform the development of policies that improve safety, permanency and well-being outcomes for the children and families in Florida's child welfare system. This approach requires the development of effective relationships and productive collaborations with government, our community-based stakeholders, and our academic partners. The main objectives of building partner capacity and enhancing collaboration are 1) to develop service interventions that create positive outcomes; 2) to enact policies that enhance effective service delivery of child welfare services; and 3) to contribute to the development of a sustainable and highly trained child welfare professional workforce.

"We must become more adept at articulating the enhanced quality of social work research and the value of our research in the field, not only to the families served by the system and the practitioners who serve them, but also the community and society as a whole."

Child Welfare for the Twenty-First Century: A Handbook of Practices

The Institute is prepared to respond to the multiple requests for expertise and guidance at the local, state, and national level through building and maintaining a technical assistance program by connecting topical area experts and research findings to policy decision processes. The Institute's leadership will work to align the research agenda to address stakeholders' needs and to develop relevant translational research priorities. In this light, leadership will work diligently with faculty affiliates across the state to respond to the critical research and technical assistance needs of the Florida Department of Children and Families, as well as the unique requirements of the legislative mandates.

The Institute's vision is to be at the forefront of child welfare practice research, advancing and advocating for changes to state and federal child welfare policies, and providing evidence-informed strategies for effective workforce recruitment, long-term retention, and professional development.

How the Institute Conducts Business

The mandates set forth in the 2014 legislation require that the Institute establish working relationships with the key stakeholders in the Florida's child welfare system, specifically including DCF, CBC agencies, the Judiciary, and the fourteen accredited social work programs across the state.

The Institute is housed in the Florida State University College of Social Work (CSW). The CSW leadership is committed to establishing an environment that encourages team science and facilitates productivity. The Institute will utilize the College's child welfare experts for identified research projects that are best suited for intramural support. The Institute's leadership also recognizes the importance of establishing a statewide and national network of research and policy experts to meet Florida's legislative mandates. The Institute will actively seek to diversify its funding portfolio to supplement recurring state funding with foundation and federal sponsorships that will support its mission.

The Institute will convene and meet with significant organizations and actors across multiple, relevant fields in the public and private sectors that help shape the lives of Florida's families and children, and especially those who significantly affect and intervene with child welfare clients at practice and policy levels. The Institute will develop and use convening-and-designing processes that help "smooth the path" for translational research and consultation by establishing and clarifying the actual geographies, contours, and boundaries of the child welfare environment. These efforts can help meet a number of objectives including: 1) invite committed persons already working on children's issues to develop approaches that are coordinated and collaborative with others engaged in such work; 2) develop a usable "catalogue" of statewide assets across sectors that can be employed in the service of children and families more effectively and efficiently; 3) communicate important issues, questions, and findings among stakeholders and across sectors; 4) move forward the design of action plans and scalable "proof of concept" designs that will help address the unique and long-term needs of children in the child welfare system; and 5) enhance the probability of successful "translation" of validated child welfare knowledge and interventions into Florida systems of care.

The Institute's Desired Outcomes: Foundational Pillars, Goals, and Supporting Objectives

The Institute's goals and priorities were specified in Senate Bill 1666 with an overarching mandate to make practice and policy recommendations to improve Florida's child welfare system. In maintaining alignment with legislative intent and priorities, the Institute proposes "Four Pillars" to target mandated outcomes in the following research priority areas:

- Evidence-Based, Trauma-Informed Services for Children Birth to Three
- Quality Group Homes
- Youth Specific Issues – Pregnancy and Parenting Teens, DJJ "Lock-Outs" and "Crossovers"
- Human Trafficking of Minors
- Trauma-Informed Diversion Services for High Risk or Very High Risk Children
- Integration and Co-location of Mental Health, Substance abuse, and/or Domestic Violence Services with Child Welfare Protective Investigations and Case Management Services
- Evidence-Based and Trauma-Informed Services for Children with Complex Behavioral Health Needs
- Child Welfare Workforce Recruitment and Retention
- Other research identified as crucial for effective child welfare practice

1st Pillar - Collaborative Partnerships

Goal: Establish new partnerships and strengthen existing relationships with researchers and policymakers to improve safety, permanency and well-being outcomes for families in the child welfare system.

Supporting Objectives:

1. Identify and utilize existing state and national networks to strengthen and expand the quality and depth of the partnership pool.
2. Develop collaborations that generate promising research projects and advance social policies that improve child welfare outcomes, while simultaneously extending their impacts to social service, health, and behavioral health sectors.
3. Identify, engage, affiliate, and support promising researchers to advance the Institute's mission.

2nd Pillar - Practice Research

Goal 1: Develop and support translational research projects that contribute to the scientific knowledge base related to child safety, permanency, and child and family well-being.

Supporting Objectives:

1. Recruit and retain researchers qualified to support the mission of the Institute with focus on emergent translational research priorities.
2. Conduct child welfare research in partnership with stakeholders and academic institutions that will advance child welfare scientific knowledge.
3. Develop evidence-informed and evidence-based innovative service delivery models to meet the complex needs of the populations served by the child welfare system.
4. Tailor, adapt, and test promising and validated interventions to optimize child welfare outcomes in local settings.

Goal 2: Establish an institutional culture that enables the Institute to become a national leader in child welfare research.

Supporting Objectives:

1. Develop a culture that encourages intellectual creativity, innovation, and social entrepreneurship.
2. Maintain a culture of accountability within the Institute to assure that supported research is translational, relevant, and high-quality.
3. Recruit and retain qualified faculty and staff who have demonstrated scholarly excellence and advance work in the practice of child welfare.
4. Provide faculty and staff with opportunities to further their research agendas with special emphasis on their contributions to effective child welfare policy and practice.

Goal 3: Support the development of and access to essential resources for relevant and high-quality child welfare research.

Supporting Objectives:

1. Support the development of new research resources and use of innovative technology advances.
2. Facilitate access to research resources and technologies.
3. Maintain a level of fiscal stability that supports initiatives that advance the Institute's mission.
4. Demonstrate success in acquiring extramural funding for research.

3rd Pillar - Policy Analysis

Goal: Advise stakeholder organizations about child welfare research evidence that is related to practice, training, and administrative processes in order to inform effective social policy.

Supporting Objectives:

1. Identify an effective communication strategy regarding dissemination of evidence-based, evidence-informed, and promising child welfare practices and policies.
2. Engage and collaborate with stakeholder organizations and academic institutions to strengthen the statewide child welfare policy-making infrastructure.
3. Participate in statewide and national policy forums, and when indicated develop and convene such forums.
4. Inform stakeholder organizations of emergent evidence-based and evidence-informed practices as a means to influence policy change.

4th Pillar - Technical Assistance and Training

Goal: Develop a program of training/consultation designed to assist organizations with aligning policy with practice.

Supporting Objectives:

1. Deliver relevant and evidence-informed continuing education programming to the child welfare workforce and other partners.
2. Work with key stakeholders to evaluate current technical assistance and training initiatives relative to identify and address current gaps.
3. Identify new and significant technical assistance and training initiatives as the child welfare knowledge base evolves.

4. Develop and implement collaborative solutions for statewide child welfare technical assistance and training needs.
5. Initiate efforts with key stakeholders to improve technical assistance and training integration into the development of effective child welfare policy and practice.

Appendix I: Florida Inventory of Statewide, State-Level, Multiagency Groups Handling Children's Issues

As of August 18, 2015

Agency for Health Care Administration (AHCA)

Agency for Persons with Disabilities (APD)

Department of Children and Families (DCF)

- Office of Child Welfare (OCW)
- Office of Substance Abuse and Mental Health (SAMH)
- Children's Legal Services (CLS)
- Economic Self Sufficiency (ESS)

Department of Education (DOE)

- Division of Vocational Rehabilitation (VR)
- Division of K-12 Public Schools
- Exceptional Student Education (ESE), within Bureau of Exceptional Education and Student Services (BEES)
- Student Services (SS), within Bureau of Exceptional Education and Student Services (BEES)
- Homeless Education (HE)
- Multiagency Network for Students with Emotional/Behavioral Disabilities (SEDNET)

Department of Health (DOH)

- Early Steps (ES)
- Children's Medical Services (CMS)
- Child Protection Team (CPT)

Department of Juvenile Justice (DJJ)

- Prevention
- Probation
- Detention
- Residential
- Education
- Office of Health Services

Executive Office of the Governor (EOG)

Guardian ad Litem Statewide Program (GAL)

Office of Early Learning (OEL)

Supreme Court/Office of the State Courts Administrator (SC/OSCA)

NOTE: Many of these workgroups also include other community providers, parents, and youth. This inventory primarily captures state agencies involved.

| | Name of Group | Purpose/Primary Goals | Agencies Involved | Primary Contact(s) |
|---|--|--|--|--|
| 1 | Center for Coordinated Assistance to States Grant Team | Reviews all current, statewide, state level multiagency children's workgroups to align and streamline them for maximum efficiency and collective impact. Begins to identify dedicated funding for children involved in multiple series/systems and children who "fall through the cracks" of the multiple systems and services. | APD, DCF, DJJ, EOG, SC/OSCA | Jennifer.Prather@myflfamilies.com Nicole.Stookey@myflfamilies.com |
| 2 | Child Abuse Death Review Committee | Reviews child fatality cases to: (a) Achieve a greater understanding of the causes and contributing factors of deaths resulting from child abuse. (b) Whenever possible, develop a communitywide approach to address such cases and contributing factors. (c) Identify any gaps, deficiencies, or problems in the delivery of services to children and their families by public and private agencies which may be related to deaths that are the result of child abuse. (d) Make and implement recommendations for changes in law, rules, and policies, as well as develop practice standards that support the safe and healthy development of children and reduce preventable child abuse deaths. | DCF(OCW), DOH(CMS, CPT), EOG, DOE (SS), SC/OSCA, Office of the Attorney General, Florida Department of Law Enforcement | Peggy.Scheuermann@flhealth.gov |
| 3 | Child Abuse Prevention and Permanency Advisory Council (includes 20 Circuit Task Forces) | Works for the prevention of child maltreatment, and the promotion of adoption and support for adoptive families. In addition to the Advisory Council, there are 20 Circuit Task Forces in each judicial circuit that mirrors the membership of the Advisory Council to identify local priorities and needs toward the prevention of child maltreatment, promotion of adoption and support for adoptive families. | APD, DCF, DJJ, DOE, DOH, DOC, EOG, FDLE | Zackary.Gibson@eog.myflorida.com |
| 4 | Children and Youth Cabinet | Develops and implements: a shared vision; a strategic plan; measurable outcomes; efficiencies in information sharing and service delivery; ways to foster public awareness on children's issues; a child and youth impact statement for evaluating proposed legislation; ways to identify potential funding streams | AHCA, APD, DCF, DJJ, DOE, DOH, EOG, GAL, OEL, SC/OSCA | Nicole.Stookey@myflfamilies.com |

| | Name of Group | Purpose/Primary Goals | Agencies Involved | Primary Contact(s) |
|---|--|--|--|--|
| | | and resources; and, a children-and-youth-based budget structure. | | |
| 5 | Children's Multidisciplinary Assessment Team | Assesses all Medicaid eligible and Managed Care clients under 21 years of age who are referred for medically necessary long-term care services. Also conducts staffings for these clients and determines if clients meet the minimum threshold of care required for long-term care clinical services. The long-term care services funded by Medicaid includes: the determination of Level of Care for Nursing Facilities; determination of Level of Reimbursement for Medical Foster Care; and the determination of Level of Care for Model Waiver applicants. | AHCA, APD, DCF, DOH (CMS) | Ariel.McPherson@flhealth.gov Linda.Long-Miller@flhealth.gov |
| 6 | Crossover Youth Workgroup | Makes informed recommendations to address service delivery barriers specific to the dually served youth population (served by both DCF and DJJ). (There are a number of subcommittees addressing specific issues pertaining to crossover youth including: Community Diversion, Behavior/Mental Health, Data Sharing, Lock Out/parental abandonment for children released from programs.) | AHCA, DCF, DJJ, GAL, SC/OSCA, State Attorney | Zandra.Odom@myflfamilies.com |
| 7 | Florida Interagency Coordinating Council for Infants and Toddlers | Advises Florida's Early Steps Program in the performance of its responsibilities, as a required member representing children's mental health, per 34 C.F.R., Part 303, Subpart G – State Interagency Coordinating Council. | AHCA, DCF(SAMH), DOE(HE), DOE(ESE), DOH, OEL | Laurie.Blades@myflfamilies.com |
| 8 | Florida – Learning Community and On-Site Technical Assistance for Youth and Young Adults with Co-Occurring Mental Illness - Developmental Disabilities | The Georgetown University National Technical Assistance Center for Children's Mental Health selected Florida's cross-agency team to provide training and technical assistance focusing on planning and policy development for this population. Monthly webinars and coaching calls are being provided and a one to two day on-site visit. This learning community, coaching and on-site TA will be provided from June through September, 2015. | AHCA, APD, DCF(OCW), DCF(SAMH), DOE | Laurie.Blades@myflfamilies.com |

| | Name of Group | Purpose/Primary Goals | Agencies Involved | Primary Contact(s) |
|----|---|--|---|--|
| 9 | Florida Reach Advisory Board | Improves post-secondary outcomes and career transitions for foster care youth and alumni through resources, support, networking, and determining collective impact. | DCF (OCW), DOE(SS) | Becky.Pengelley@myflfamilies.com |
| 10 | Independent Living Services Advisory Council | Reviews and makes recommendations concerning the implementation and operation of the independent living transition services for young adults from foster care. Submits a report to the Florida Legislature on the status of the services being provided, including successes and barriers to these services. | DCF (CLS), DCF(OCW), DJJ, DOE (SS), GAL, SC/OSCA | Becky.Pengelley@myflfamilies.com |
| 11 | Missing Person Advisory Board | Develops policy around the functions of the Florida Missing and Endangered Persons Information Clearinghouse and general practice around disseminating information and engaging the public regarding missing persons. | DCF (OCW), DJJ, FDLE | DeborahPayne@fdle.state.fl.us |
| 12 | Multiagency Child Welfare Workgroup | Shares information among the partners related to legislation, data, initiatives, and the federal review (Child and Families Services Review). | APD, DCF, DJJ, DOE (SS), DOH (CPT), GAL, OEL, SC/OSCA | Jovasha Lang- langj@flcourts.org |
| 13 | Multisystem State Review Team (also local and regional teams) | A State Review Team, twenty Local Review Teams (by circuit), and six Regional Review Teams (by DCF regions) meet to resolve difficult cases and other interagency issues. | AHCA, APD, DCF, DJJ, DOE (SEDNET), DOE (VR), DOH, GAL, OEL, SC/OSCA | Jennifer.Prather@myflfamilies.com |
| 14 | Project AWARE State Review Team | Develops a coordination and implementation plan to assist districts in developing safer schools, improving school climate, increasing awareness of mental health issues, and creating a continuum of care for Florida's students. | APD, DCF, DOE (SEDNET) (VR) (SS) DOH, EOG, OEL | Monica.Verra-Tirado@fldoe.org Natalie Romer- romer@usf.edu Donald Kincaid- kincaid@usf.edu |
| 15 | Psychotropic Medication Process Workgroup | Reviews, revises, and revamps the current policies and procedures around psychotropic medication consultations and documentation. | DCF (OCW) (CLS) (SAMH), GAL | Christine.Meyer@gal.fl.gov |
| 16 | State Advisory Committee for the | Provides policy guidance with respect to the provision of exceptional education and related services for Florida's children | APD, DCF, DOE(VR)(BEES) | April.Katine@fldoe.org |

| | Name of Group | Purpose/Primary Goals | Agencies Involved | Primary Contact(s) |
|----|--|--|--|--|
| | Education of Exceptional Students | with disabilities. Operates under the auspices of the Bureau of Exceptional Education and Student Services, Florida Department of Education (BEESS/DOE). | (School Choice), DJJ (Education) Department of Corrections, DOH | |
| 17 | State Agency Healthy Schools Interagency Collaborative | <p>Shares information, resources, and data among the partners related to school health promotion in the 8 areas of the CDC Coordinated School Health Model to maximize resources, reduce duplication, and increase partnerships.</p> <ul style="list-style-type: none"> Health Education Physical Education Health Services Nutrition Services and Education Counseling, Psychological and Social Services Healthy School Environment Health Promotion for Staff Parent and Community Involvement | DCF(ESS), DOE(Bureau of Standards and Instructional Support)(Bureau of Family and Community Outreach)(BEESS), DOH(Bureau of Chronic Disease and Prevention and Healthiest Weight), Department of Agriculture and Consumer Services | Penny.Taylor@fldoe.org Sade.Collins@flhealth.gov Deborah.Bergstrom@freshfromflorida.com |
| 18 | Statewide Council on Human Trafficking | <p>Supports human trafficking victims by enhancing care options available. Council duties include:</p> <ul style="list-style-type: none"> Develop recommendations for comprehensive programs and services including recommendations for certification of safe houses & safe foster homes. Make recommendations for apprehending and prosecuting traffickers and enhancing coordination of responses. Hold an annual statewide policy summit with an institution of higher learning. Work with the Department of Children and Families to create and maintain an inventory of human trafficking | Attorney General's Office, AHCA, APD, DCF, DJJ, DOE, DOH | Jason.Rodriguez@myfloridalegal.com Kimberly.Grabert@myflfamilies.com |

| | Name of Group | Purpose/Primary Goals | Agencies Involved | Primary Contact(s) |
|----|--|--|--|--|
| | | <p>programs and services our state.</p> <ul style="list-style-type: none"> Develop overall policy recommendations. | | |
| 19 | Statewide Domestic Violence Fatality Review Team | Looks at children's issues relating to domestic violence deaths and the traumatic impact on children who lose one or both parents, siblings, or other family or household members. | DCF, SC/OSCA | Rubenstein_Cynthia@fcadv.org |
| 20 | Statewide Trauma Informed Care Workgroup | Focuses on a commitment to interrupt the trauma cycle and provide treatment services that promote healing in the children, youth, and adults entrusted in the state's care. Meets quarterly to educate one another about various aspects of trauma and trauma interventions. | DCF, DJJ, DOE (SEDNET)(VR)(SS), DOH, EOG, GAL, SC/OSCA | Maureen.Honan@djj.state.fl.us |
| 21 | Substance Abuse and Mental Health Planning Council | Reviews the block grant plan and submits any recommendations for modification to the state. Advocates for adults with serious mental illnesses, children with severe emotional disturbances, and other individuals with mental illness or emotional problems. Monitors, reviews, and evaluates not less than once each year, the allocation and adequacy of mental health services within the state. | DCF(SAMH), DOE(VR)(SS), DOH, Department of Corrections, AHCA, DJJ | Dana.Foglesong@myflfamilies.com |
| 22 | Supreme Court Steering Committee on Children and Families in the Court | Encourages courts to work with local school boards to implement school-justice partnerships, examines court rules and statutes that impact family courts, monitors statewide progress in implementing the one family/one judge model, and develops a family court tool kit that addresses developmental needs of children and a trauma response. | DCF, DJJ, DOE, GAL, SC/OSCA | John Couch- couchj@flcourts.org |
| 23 | Supreme Court Task Force on Substance Abuse and Mental Health Issues in the Courts | Proposes a strategy for participating in a multi-branch effort to update and enhance the Baker Act and Marchman Act in light of current scientific studies, recommends a strategy for ensuring that drug courts, mental health courts, and veterans courts are operating with fidelity to the ten key components, and continues to promote the recommendations in Transforming Florida's Mental Health System. | AHCA, DCF, SC/OSCA, Florida Department of Veterans' Affairs, Department of Corrections | Jennifer Grandal- grandalj@flcourts.org |

| | Name of Group | Purpose/Primary Goals | Agencies Involved | Primary Contact(s) |
|----|---|---|--|---|
| 24 | System of Care Core Interagency Collaboration Subcommittee (may be combined with LAUNCH) | Contacts existing systems of care sites to determine what issues they wish to raise to the various state level interagency workgroups and reports to the systems of care sites significant issues being addressed at the state level that effect childhood and family behavioral health issues. | DCF, DJJ, DOE(VR)(SEDNET) (SS), DOH | Qasimah.Boston@myflfamilies.com |
| 25 | Young Child Wellness Council (statewide workgroup for Project LAUNCH) | Uses evaluation data to measure outcomes dealing with the prevention of emotional and behavioral issues (improving family functioning and the quality of the parent-child relationship). Expands success across the state. | AHCA, DCF, DJJ, DOE(SS)(SEDNET), DOH, EOG, GAL | Phyllis.Wells@myflfamilies.com |
| 26 | Council on Homelessness | To develop policy and make recommendations on how to reduce homelessness throughout the state. Pursuant to section 420.622(9), F.S., the Council submits an annual report summarizing actions to reduce homelessness plus data concerning those persons currently experiencing homelessness in Florida. | DCF, DEO, DOH, DOC, Dept. of Veteran's Affairs, Career Source FL, DOE, ACHA, and others | Shannon Nazworth- snazworth@abilityhousing.org |

NOTE: Interagency groups related; however, not focused on children's issues.

| | | | |
|---|--|---|---|
| Statewide Sexual Assault Response Team Advisory Committee | Works to assess and improve Florida's response to victims of sexual violence at the state and local level. | DOH, FDLE, and other related partners | Micheala Denny mdenny@fcasv.org |
|---|--|---|---|

Appendix J: Recommendations of the Independent Living Advisory Council Related to Pregnant and Parenting Teens in Florida

According to the spring 2014 Report of the MyServices survey, 11% of the surveyed 17 year-old youth in foster care reported having a child or children. An additional 2% were pregnant. The state child welfare system is responsible for ensuring that all youth in foster care are safe, healthy, permanently connected to families, and have the skills they need to be successful. There is a growing recognition among child welfare professionals that designing service delivery methods specifically for pregnant and parenting youth in foster care is a critical part of this responsibility. Adolescent parents face multiple obstacles in balancing their own transition to adulthood with raising a child. Below are several recommendations identified during the past year by the Independent Living Services Advisory Council Pregnant and Parenting Teens Workgroup. The workgroup was composed of representatives from the Department of Children and Families, Community-Based Care lead agencies, Florida Coalition for Children, maternity home providers, child advocates, and other stakeholders.

Safety – Research conducted by the Center for Prevention and Early Intervention Policy at Florida State University has found that approximately two-thirds of adolescent parents studied are ready to safely parent their children. *In order to ensure the safety of all children born to teen parents in foster care, this workgroup recommends:*

- Child welfare professionals should conduct risk assessments for all pregnant and parenting teens to assess parent/guardian protective capacities. Information gathered by a risk assessment would be used to determine whether identified dangers or safety threats can be offset or controlled by the protective capacities of one or more adults in the home, and in subsequent safety planning.
- Case plans for pregnant and parenting teens in foster care should include a plan for the care and safety of the teen's child(ren).
- The cases of a teen parent and his or her children should be connected with a single case manager.

Family Engagement – Family relationships, both positive and negative, play a key role in the lives of pregnant and parenting teens. This workgroup recommends for child welfare professionals:

- Changing and broadening perspectives to see the whole family unit. For example, encouraging intergenerational parenting classes, grandparent support groups, sibling groups, etc.
- Assessing and developing healthy relationships between the teen and an extended network of family support.
- Being flexible to accommodate complex family schedules.

Developmental Influences – Current or past experiences of poor mental health, low self-esteem, low levels of education, poverty, trauma, childhood adversity (including abuse and neglect), previous pregnancies, violence, and human trafficking, may deeply impact the youth being served. *This workgroup recommends for child welfare professionals:*

- Using an ecological model when working with youth (family, peers, school, and community).
- Applying a holistic approach – including trauma-informed care, dating/intimate partner violence, cultural/racial/ethnic considerations.
- Incorporating and tailoring messages and activities for diverse groups.
- Recognizing triggers.

Cross-Systems Training – Engaging pregnant and parenting youth in meaningful assessments and service delivery requires qualified staff who have been trained to support these young adults to build, prepare

and maintain their own support teams; identify appropriate placements for themselves and their children; engage in healthy relationships; and ensure their children's healthy development. *Therefore, this workgroup recommends:*

- Additional cross-systems training and sharing between case managers, service providers, and the Department of Children and Families.
- Inclusion in pre-service training for case managers, specialized training on how to best serve pregnant and parenting teens in foster care.

Data Collection and Evaluation – The state information management system must analyze and use the following information about this population, its needs, and outcomes. *Therefore, this workgroup recommends the annual collection and review of the following data:*

- Number and percent of youth in foster care who are pregnant, along with their demographic information (age, race, ethnicity, placement history, educational status).
- Number and percent of young men in foster care who are fathers, along with their demographic information (age, race, ethnicity, placement history, educational status).
- Number and percent of fathers of babies who are actively connected and involved in their baby's growth and development.
- Number and percent of young parents who complete high school, are enrolled in college or postsecondary education program, or have access to meaningful job training or employment opportunities.
- Number and percent of young parents who exit foster care to live with family.
- Number and percent of babies of young parents in foster care who are born full-term and without drug exposure.
- Number and percent of children born to young parents in foster care who are enrolled in a high-quality early care and education program.
- Number and percent of parenting youth who remain in care to age 21 and/or reenter care.

Additionally, this workgroup recommends the creation of a group care workgroup in the upcoming year to examine challenges and best practices related to group care, and to continue to monitor the implementation of the recommendations put forth by the Pregnant and Parenting Teens Workgroup.

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A photograph of the Florida State Capitol building, featuring its iconic dome and classical columns, set against a blue sky with white clouds. The image is partially obscured by a dark blue curved graphic element.

Florida's Child Welfare System: Out-of-Home Care

A Presentation to the Senate Committee on
Children, Families, and Elder Affairs

Megan Smernoff
Senior Legislative Analyst

October 8, 2015

Florida's Child Welfare System

- ▶ Continuum of out-of-home care placements
- ▶ Process for determining placements
- ▶ Foster parent recruitment, training, and supports

Continuum of Out-of-Home Care

What is the Continuum of Placements for Children in Out-of-Home Care?

- ▶ Legislative intent is that children are placed in the least restrictive environment

**Relative and
Non-Relative
Caregiver**

**Family Foster
Homes**

- Therapeutic Foster Homes

**Residential
Group Care**

- Shift-Care Model
- House-Parent Model

**Residential
Treatment
Programs**

Foster Home and Group Care Services

- ▶ Foster homes and group care must ensure safe and nurturing environments that foster healthy development
- ▶ Group care must provide or ensure access to a minimum range of activities and services

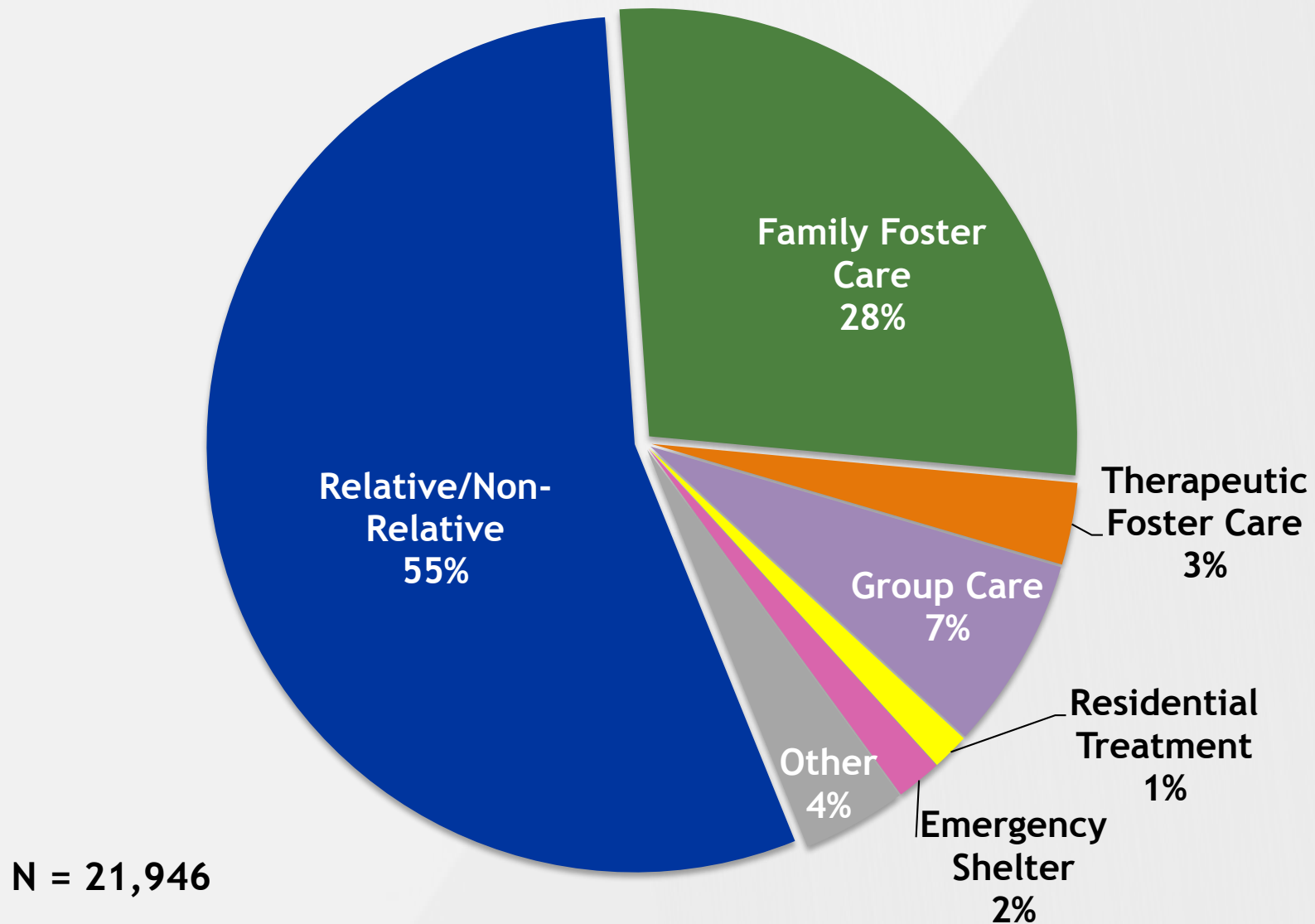
Group Care Activities and Services

- Recreation and leisure activities
- Cultural enrichment
- Transportation
- Medical and dental care
- Work activities
- Clothing and hygiene items
- Behavioral management program
- Assessments and service plans
- Educational services
- Budget training
- Life skills training

Foster Home and Group Care Costs

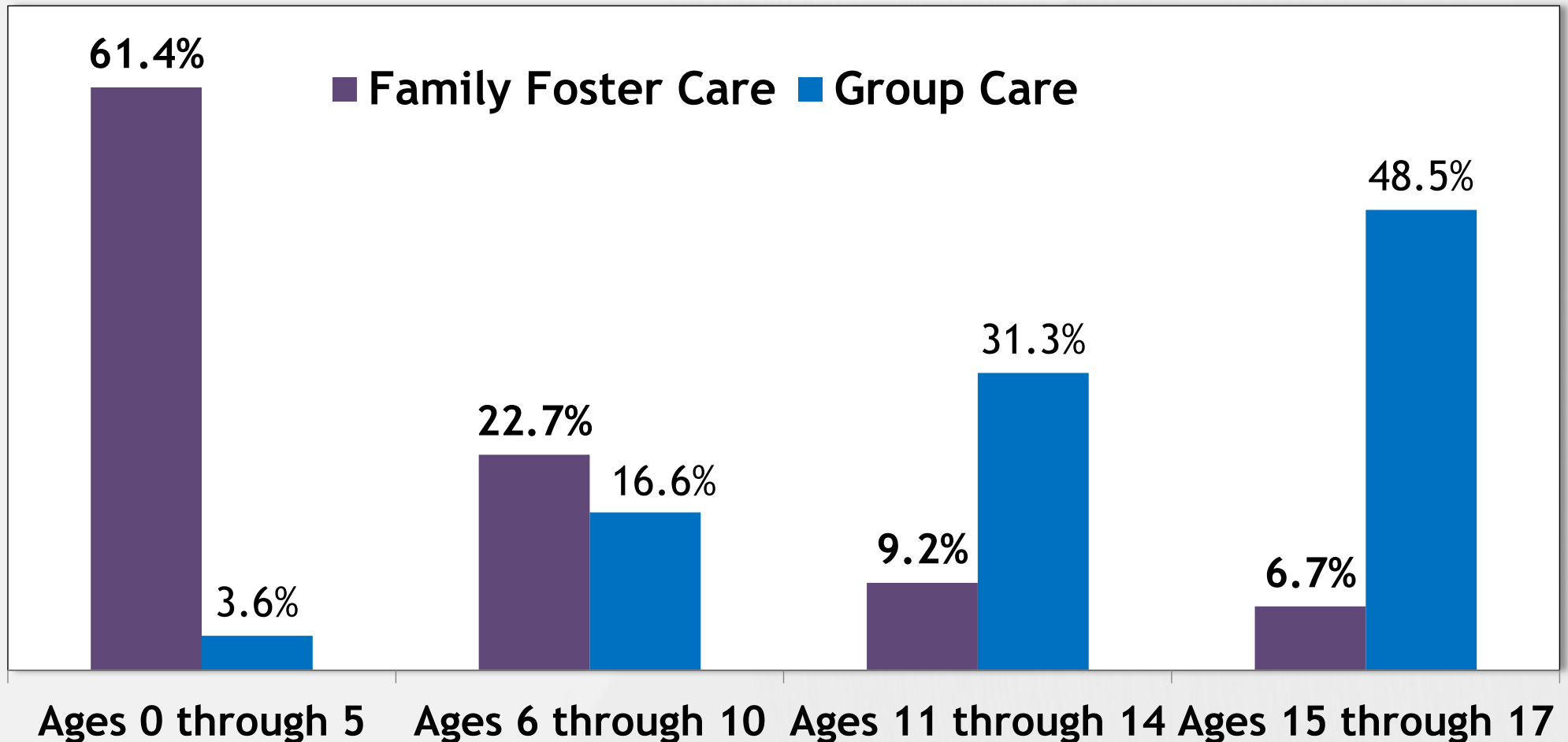
- ▶ Foster parents receive an average per diem of \$15
- ▶ Group care average per diem rates (FY 2013-14)
 - Shift-care model \$124
 - House-parent model \$97
- ▶ CBCs annually negotiate rates and consider several factors
 - E.g., bed capacity, private funding, staff:client ratios, and special needs and services

On June 1, 2015, There Were 21,946 Children in Out-of-Home Care



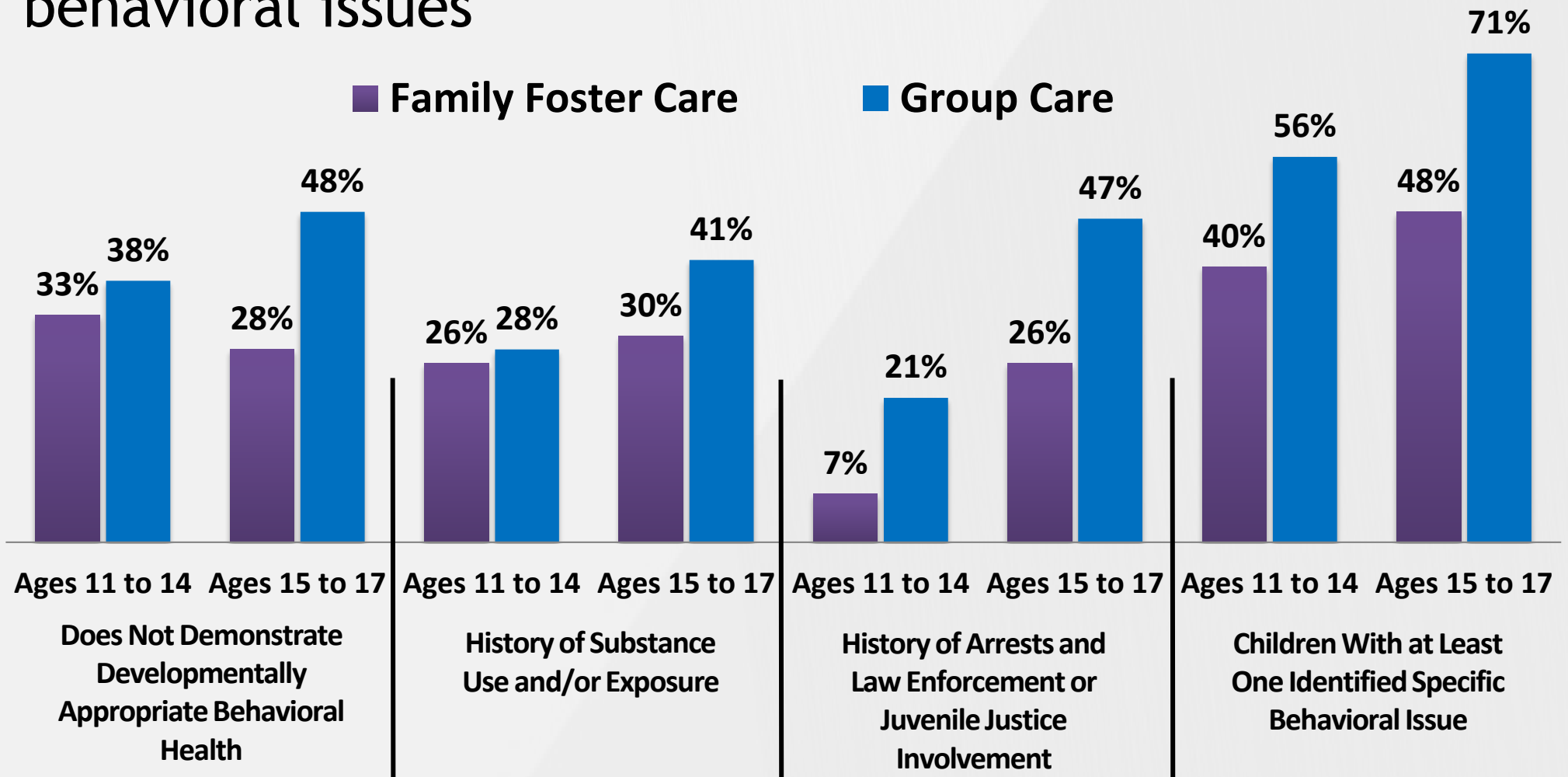
Children in Group Care Were Older

79.8% of children in group care were ages 11 through 17



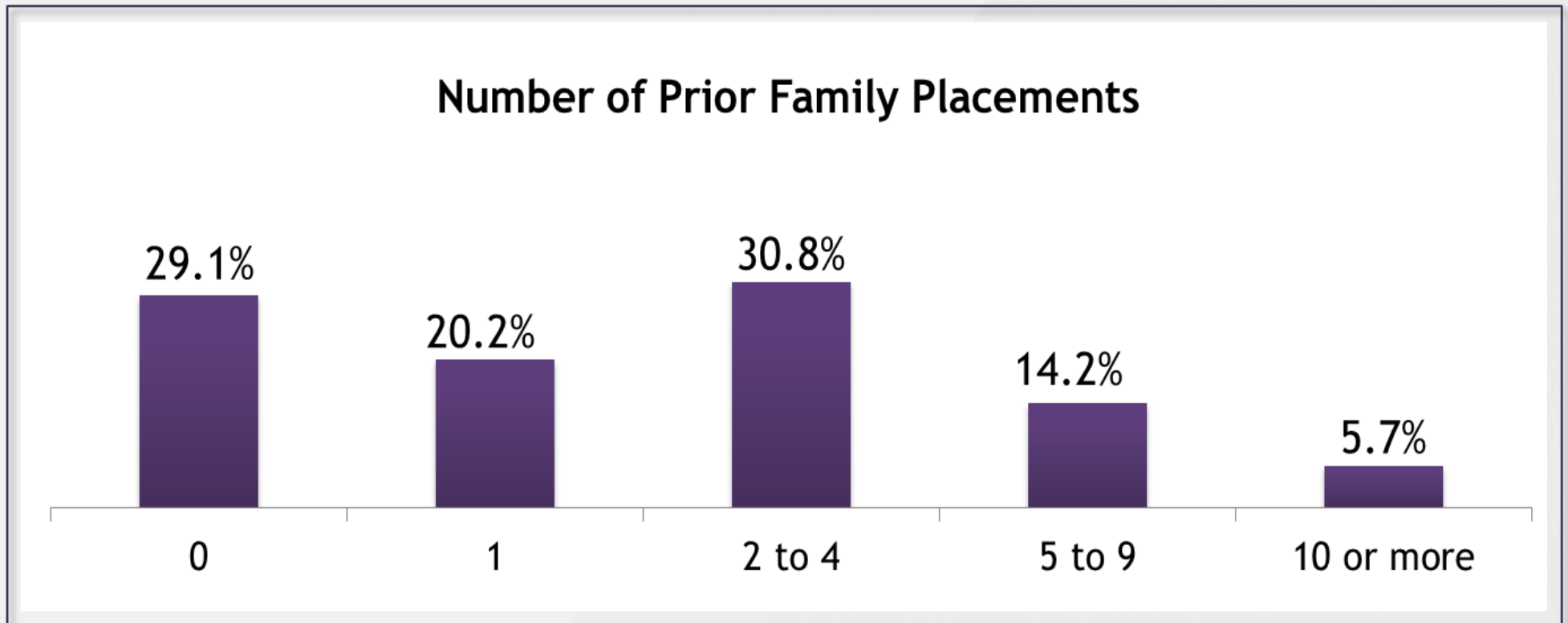
Behavioral Issues

A larger percentage of children in group care had behavioral issues



Prior Placements

Almost half of children in group care had fewer than two prior family placements



Placement Process

Placement in Out-of-Home Care

- ▶ All children in out-of-home care receive a Comprehensive Behavioral Health Assessment (CBHA)
 - Assess child's emotional, social, behavioral, and developmental functioning
 - Should be used to determine child's needs
 - Medicaid pays for CBHA once a year

Placement in Out-of-Home Care

- ▶ CBCs use placement specialists to identify a placement
 - Driven by the goal to place children in least restrictive settings
 - Gather all available child and family information
 - Use forms to guide the process
- ▶ Bed availability may drive placement

Placement in Out-of-Home Care

- ▶ CBCs routinely assess placement options for children in group care
 - Monthly or more frequent reviews to find family-based placement
- ▶ Case manager may not be part of the placement process
- ▶ Special considerations to not move
 - End of the school year or identified relative or non-relative placement

Foster Parent Recruitment, Training, and Supports

Foster Parent Recruitment

- ▶ CBCs' foster parent recruitment efforts vary
 - E.g., outreach events at faith-based settings and local schools as well as traditional marketing materials
 - Foster parents are recruiters
 - Some target recruitment efforts for teens

Family Foster Home Capacity

January 1, 2015 Statewide Foster Home Capacity

| Number of Foster Home Beds | Number of Foster Home Placements | Number of Open Foster Home Beds | Percentage of Foster Home Beds in Use |
|----------------------------|----------------------------------|---------------------------------|---------------------------------------|
| 8,781 | 5,367 | 3,414 | 61% |

- ▶ Not all licensed foster parents accept placements
 - Respite and family issues
 - Foster parent preference for younger children
 - FSFN data on parent preference incomplete

Foster Parent Training and Supports

- ▶ Foster parent training curriculums vary statewide
 - Training quality has improved
 - CBCs using foster parents to help train
- ▶ Licensing process is too long
- ▶ In-home supports and resources are not adequate
- ▶ Case manager turnover is an issue
 - In Fiscal Year 2012-13, case manager turnover rate was 30.4%

Questions?

THE FLORIDA LEGISLATURE'S
OFFICE OF PROGRAM POLICY ANALYSIS & GOVERNMENT ACCOUNTABILITY

OPPAGA supports the Florida Legislature by providing data, evaluative research, and objective analyses that assist legislative budget and policy deliberations.

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Florida's Residential Group Care Program for Children in the Child Welfare System

December 22, 2014

Scope

The Legislature directed OPPAGA to review the residential group care program for dependent children and answer three questions.

1. How is placement in residential group care determined?
2. What are the services and costs associated with residential group care?
3. How does the population of children in residential group care compare to those in family foster care?

Background

In Florida, when child welfare officials determine that children have suffered abuse or neglect and cannot safely remain with their families, they are removed from their homes and provided with safe and appropriate temporary homes. These temporary placements, referred to as out-of-home care, provide housing and services to children until they can return home to their family or achieve permanency with another family through adoption or guardianship. The Department of Children and Families (DCF) contracts with community-based care lead agencies to manage child welfare services in Florida, which includes identifying out-of-home placements for children.

Legislative intent is to place children in a family-like environment when they are removed from their homes. When possible, lead agency case managers place the children with a relative or responsible adult that the child knows and with whom they have a relationship, such as a stepparent or a close family friend. These out-of-home care placements are referred to as relative and non-relative caregivers. When a relative or non-relative caregiver placement is not possible, case managers try to place the children in family foster homes licensed by DCF.

However, some children may have extraordinary needs that require case managers to place them in an alternative licensed foster care arrangement—residential group care. The primary purpose of residential group care is to provide a setting that addresses the unique needs of children and youth who require more intensive services than a family setting can provide. Florida statutes and rules define residential group care as a living environment providing 24-hour residential care for children who are adjudicated as dependent and are expected to be in foster care for at least six months.^{1, 2, 3}

DCF's Child Welfare Office licenses residential group care providers as residential child-caring agencies, and lead agencies are responsible for subcontracting with these providers. According to child welfare officials and advocacy stakeholders, there are two

¹ Section 409.1676(2)(b), *F.S.*, and Ch. 65C-14, *F.A.C.*

² Community-based care lead agencies may place children in other types of residential group care settings based on the child's needs, such as residential treatment programs, therapeutic group care, or developmental disabilities group homes.

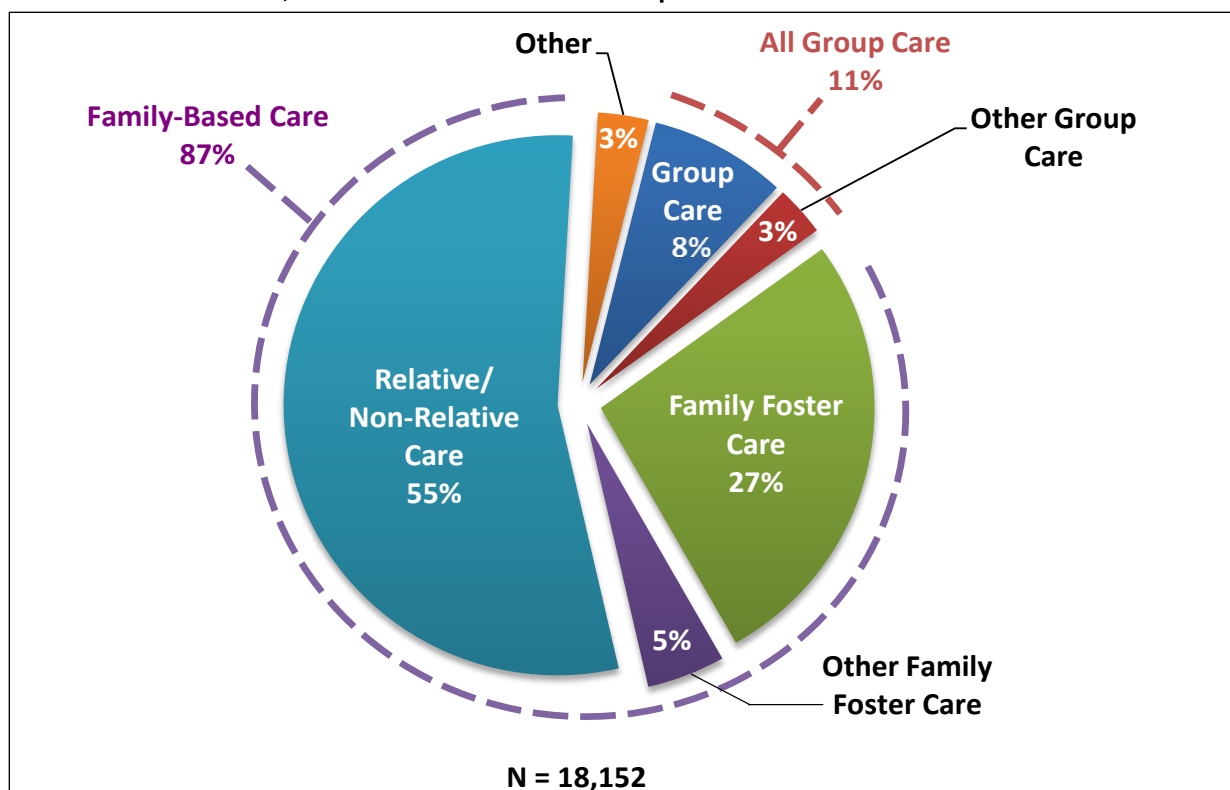
³ As of November 2014, the department was in the process of drafting a new group care administrative rule.

primary models of group care in Florida—shift-care group homes with staff working in shifts providing 24-hour supervision and family group homes with live-in staff, or house parents, who have an apartment within the group home.⁴ In Fiscal Year 2013-14, lead agency directors identified 96 distinct providers with whom they subcontract for group care—58% as shift-care group homes and 42% as family group homes.

As shown in Exhibit 1, in Fiscal Year 2013-14, there were 18,152 dependent children in out-of-home care.⁵ Eighty-seven percent of these children were in family-based care, with 55% in unlicensed care with a relative or non-relative caregiver, 27% in licensed family foster care, and 5% in other family foster care.⁶ Eleven percent of children were in licensed residential group care.⁷ Residential group care consists of group care (8%) and other temporary or specialty forms of group care (3%).^{8, 9}

Exhibit 1

In Fiscal Year 2013-14, 11% of Children Were in Group Care^{1, 2}



¹ Percentages do not total 100% due to rounding.

² Children were only included in this analysis if they had been in care for at least eight days.

Source: OPPAGA analysis of Department of Children and Families data.

⁴ According to group care providers, the family group home model varies by whether house parents reside with their biological children or whether house parents are not permitted to reside with their biological children at the program. In addition this model varies by house-parent staffing, i.e., the pattern of time off and use of relief house parents.

⁵ As of September 30, 2014, there were 19,663 children in out-of-home care.

⁶ Other family foster care primarily consists of licensed therapeutic family foster care and children placed in the care of families out of state.

⁷ Three percent of children were in other placements. This primarily consists of children in correctional placements (33%), who ran away (25%), were in emergency services (19%), or were on visitation (13%).

⁸ Group care providers are licensed as residential child-caring agencies by the department's child welfare office.

⁹ Other group care includes children in the care of providers licensed by the department as emergency shelters (40%), maternity group homes (8%), runaway shelters (6%), wilderness camps (2%), and children with providers licensed by other agencies (41%) as Statewide Inpatient Psychiatric Programs (SIPP), therapeutic group homes, or Agency for Persons with Disabilities group homes.

The overall number of children in residential group care has decreased in Florida since Fiscal Year 2007-08, mirroring the overall decrease in out-of-home care. DCF set a goal to reduce the number of children in out-of-home care by 50% between January 2007 and January 2012. Although it did not meet this goal, it has significantly decreased the number of children in out-of-home care. Between Fiscal Years 2007-08 and 2013-14, the average number of children in group care decreased by 33%, with the number of children in out-of-home care experiencing a similar reduction.¹⁰ (See Appendix A for more details about this decline.) As shown in Exhibit 2, residential group care expenditures decreased by 30% during this same time period.

Exhibit 2

Since Fiscal Year 2007-08, Residential Group Care Expenditures Have Decreased 30%

| State Fiscal Year | Cumulative Percentage Change in the Average Number of Children in Group Care ¹ | Residential Group Care Expenditures | Cumulative Percentage Change in Residential Group Care Expenditures |
|-------------------|---|-------------------------------------|---|
| 2007-08 | | \$112,240,934 | |
| 2008-09 | -12% | \$98,411,631 | -12% |
| 2009-10 | -22% | \$88,778,416 | -22% |
| 2010-11 | -28% | \$87,941,722 | -23% |
| 2011-12 | -26% | \$86,840,671 | -24% |
| 2012-13 | -31% | \$84,482,158 | -27% |
| 2013-14 | -33% | \$81,666,795 | -30% |

¹ This figure is calculated by averaging the number of children in care at the end of each month in the fiscal year. Both children in group care and other group care were used in this calculation.

Source: OPPAGA analysis of Department of Children and Families data.

How is placement in residential group care determined?

Florida statute and rule guide lead agencies in assessing and placing children in residential group care. Lead agencies must place all children in out-of-home care in the most appropriate available setting after conducting an assessment using child-specific factors.¹¹ Lead agencies must consider placement in residential group care if specific criteria are met—the child is 11 or older, has been in licensed family foster care for six months or longer and removed from family foster care more than once, and has serious behavioral problems or has been determined to be without the options of either family reunification or adoption. In addition, the assessment must consider information from several sources, including psychological evaluations, professionals with knowledge of the child, and the desires of the child concerning placement.¹² If the lead agency case managers determine that residential group care would be an appropriate placement, the child must be placed in residential group care if a bed is available. Children who do not meet the specified criteria may be placed in residential group care if it is determined that such placement is the most appropriate for the child.¹³

DCF officials reported that they discourage lead agencies from placing children under age 12 in group care settings unless it keeps sibling groups together. In addition, department staff reported

¹⁰ This reduction in group care use and spending was for group care and other group care combined.

¹¹ Child-specific factors include the child's age; sex; sibling status; physical, educational, emotional, and developmental needs; alleged maltreatment; community ties; and school placement (Rule 65C-28.004, F.A.C.).

¹² Section 39.523(1), F.S.

¹³ Section 39.523(4), F.S.

encouraging lead agencies to focus on recruiting foster families to reduce their reliance on group care, reflecting the statutory direction that the department place children with a relative or non-relative caregiver or in a family foster home when a child is removed from their parent's custody. To reinforce efforts to reduce the use of group care for young children, DCF included a performance measure on the community-based care lead agency scorecard, a component of the department's performance measurement system, related to the use of group care for young children.¹⁴ However, the department does not penalize lead agencies for keeping large sibling groups together in group care.¹⁵

Lead agencies report that they have policies and procedures emphasizing family foster care placement before considering group care placement, and when possible, they use the family group home model versus the shift-care model. The out-of-home placement process begins with lead agency placement staff trying first to locate a family foster care home before considering group care. Lead agency staff reported requiring their case management organizations to have all group care placements approved by a lead agency placement specialist, who locates an alternative placement if a group care placement is determined not to be appropriate. Lead agency staff also reported conducting regular (monthly or more frequently) reviews of children in residential group care to determine if an appropriate placement in family foster care was available.

Lead agencies reported that they limit residential group care placements to adolescents with behavioral problems and sibling groups for whom there are limited foster family home placements available. Lead agency directors prefer to place children in a family group home, and reported that most children 12 and younger are placed in these facilities. They reported using shift-care group homes with 24/7 supervision more for older children who have behavior problems or a history of physical aggression or violent behavior toward themselves, others, and/or property, or have had multiple foster care placements. Many of these adolescents have substance abuse problems or have an extensive background with delinquency. In addition, lead agencies reported using group care as a step-down placement from therapeutic group care.¹⁶

Lead agency directors reported using specific strategies to decrease residential group care placements. These strategies include creating an enhanced family foster care program that includes targeted recruitment of foster parents for adolescents, training foster parents to deal with difficult adolescents, paying higher foster care board rates, and providing respite care and other supports for these foster parents. Examples of supports include mental health wrap-around services for the children in their care, in-home behavioral analysis services, support groups, and mentors for foster care parents.

What are the services and costs associated with residential group care?

Licensed residential group care settings must provide an array of services and activities for children. Lead agencies must ensure that children receive the care and attention that fosters a healthy social, emotional, intellectual, and physical development regardless of whether they are with relative or non-relative caregivers or are in licensed placements (both family foster homes and group homes). Licensed residential group care programs are required to provide a minimum

¹⁴ The performance measure is "children in licensed out-of-home care age 12 and under in DCF-licensed family foster homes."

¹⁵ Section 39.001(1)(k), F.S.

¹⁶ Children diagnosed as having a moderate to severe emotional disorder can receive community-based psychiatric residential treatment services in therapeutic group care. To be placed in therapeutic group care, a child must be assessed by a qualified evaluator (a licensed psychologist or psychiatrist) and have the placement authorized by a multidisciplinary team, and the team must reauthorize the placement every six months. Therapeutic group care may also be the preferred placement for children stepping down from a more restrictive residential treatment program or for those who require more intensive community-based treatment to avoid placement in a more restrictive residential treatment setting.

range of activities and services to meet children’s needs for healthy development; these activities and services are specified in administrative rule. (See Exhibit 3.) For example, the group care providers must provide basic needs such as food and clothing, provide opportunities for recreation and participation in the community, arrange for necessary medical appointments, and ensure transportation to services and activities. Children with behavioral health needs receive mental health, substance abuse, and supportive services that are provided through Medicaid-funded Behavioral Health Overlay Services (BHOS). Children must be recertified every six months for BHOS eligibility by a licensed practitioner, and residential group care providers receive Medicaid reimbursement for medically necessary behavioral health services.¹⁷

Exhibit 3

Group Care Programs Directly Provide or Ensure Access to a Variety of Services and Activities

| Service or Activity |
|--|
| <ul style="list-style-type: none"> Provide a range of indoor and outdoor recreation and leisure activities |
| <ul style="list-style-type: none"> Arrange for recreational and cultural enrichment in the community |
| <ul style="list-style-type: none"> Provide transportation |
| <ul style="list-style-type: none"> Arrange for and ensure necessary medical and dental care |
| <ul style="list-style-type: none"> Ensure behavioral health counseling services |
| <ul style="list-style-type: none"> Ensure participation in work activities at the program |
| <ul style="list-style-type: none"> Provide clothing, personal hygiene items, and supplies |
| <ul style="list-style-type: none"> Have a positive behavioral management program to correct unwanted behaviors |
| <ul style="list-style-type: none"> Conduct assessments and develop service plans |
| <ul style="list-style-type: none"> Arrange for educational and vocational services in the community or on-site |
| <ul style="list-style-type: none"> Provide each child the opportunity to learn earning, spending, and saving money through an allowance |
| <ul style="list-style-type: none"> Provide life skills training, including <ul style="list-style-type: none"> Problem solving and decision making, Social skills, and Independent living skills |

Source: OPPAGA analysis of Ch. 65C-14, F.A.C.

Lead agency staff annually negotiate rates with group care providers. In Fiscal Year 2013-14, the 17 lead agencies contracted with 96 residential group care providers. Most lead agencies use a cost-based reimbursement methodology to pay group care providers, with payment based on a negotiated daily bed rate. In Fiscal Year 2013-14, the average per diem rate for the shift-care group home model was \$124, with costs ranging from \$52 to \$283, while the average per diem rate for the family group home model was \$97, with costs ranging from \$17 to \$175.¹⁸ Residential group care is more expensive than family foster care, which pays an average daily rate of \$15 intended to cover room and board expenses.¹⁹

Lead agency directors consider several factors when negotiating rates—the provider’s budget and expenses, amount of community support (private funding), staff to client ratios, bed capacity, services provided, special per child considerations (e.g., the child needs his or her own room or requires 24-hour supervision), and the number of children to be served. Rates also vary by type of program. For example, providers serving children or adolescents requiring special

¹⁷ Medicaid pays a daily rate of \$32.75 for BHOS in group care; during Fiscal Year 2011-12, Medicaid paid an average of \$3,813 per child to BHOS providers.

¹⁸ Median per diem rates were \$115 and \$97 for shift-care and family group homes, respectively.

¹⁹ By statute and rule, family foster parents are expected to provide a safe, loving, and nurturing environment and activities and support for social, emotional, intellectual, and physical development (s. 409.145(2), F. S., and Ch. 65C-13, F.A.C.).

care and treatment, such as those serving sexually abused or sexually reactive adolescents, receive an enhanced room and board rate.

For young adults who choose to remain in the foster care system after turning 18, 25% have chosen to live in a residential group care setting. The 2013 Legislature extended foster care through 21, giving children for whom the state did not reunify with their family or achieve permanency with another family the choice to stay in foster care. The department is still revising rules to address those young adults over 18 who want to stay in residential group care settings.²⁰ However, lead agency directors told us that, while some adolescents wanted to stay in their current placement, most in residential group care settings did not, and alternative living arrangements were being explored for these adolescents. Lead agency directors said that residential group care providers may not be comfortable having young adults on the same campus as young teenagers or may not have the capacity to serve young adults and that no funding stream exists to help group care providers convert their programs and facilities into transitional living arrangements for the young adult population.

Lead agency directors have developed several types of placements for young adults choosing to remain in foster care. For example, group care providers are creating dorm-like settings with less structure than traditional group care programs, while providers of transitional housing and services for teenagers aging out of foster care are offering these services to young adults in extended foster care. Lead agency directors also reported working with apartment complexes to provide housing for those in extended foster care and recruiting foster families willing to take in young adults. Exhibit 4 shows the monthly costs of extended foster care placements reported by lead agencies.

Exhibit 4

Residential Group Care Is the Most Expensive Living Arrangement for Young Adults in Extended Foster Care

| Living Arrangement | Average Monthly Rate | Median Monthly Rate | Monthly Rate Range |
|------------------------|----------------------|---------------------|--------------------|
| Residential Group Care | \$859 | \$800 | \$297 to \$1,300 |
| Apartment | \$778 | \$850 | \$410 to \$1,000 |
| Supervised Living | \$567 | \$557 | \$401 to \$750 |
| Family Foster Care | \$543 | \$533 | \$445 to \$715 |

Source: OPPAGA analysis of community-based care lead agency data.

Lead agency directors reported that 282 young adults chose extended foster care from January 1, 2014, through June 30, 2014.²¹ Of these young adults, 148 chose extended foster care prior to aging out of foster care and 134 previously aged out of foster care at 18 and chose to return to foster care. Lead agencies reported that 45% were in supervised living arrangements, such as transitional living programs or host homes; 25% were in residential group care; 20% were in apartments; and 11% were in a family foster home.

²⁰ As of November 2014, the department's rules related to extended foster care and foster care and group care licensing were still drafts. In November 2013, the department's general counsel's office issued a memorandum stating that Ch. 2013-178, *Laws of Florida*, takes precedence over the licensing rules contained in Chs. 65C-13 and 65C-14, *F.A.C.*; therefore, young adults 18 or older may not be removed from their current living arrangement. In addition, the draft rule pertaining to extended foster care must be rewritten due to concerns expressed by the Joint Administrative Procedures Committee and the Office of Fiscal Accountability and Regulatory Reform.

²¹ Fourteen of 16 lead agency directors responded to the information request.

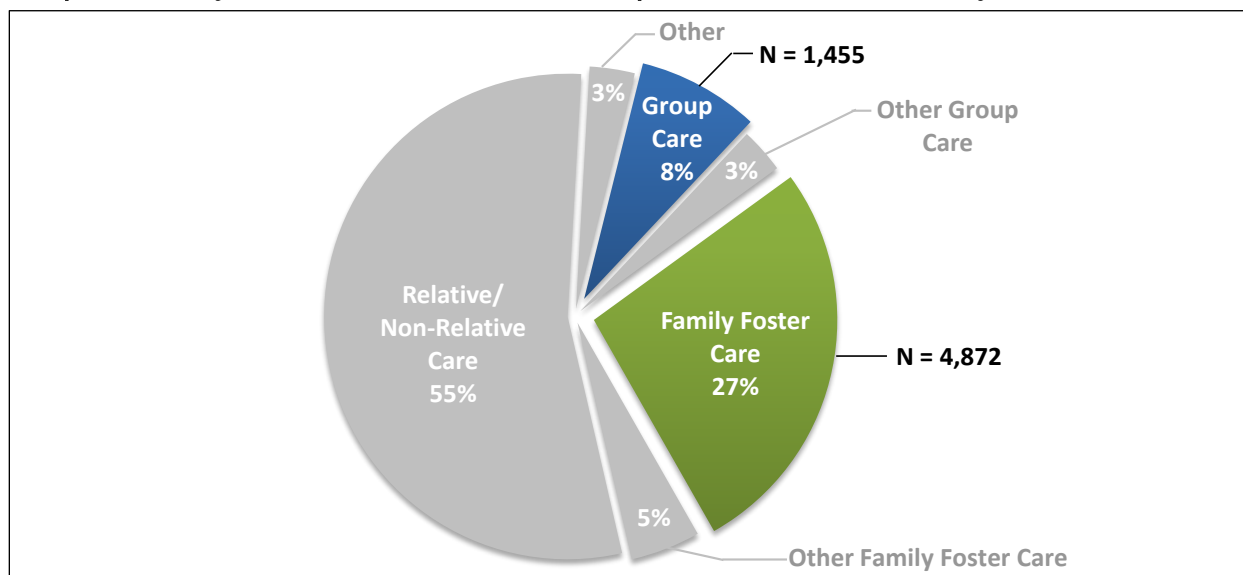
How does the population of children in residential group care compare to those in family foster care?

Compared to family foster care, group care programs serve primarily older children and more male and minority children with identified behavioral health issues. When younger children are placed in group care, they usually are in care with siblings. Compared to children who entered family foster care, children who entered group care ran away from care more often, spent more time in care, were placed outside of their home county more often, and were more often reunified with their parents instead of being adopted. In addition, children are in group care for a significant portion of their out-of-home placement, and although younger children (ages 11 to 14) who entered group care went on to the care of a family, many older children (ages 15 to 17) did not leave group care to enter the care of a family before turning 18. Surveys of youth also show that longer-term outcomes for children who were in group care were worse for six of nine measures.

To compare to the population of children in group care to those in family foster care, we analyzed data from DCF's Florida Safe Families Network (FSFN). For children entering group care, we looked at whether the demographics, characteristics, and child welfare experiences leading up to their entry into group care were different from those of children entering family foster care. To analyze outcomes, we examined whether, after entering group care, children had different experiences that may affect their well-being or permanency. As shown in Exhibit 5, this analysis compares the 8% of children in group care to the 27% of children in family foster care.²²

Exhibit 5

Comparison Analyses Are Between Children in Group Care and Children in Family Foster Care



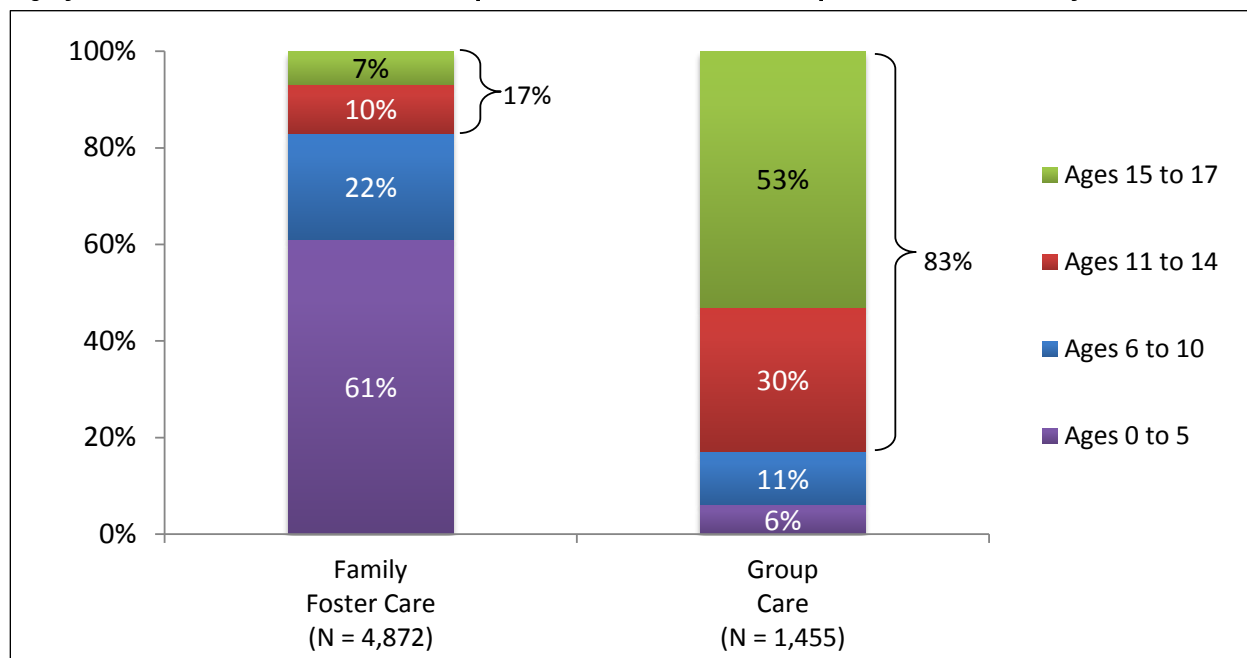
Source: OPPAGA analysis of Department of Children and Families data.

²² For the purposes of this analysis, as specified in statute and rule, children are considered to be in group care if they are in the care of a program licensed by the DCF as a Child Caring Agency which provides staffed 24-hour residential care of children. This does not include children we categorized as in other group care, such as children in residential care licensed by other agencies (therapeutic group care, Statewide In-Patient Psychiatric facilities, or Agency for Persons with Disabilities' group homes) or children in an emergency shelter, runaway shelter, maternity home, or wilderness camp. For the purposes of this analysis, children are considered to be in family foster care if they are in the care of a foster family licensed as a traditional foster home by Florida's DCF. This does not include children in therapeutic family foster care or in foster homes licensed by other states.

Demographics, Behavioral Characteristics, and Child Welfare Experience Prior to Group Care

Group care programs primarily serve older, male, and minority children. As shown in Exhibit 6, children in group care are significantly older than children in family foster care; 83% of children in group care were 11 or older compared to 17% in family foster care. Legislative intent is to not place children under 11 in residential group care. Lead agencies told us that they typically use group care placements for younger children that are part of a large sibling group, because it can be challenging to identify family foster care placements in which the foster parents are willing to take a large number of siblings into their homes. Of the children under 11 in group care in Fiscal Year 2013-14, 82% were in group care with at least one sibling. However, only one-third of these young children in group care were placed with three or more siblings.²³ Appendix B provides additional details about the placement of young children in group care.

Exhibit 6
Eighty-Three Percent of Children in Group Care Are 11 and Older Compared to 17% in Family Foster Care



Source: OPPAGA analysis of Department of Children and Families data.

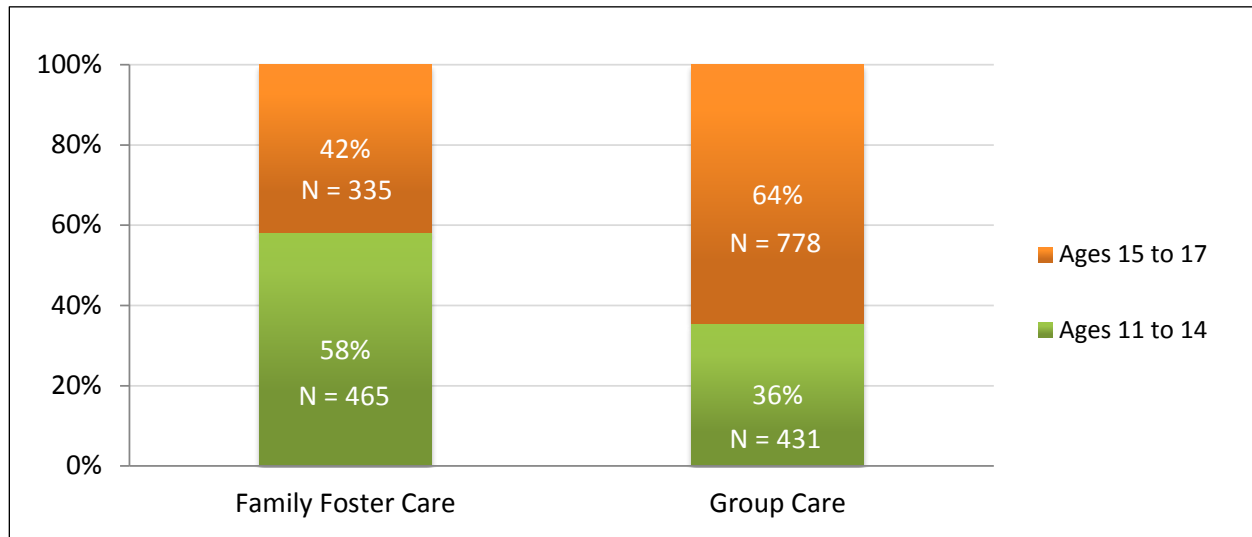
When comparing only children 11 and older, the largest demographic difference between children in group care and family foster care is that a larger percentage of children in group care are ages 15 to 17. Among children 11 and older, 64% of children in group care are ages 15 to 17; in contrast, 42% in family foster care are ages 15 to 17.²⁴ (See Exhibit 7.)

²³ There may be some imprecision in how FSN data identifies group care, sibling groups, and whether children are placed together.

²⁴ Due to the differences between these age ranges, we analyzed the differences between children in residential group care and family foster care by these age categories.

Exhibit 7

A Larger Percentage of Children in Group Care Are Ages 15 to 17 Compared to Family Foster Care



Source: OPPAGA analysis of Department of Children and Families data.

A larger share of children in group care are male, especially among children ages 15 to 17, where 52% of children in group care are male, compared to 44% in family foster care. Consistent with national trends, children in licensed out-of-home care are disproportionately minorities, especially in group care, where 64% of children are minorities. Appendix C provides additional detail on demographics for children in group care compared to family foster care.

A larger percentage of children in residential group care have behavioral issues. Lead agency case worker assessments of the strengths and needs of families involved in the child welfare system indicate that children in group care, especially children 15 and older, are more likely to demonstrate developmentally inappropriate behavioral health. In addition, a larger percentage of children in group care have a history of arrests and involvement with law enforcement or the Department of Juvenile Justice, as well as have a history of substance abuse.²⁵ (See Exhibit 8.)

Exhibit 8

Children in Group Care Had More Identified Behavioral Issues

| Age | Type of Care | Does Not Demonstrate Developmentally Appropriate Behavioral Health | History of Substance Use and/or Exposure | History of Arrests and Law Enforcement or Juvenile Justice Involvement |
|---------------|------------------------------|--|--|--|
| Ages 11 to 14 | Family Foster Care (N = 384) | 33% | 26% | 7% |
| | Group Care (N = 356) | 38% | 28% | 21% |
| Ages 15 to 17 | Family Foster Care (N = 262) | 28% | 30% | 26% |
| | Group Care (N = 646) | 48% | 41% | 47% |

Source: OPPAGA analysis of Department of Children and Families data.

²⁵ Rule 65C-30.005, F.A.C., requires child welfare services workers to complete a family assessment within 15 working days of the Early Services Intervention staffing and update the assessment, at a minimum, every six months thereafter. The family assessment is used to analyze the strengths and needs of the family and its members and informs the development of case plans.

Case workers also assess whether children exhibit one or more of 24 specific behavioral issues. Children in group care exhibited more of these issues than children in family foster care. As shown in Exhibit 9, for example, 71% of group care children ages 15 to 17 exhibited at least one of these behavioral issues compared to 48% in family foster care. In addition, case managers identified four or more issues for 39% of children in group care ages 15 to 17 compared to 21% in family foster care. Appendix D provides additional detail.

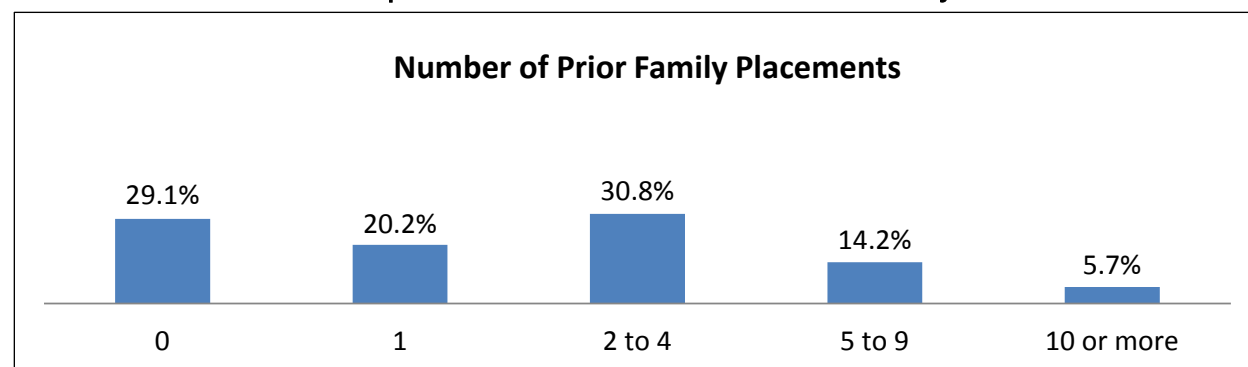
Exhibit 9 Children in Group Care Had More Identified Behavioral Issues

| Age | Type of Care | Children with at Least One Identified Specific Behavioral Issue | Children with Four or More Identified Specific Behavioral Issues | Average Number of Identified Specific Behavioral Issues |
|---------------|------------------------------|---|--|---|
| Ages 11 to 14 | Family Foster Care (N = 384) | 40% | 13% | 1.2 |
| | Group Care (N = 356) | 56% | 28% | 2.5 |
| Ages 15 to 17 | Family Foster Care (N = 262) | 48% | 21% | 1.9 |
| | Group Care (N = 646) | 71% | 39% | 3.2 |

Source: OPPAGA analysis of Department of Children and Families data.

Almost 50% of children in group care either had no or only one placement in a family foster home prior to group care placement. Specific criteria for determining that residential group care is the most appropriate placement include that the child has been in licensed family foster care for six months or longer and removed from family foster care more than once. Lead agency staff also reported that children assessed for residential group care include children who have had multiple failed family foster home or caregiver placements. However, 29% of children in group care had no prior placements with a family and 20% only had one prior placement with a family.^{26, 27} (See Exhibit 10.)

Exhibit 10 Almost Half of Children in Group Care Have Had Fewer Than Two Prior Family Placements



Source: OPPAGA analysis of Department of Children and Families data.

²⁶ This analysis considers all time the child spent in out-of-home care between July 1, 2004, and the start of the placement they were in on November 15, 2013. For children in group care and family foster care on November 15, 2013, we looked at their out-of-home care histories prior to entering their current arrangement.

²⁷ To determine the number of placements a child had, we counted each time a child was placed in the care of a different family or provider. If a child was in the care of a provider and temporarily left that provider's care due to a temporary situation such as short-term hospitalization, visitation, or running away, when the child returned to the prior provider our analysis did not consider this as a new placement. All prior placements with a family were counted including unlicensed relative and non-relative placements and licensed family foster care placements.

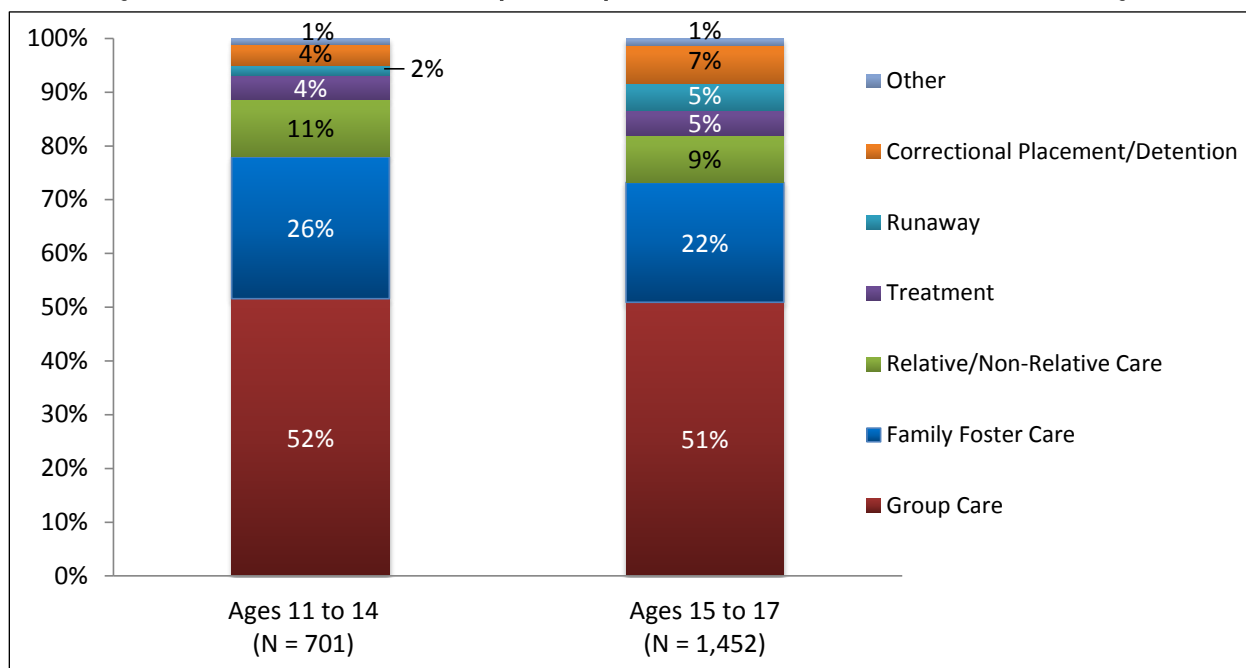
Outcomes

To examine the outcomes of children after entering group care, we selected a group of children who entered group care or family foster care in federal Fiscal Year 2010-11 and looked at their experiences through May 2014. We found that, compared to children who entered family foster care, children who entered group care ran away from care more often, spent more time in care, were placed outside of their home county more often, and were more often reunified with their parents instead of being adopted. In addition, children are in group care for a significant portion of their out-of-home placement, and although younger children (11 to 14) who entered group care went on to the care of a family, many older children (15 to 17) did not leave group care to enter the care of a family before turning 18. Surveys of youth also show that longer-term outcomes for children who were in group care were worse for six of nine measures.

Children are in group care for a significant portion of their out-of-home placement, and a larger percentage of children in group care were placed outside of their home county. Child welfare advocates recommend that states use group care as a time-limited placement to stabilize children with more severe behavioral issues and treatment needs so that they can spend most of their time in the care of a family (family foster home or relative or non-relative caregiver). However, as shown in Exhibit 11, most children who entered group care did not leave group care to spend most of their time in the care of a family.²⁸ On average, they spend over half of their time in group care and about one-third of their time in the care of a family; nearly a quarter of these children spent over 90% of their time in group care. In addition, children who entered group care were placed out of the county in which they resided nearly twice as often as children entering family foster care (45% and 25%, respectively). This may be partly due to the limited availability of group care facilities in certain counties or attempts to place children with group care providers whose programs better address the children's specific needs.

Exhibit 11

On Average, Children in Residential Group Care Spend Over Half of Their Time in This Setting



Source: OPPAGA analysis of Department of Children and Families data.

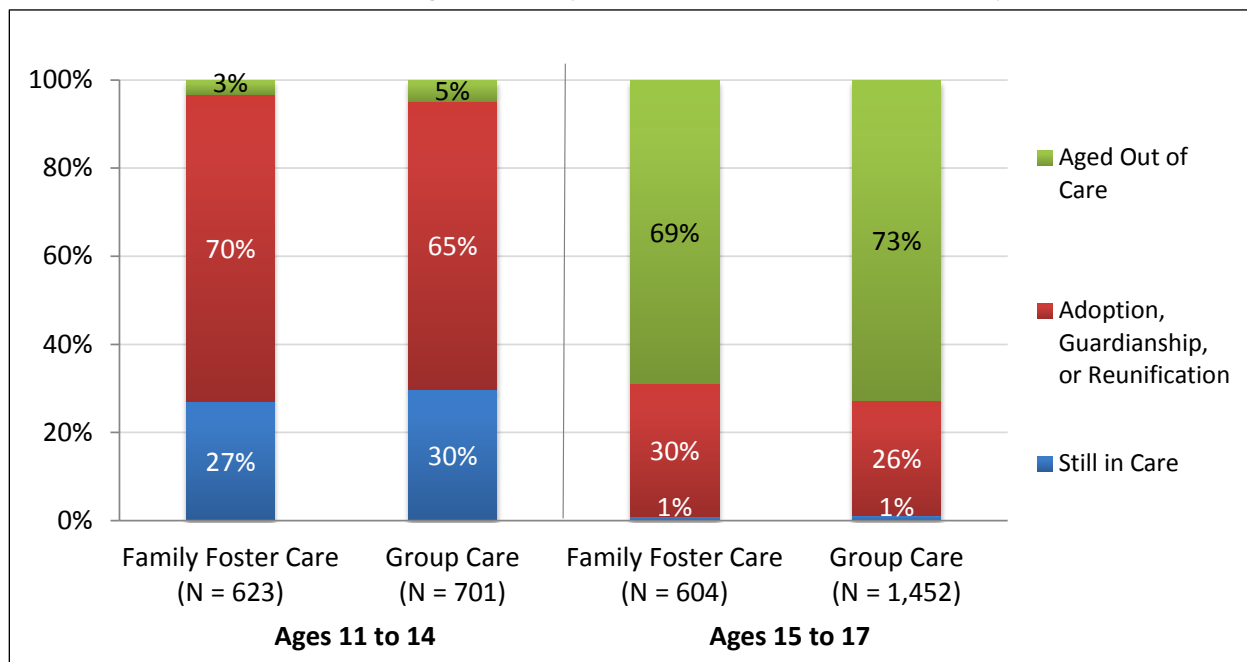
²⁸ This analysis is based on children who entered group care in Fiscal Year 2010-11.

Children run away from group care more than family foster care. For example, over 37% of children who entered group care at age 16 ran away from the group home compared to 21% of children who entered a family foster home at age 16. Given the behavioral issues of children who enter group care, this larger percentage could be expected. However, children who entered group care did not have a history of running away before entering group care. Over their entire time in out-of-home care, 47% of children in our analysis ran away from at least one of their group care placements even though only 15% of these children had been reported as running away before they entered group care.²⁹

Although a similar percentage of children in both types of care achieve permanency in a family home, children in group care take longer to achieve permanency. Children typically leave the child welfare system either by being reunified with their parent or caregiver, entering permanent guardianship, being adopted, or aging out of care. Prior to implementation of extended foster care in Fiscal Year 2013-14, if a child was not discharged from the child welfare system to a permanent family home, when she/he turns 18, the child ages out of care. Exhibit 12 shows that, of children who entered group care between ages 11 and 14, about 65% were discharged to a permanent family home, compared to 70% of children who entered family foster care.³⁰ Most of the children who entered care between 15 and 17 aged out of care, with only 26% of children who entered group care and 30% of children who entered family foster care being discharged to a permanent family home before turning 18.

Exhibit 12

A Similar Share of Children in Group and Family Foster Care Achieved Permanency



Source: OPPAGA analysis of Department of Children and Families data.

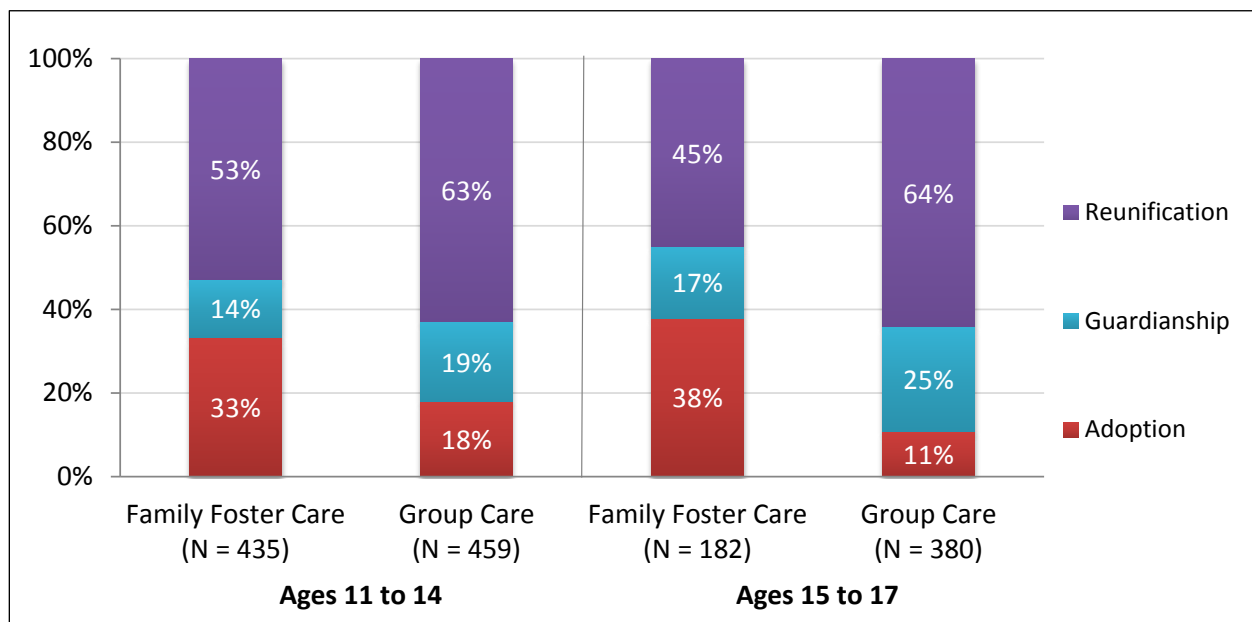
²⁹ When available, we used provider licensing information to distinguish between residential group care and other group care. However, due to conversion in the department's data systems used for provider licensing, data on providers' full licensing history were not available. Therefore, for this analysis we identified a person's first residential group care placement as the first residential placement lasting at least 15 days. This criterion was used to help minimize the likelihood that we counted an emergency shelter placement as residential group care. However, this may have counted some other group care placements as residential group care.

³⁰ This analysis looked at children who entered group care or family foster care in Federal Fiscal Year 2010-11 and followed them until May 2014.

However, it tends to take slightly longer for children who enter group care to be discharged to a permanent family home. Within one year of entering care, children who were in group care who had not turned 18 had a 34% likelihood of having been discharged to a permanent family home compared to 38% for children who were in family foster care. In addition, at three years after entering care, children in group care had a 68% likelihood of having been discharged to a permanent family home compared to 73% for children who were in family foster care.³¹

Children who achieved permanency from group care were more often reunified and less often adopted than children who achieved permanency from family foster care. As shown in Exhibit 13, of children ages 15 to 17 who were discharged to a permanent family home from family foster care, 45% were reunified with their parents or caregivers and 38% were adopted. In contrast, 64% of children who achieved permanency from group care were reunified while 11% were adopted. The lower adoption rate for children who were in group care may be partly due to the fact that most children are adopted by their foster parents or a relative or non-relative caregiver. Since children who were in group care tend to spend less of their time in family-based care, their exposure to potential adoptive parents may be reduced.

Exhibit 13
Children in Group Care Are More Often Reunified and Less Often Adopted Than Children in Family Foster Care



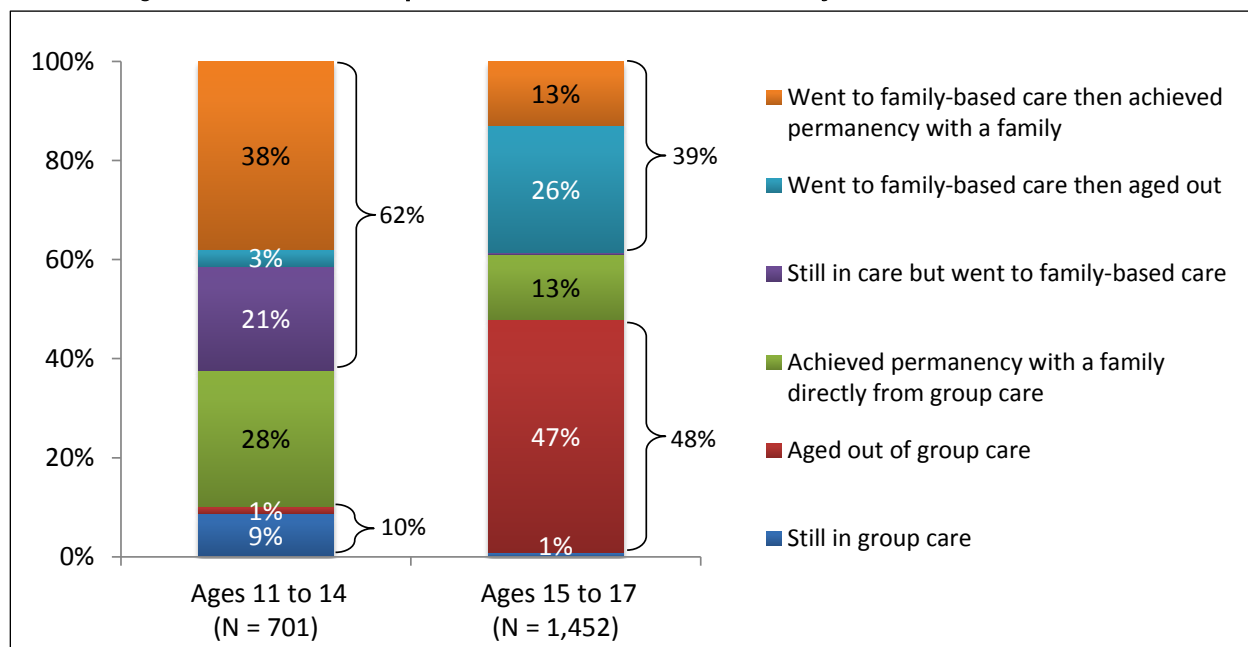
Source: OPPAGA analysis of Department of Children and Families data.

Although most younger children who entered group care went on to the care of a family, a large percentage of older children (ages 15 to 17) turned 18 without moving on to the care of a family. As shown in Exhibit 14, of the children who entered group care between ages 11 and 14,

³¹ To examine time to permanency, we selected a cohort of all children who entered out-of-home care between ages 11 and 16 in federal Fiscal Year 2010-11 and went into family foster care or group care before the end of the year. We tracked their care through May 12, 2014. Since children age out of care if they have not achieved permanency by the time they turn 18, we have different lengths of time to track permanency for children who entered care at different ages. Therefore, we used the Kaplan-Meier product-limit estimator, which accounts for these differences, to estimate the probability of having achieved permanency for children who have not yet aged out of care.

only 10% had not moved on to the care of a family.³² Slightly more than 60% went on to family foster care or a relative or nonrelative caregiver, and another 28% were discharged directly from group care into a permanent family home. In contrast, 48% of children who entered group care between ages 15 and 17 turned 18 without moving on to the care of a family. Only 39% went on to family foster care or a caregiver, and only 13% were discharged directly from group care into a permanent family home.

Exhibit 14 Most Younger Children Left Group Care to Enter the Care of a Family



Source: OPPAGA analysis of Department of Children and Families data.

Surveys of Florida youth suggest that longer-term outcomes are slightly worse for children who were in group care. The National Youth in Transition Database (NYTD) Survey is primarily the results of a survey of youth who age out of foster care, asking them about their outcomes since they left care. Although there is some evidence that NYTD survey responses are not fully representative of all children who had been in care, it is one of the most useful sources of information about long-term outcomes for children who had been in care.³³ As shown in Exhibit 15, outcomes for Florida youth who aged out of care were worse for children who were in group care on six of nine selected measures. For example, 25% of 18- to 19-year-old respondents who had been in group care had not completed the 11th grade compared to 18% who had been in family foster care.

³² This analysis is based on the status of children as of May 2014.

³³ NYTD survey responses do not provide an accurate reflection of the longer-term outcomes of all children who had been in Florida's child welfare system for several reasons. First, the NYTD survey only reflects the experiences of youth who aged out of care by May 30, 2013, who are about 2/3 to 3/4 of the 15- to 17-year-olds we analyzed. Second, about half of the youth who were eligible to take the survey responded and they are a biased subset of those eligible to respond. In particular, youth who exhibited certain behavioral issues in their family assessments had about a 4% to 12% lower response rate. Lastly, comparisons between survey responses and FSN data provide some limited evidence that the answers of some respondents may be inaccurate. Forty-four percent (417 of 947) of youth in group care who aged out of care by May 2013 and 53% (210 of 393) of youth in family foster care who aged out of care responded to a NYTD survey.

Exhibit 15

National Youth in Transition Database Survey Outcomes for Former Foster Care Children in Florida

| Outcomes | Family Foster Care NYTD Respondents (N = 210) | Group Care NYTD Respondents (N = 417) |
|--|---|---|
| Have not completed 11th grade | 18% | 25% |
| Have not earned a high school diploma or GED | 43% | 43% |
| Unemployed and not in school | 10% | 16% |
| Does not have an open bank account | 24% | 34% |
| In jail or homeless | 2% | 7% |
| Does not reside in own residence | 52% | 56% |
| Receives public support (Welfare, housing, or food assistance) | 56% | 57% |
| Does not have access to transportation | 25% | 25% |
| Does not have a supportive adult in his or her life | 20% | 17% |

Source: OPPAGA analysis of Department of Children and Families National Youth in Transition Database data.

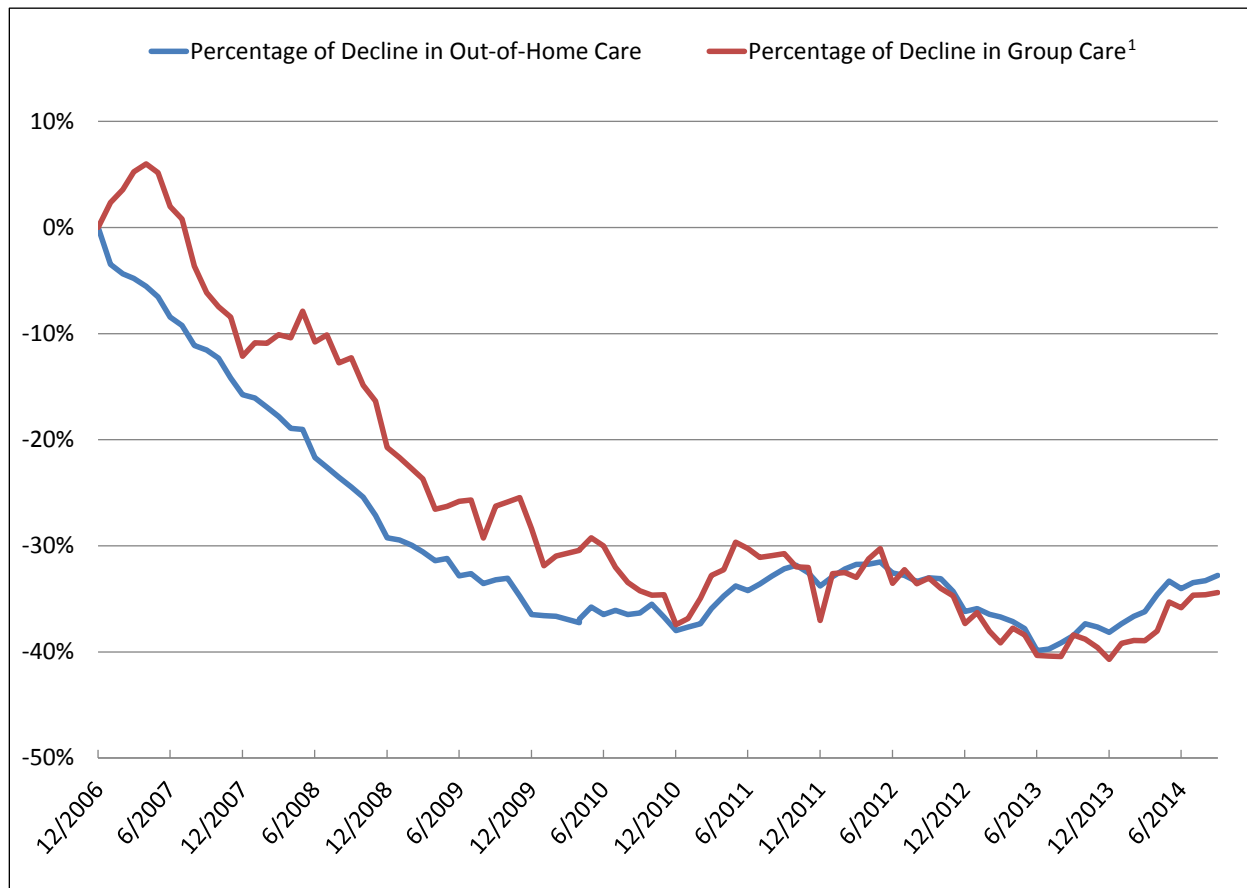
Appendix A

The Number of Children in Out-of-Home Care and Group Care Has Decreased

Since January 2007, the number of total children in out-of-home care and the number in group care decreased. The department set a goal to reduce the number of children in out-of-home care by 50% between January 2007 and January 2012. By January 2012, the number of children in out-of-home care had decreased by over 30%, with group care experiencing a similar reduction. On December 31, 2006, there were 29,255 children in out-of-home care, of which 11% (3,348) were in group care. As of September 30, 2014, there were 19,663 children in out-of-home care, of which 11% (2,196) were in group care. This represents a 33% reduction in out-of-home care and a 34% reduction in group care.³⁴

Exhibit A-1

The Use of Group Care Decreased at a Similar Rate as Total Out-of-Home Care



¹ The trend for group care includes all children in group care at the end of each month, including children in the care of providers licensed by the department as emergency shelters, runaway shelters, wilderness camps, and maternity group homes and children with providers licensed by other agencies as Statewide Inpatient Psychiatric Programs, therapeutic group homes, or Agency for Persons with Disabilities' group homes.

Source: OPPAGA analysis of Department of Children and Families data.

³⁴ The percentage decline for children in group care is 1% different between Exhibit 2 and Exhibit A-1 is because the data for Exhibit 2 is calculated using a different starting point and is based on the average annual number of children in care, while Exhibit A-1 is based on the number of children in care at a given point in time.

Appendix B

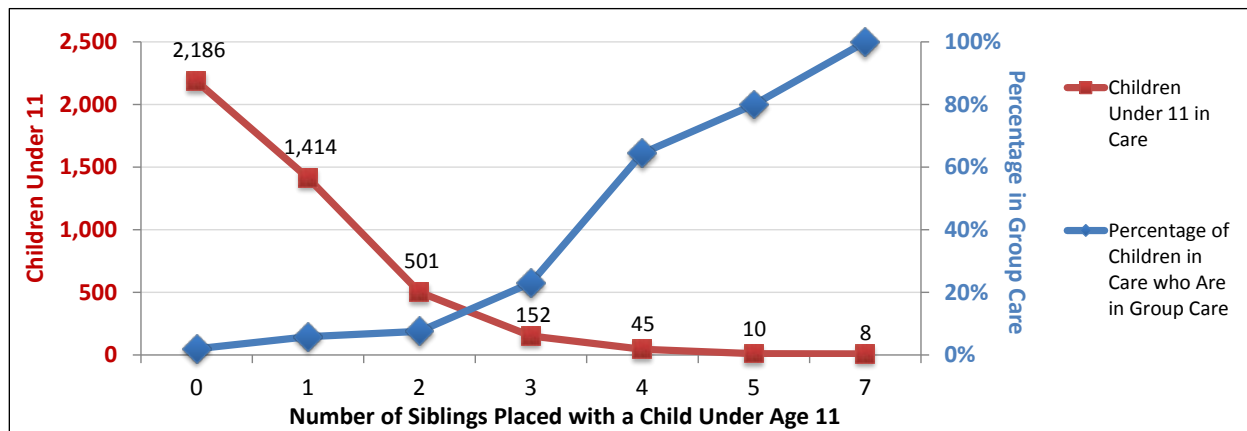
Most Young Children in Group Care Are Not in Care with Many Siblings

While younger children in group care are with siblings, there are few young children in group care with many of their siblings. Lead agency staff reported that children under age 11 typically are not placed in group care unless family foster care placements that will keep siblings together are unavailable. In particular, they reported that it may be challenging to identify foster parents who are willing to take a large number of siblings into their homes. Exhibits B-1 through B-3 show that most young children who are in group care are placed there with at least one sibling, and when children are in care with a large number of siblings (three or more), they are placed in group care. However, there are many young children in group care who do not appear to be in care with a large number of siblings.³⁵

In Exhibit B-1, the red line, which is the number of children under age 11 in licensed care (family foster care or group care), shows there are few young children who are placed in licensed care together with a large number of their siblings. The blue line, which is the percentage of the young children who are in group care, shows that when larger sibling groups are kept together, they are typically kept together in group care.

Exhibit B-1

Young Children Placed with Many Siblings in Licensed Care Are Usually in Group Care



Source: OPPAGA analysis of Department of Children and Families data.

³⁵ A small number of these young children may be in other types of residential placements, such as maternity homes or emergency shelters. In addition, some of these children may be temporarily separated from siblings because one or more siblings ran away, entered a correctional placement or emergency care, or were on visitation.

As shown in Exhibit B-2, 82% of young children in group care were in care with at least one of their siblings. In contrast, 47% of young children in family foster care were placed with at least one sibling. However, only one-third of the young children in group care were with three or more of their siblings.

Exhibit B-2

Most Young Children in Group Care Are Placed in Care with at Least One Sibling

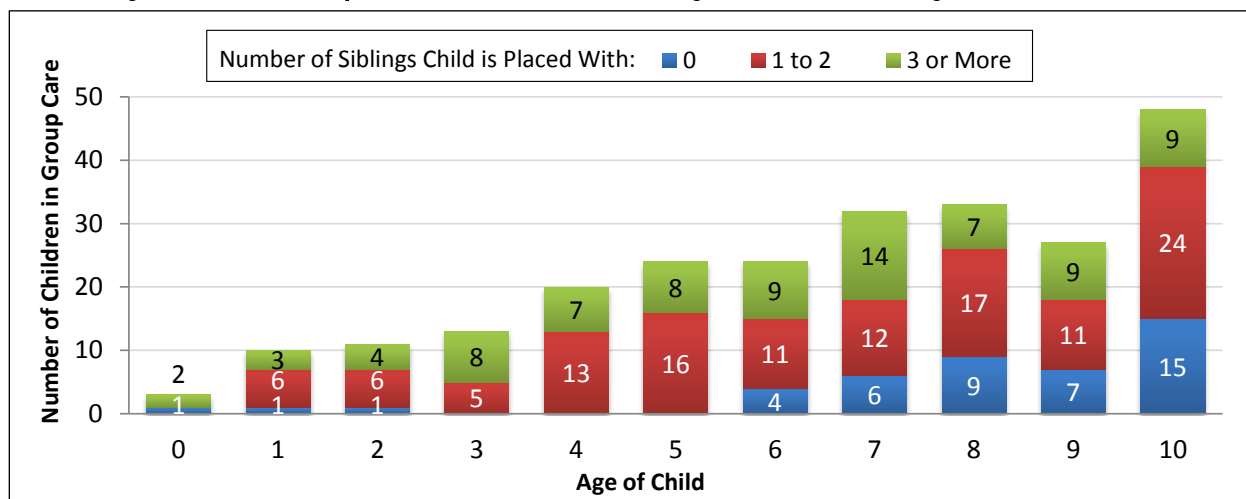
| Placement with Siblings for Children Under Age 11 | Family Foster Care (N = 4,071) | Group Care (N = 245) |
|---|-----------------------------------|-------------------------|
| Percentage of children placed with at least one sibling | 47% | 82% |
| Percentage of children placed with three or more siblings | 3% | 33% |

Source: OPPAGA analysis of Department of Children and Families data.

Exhibit B-3 shows that among children ages 0 to 10, the older children (6 to 10) are more often placed in group care with few siblings. For example, 60% (49 of 81) of children under the age of six in group care were placed with fewer than three siblings. For children ages 6 to 10 in group care, 71% (116 of 164) are placed together with fewer than three siblings, and 25% (41 of 164) are placed with no siblings.

Exhibit B-3

Few Young Children in Group Care Are Placed with a Large Number of Siblings



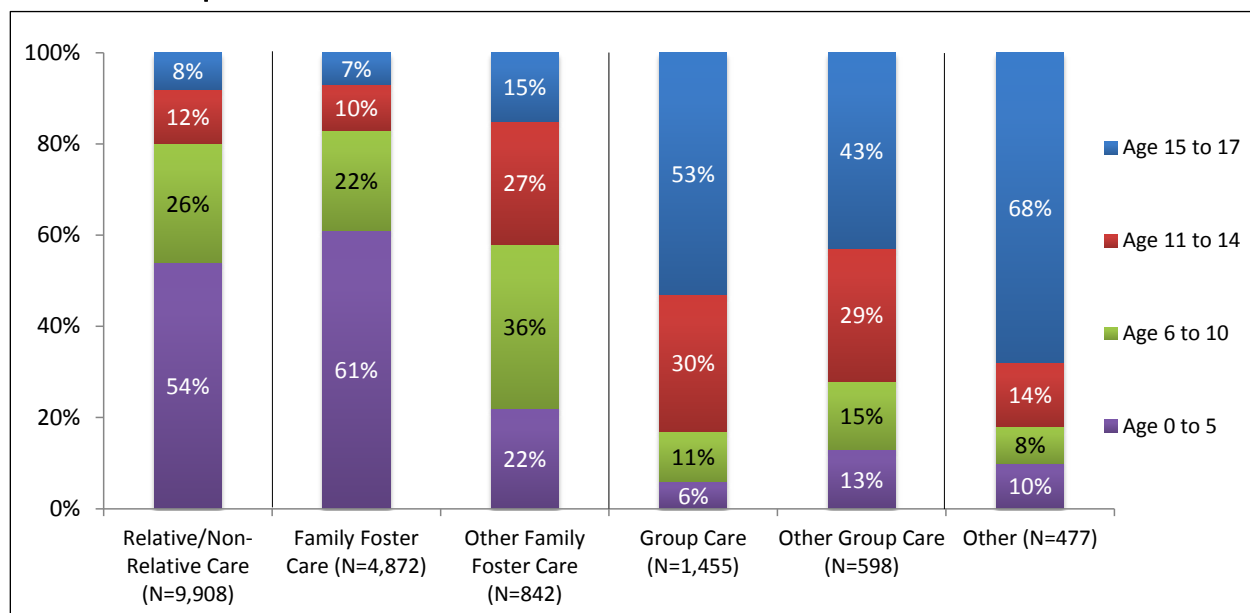
Source: OPPAGA analysis of Department of Children and Families data.

Appendix C

Demographics of Children in Group Care and Family Foster Care

Children in group care are significantly older than children in family-based care. As shown in Exhibit C-1, the distribution of children by age varies across types of out-of-home care. More children in group care were 11 or older compared children in family foster care. Other family foster care primarily consists of licensed therapeutic family foster care and children placed in the care of families out of state. Other group care includes children in the care of providers licensed by the department as emergency shelters, runaway shelters, wilderness camps, and maternity group homes, and children with providers licensed by other agencies as Statewide Inpatient Psychiatric Programs, therapeutic group homes, or group homes for persons with developmental disabilities. Other placements consist of children in correctional placements and children who ran away, were in emergency services, or were on visitation.

Exhibit C-1
Children in Group Care Are Older

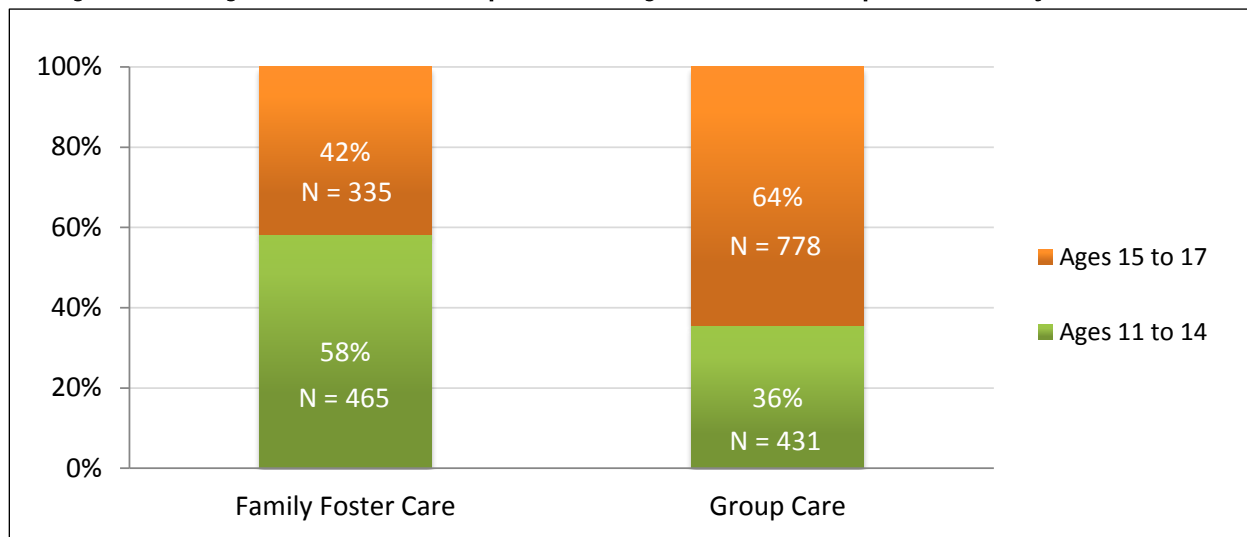


Source: OPPAGA analysis of Department of Children and Families data.

Group care programs serve primarily older, male, and minority children. Our analysis focused on children 11 and older in group care and family foster care. As shown in Exhibits C-2 through C-4, the largest demographic difference between children in group care and family foster care is that children in group care are older. Exhibit C-2 shows that among children 11 or older, 64% of children in group care are 15 to 17, compared to 42% in family foster care.

Exhibit C-2

A Larger Percentage of Children in Group Care Are Ages 15 to 17 Compared to Family Foster Care

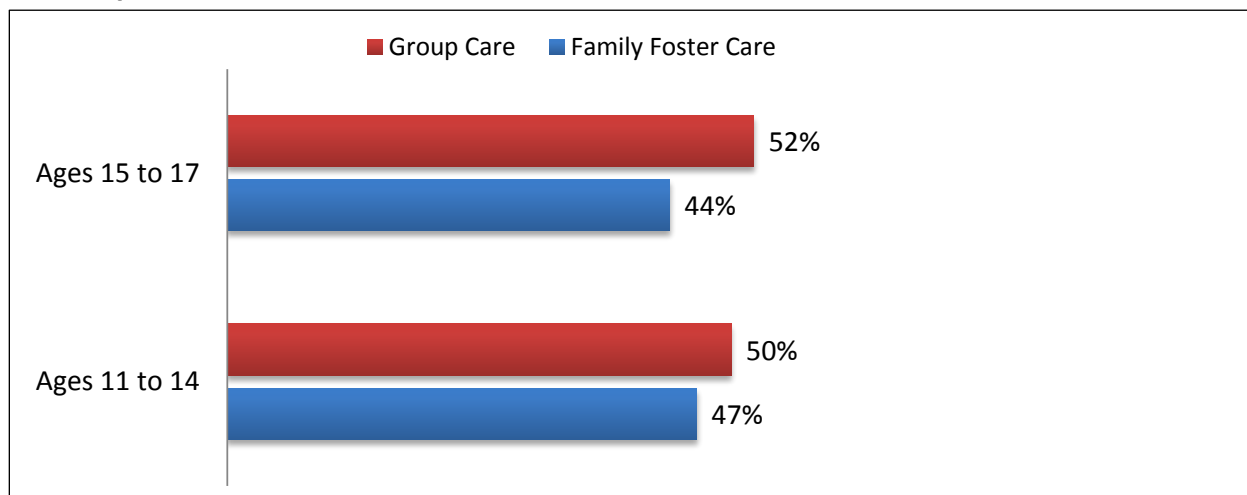


Source: OPPAGA analysis of Department of Children and Families data.

Exhibit C-3 shows that, compared to family foster care, a larger share of children in group care are male. Fifty-two percent of children ages 15 to 17 in group care are male, compared to 44% in family foster care.

Exhibit C-3

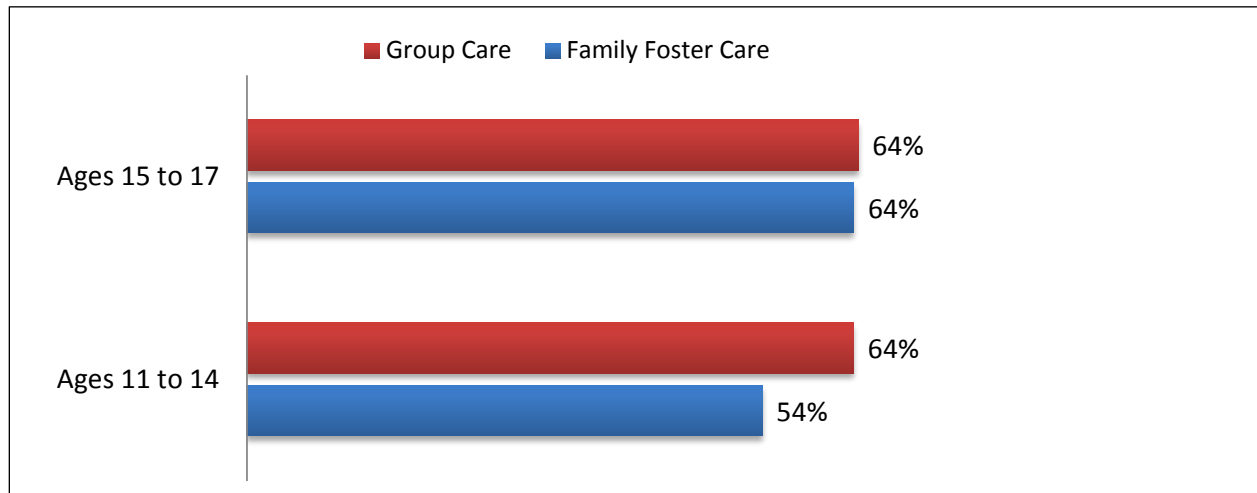
Percentage of Male Children in Licensed Care



Source: OPPAGA analysis of Department of Children and Families data.

As is the case nationally, a larger percentage of children in out-of-home care are minorities, especially group care. Exhibit C-4 shows that 64% of children ages 11 to 14 in group care are minorities, compared to 54% in family foster care. Among children ages 15 to 17, 64% of children in both group care and family foster care are minorities.

Exhibit C-4
Percentage of Minority Children in Licensed Care¹



¹ For this exhibit, white non-Hispanic children were considered non-minorities.

Source: OPPAGA analysis of Department of Children and Families data.

Appendix D

Assessed Behavioral Issues of Children in Group Care and Family Foster Care

Data shows children in group care exhibited more behavioral issues than children in family foster care. Child welfare services workers are required to complete a family assessment when a family begins receiving services as a result of a child protective investigation.³⁶ To determine whether group care is primarily used to provide care for adolescents with behavioral problems, we obtained family assessment data for children who were in licensed family foster care or group care on November 15, 2013. To minimize the likelihood that children's assessed behaviors were influenced by the type of care they were in, for each child we attempted to identify the assessment closest to, but before, they entered this placement.³⁷ Although the percentage of children with a complete assessment varied substantially throughout the state, overall about 91% of children had a family assessment, and about 67% had an assessment near when they entered family or group care.^{38, 39} Family assessments are similarly complete for children in group care and family foster care.

The assessment includes a determination of whether the child exhibits one or more of 24 specific behavioral issues.⁴⁰ Exhibits D-1 and D-2 show that children in group care exhibited nearly all of the behavioral issues at a higher rate than children in family foster care. For example, 71% of children ages 15 to 17 exhibited at least one of these behavioral issues compared to 48% of children in family foster care. In addition, 39% of children in group care ages 15 to 17 had four or more issues identified compared to 21% of children in family foster care.

³⁶ Rule 65C-30.005, *F.A.C.*, requires child welfare services workers to complete a family assessment within 15 working days of the Early Services Intervention staffing and update the assessment, at a minimum, every 6 months thereafter. The family assessment is used to analyze the strengths and needs of the family and its members and informs the development of case plans.

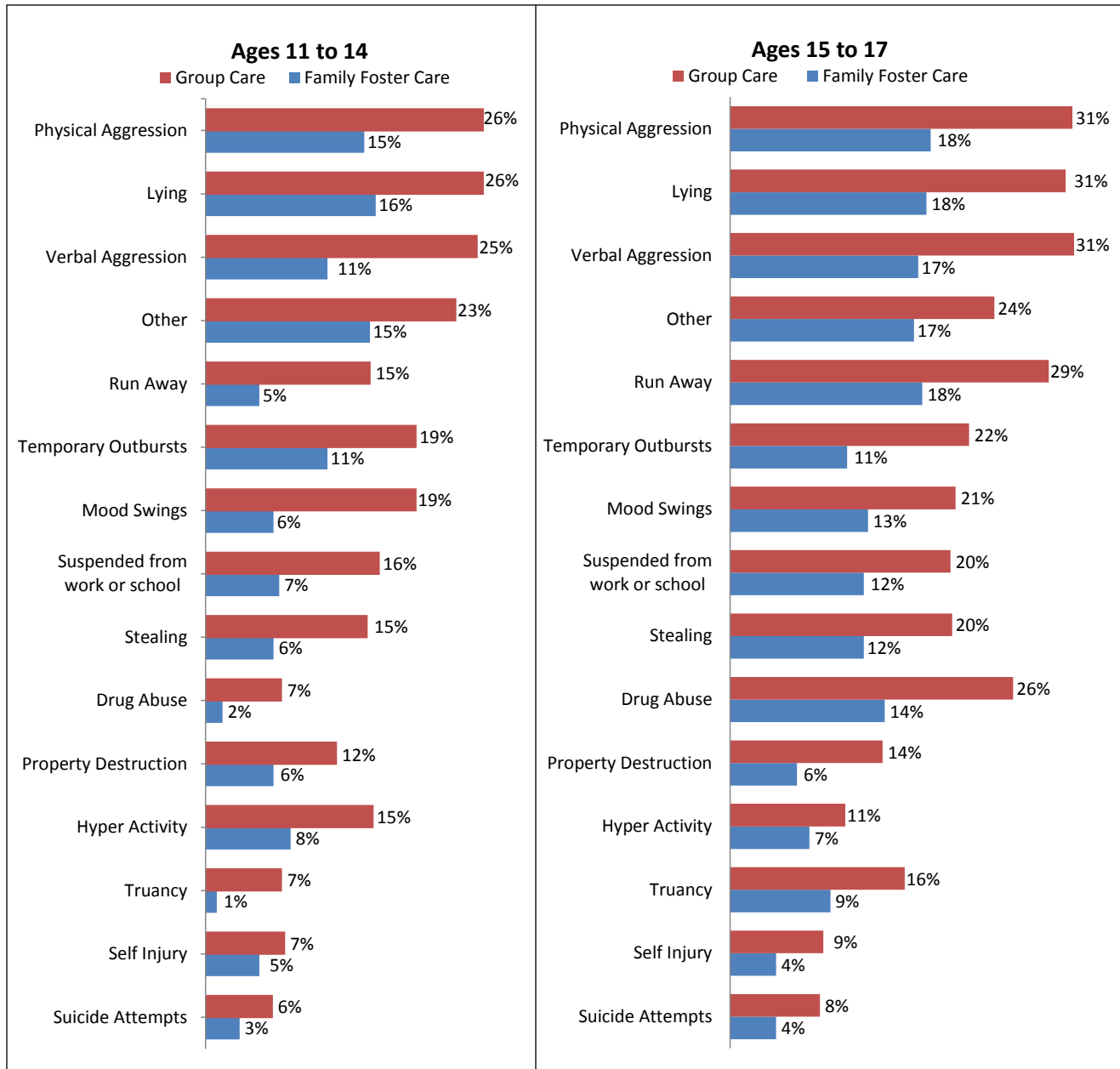
³⁷ An assessment was considered current if it was completed within six months before and one month after the child entered his or her current placement. Limiting the analysis to children with a current assessment or to children who entered group care for the first time did not substantially change the results. As such, we present the results for all children who had an assessment recorded in FSFN.

³⁸ This does not include Our Kids, Florida's largest community-based care lead agency, which did not complete the standard family assessment in FSFN. At the time of our review, Our Kids was using an alternative assessment instrument, known as structured decision making. Our Kids will transition to using Florida's revised statewide standard assessment instrument. At the time of our review, Our Kids had about 10% of the state's population of children in family foster care and group care over the age of 11.

³⁹ Child Net of Palm Beach had, by far, the lowest percentage, with only 49% of children having a complete assessment and only 23% of children having a current assessment.

⁴⁰ The exhibits only show 15 behavioral issues, because the 10 least common behavioral issues were collapsed into the category Other. These issues are sleep disturbances, bed wetting, withdrawn or lethargic behavior, fire setting, harming animals, frequent crying, frequent physical complaints, eating disorders, bizarre hallucinations, and other issues.

Exhibit D Behaviors of Children¹



¹Other includes the following categories: sleep disturbances, bed wetting, withdrawn or lethargic behavior, fire setting, harming animals, frequent crying, frequent physical complaints, eating disorders, bizarre hallucinations, and other issues.

Source: OPPAGA analysis of Department of Children and Families data.

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

10/9/2015

Meeting Date

Bill Number (if applicable)

Topic Child Welfare Update

Name Mike Carroll

Amendment Barcode (if applicable)

Job Title Secretary

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Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Department of Children and Families

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

THE FLORIDA SENATE
APPEARANCE RECORD



10-8-15

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Bill Number (if applicable)

Topic

Fl. Institute for Child Welfare

Name

Patricia Babcock

Amendment Barcode (if applicable)

Job Title

Interim Dir

Address

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Speaking:

☐

For

☐

Against

☒

Information

Waive Speaking:

☐

In Support

☐

Against

(The Chair will read this information into the record.)

Representing

FICW

Appearing at request of Chair:

☒

Yes

☐

No

Lobbyist registered with Legislature:

☐

Yes

☐

No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

Info

10.8.15
Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

PCB
Bill Number (if applicable)

Topic Child Welfare

Amendment Barcode (if applicable)

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Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing FL Coalition for Children

Appearing at request of Chair ☒ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

1 A bill to be entitled
2 An act relating to ; providing an effective date.

3
4 Be It Enacted by the Legislature of the State of Florida:

5
6 Section 1. Subsection (8) of section 39.402, Florida
7 Statutes, is amended to read:

8 39.402 Placement in a shelter.—

9 (8) (a) A child may not be held in a shelter longer than 24
10 hours unless an order so directing is entered by the court after
11 a shelter hearing. In the interval until the shelter hearing is
12 held, the decision to place the child in a shelter or release
13 the child from a shelter lies with the protective investigator.

14 (b) The parents or legal custodians of the child shall be
15 given such notice as best ensures their actual knowledge of the
16 time and place of the shelter hearing. The failure to provide
17 notice to a party or participant does not invalidate an order
18 placing a child in a shelter if the court finds that the
19 petitioner has made a good faith effort to provide such notice.
20 The court shall require the parents or legal custodians present
21 at the hearing to provide to the court on the record the names,
22 addresses, and relationships of all parents, prospective
23 parents, and next of kin of the child, so far as are known.

24 (c) At the shelter hearing, the court shall:

25 1. Appoint a guardian ad litem to represent the best
26 interest of the child, unless the court finds that such
27 representation is unnecessary;

28 2. Inform the parents or legal custodians of their right to
29 counsel to represent them at the shelter hearing and at each

subsequent hearing or proceeding, and the right of the parents to appointed counsel, pursuant to the procedures set forth in s. 39.013; and

3. Give the parents or legal custodians an opportunity to be heard and to present evidence.

(d) At the shelter hearing, in order to continue the child in shelter care:

1. The department must establish probable cause that reasonable grounds for removal exist and that the provision of appropriate and available services will not eliminate the need for placement; or

2. The court must determine that additional time is necessary, which may not exceed 72 hours, in which to obtain and review documents pertaining to the family in order to appropriately determine the risk to the child during which time the child shall remain in the department's custody, if so ordered by the court.

(e) At the shelter hearing, the department shall provide the court copies of any available law enforcement, medical, or other professional reports, and shall also provide copies of abuse hotline reports pursuant to state and federal confidentiality requirements.

(f) At the shelter hearing, the department shall inform the court of:

1. Any identified current or previous case plans negotiated in any district with the parents or caregivers under this chapter and problems associated with compliance;

2. Any adjudication of the parents or caregivers of delinquency;

59 3. Any past or current injunction for protection from
60 domestic violence; and

61 4. All of the child's places of residence during the prior
62 12 months.

63 (g) At the shelter hearing, each party shall provide to the
64 court a permanent mailing address. The court shall advise each
65 party that this address will be used by the court and the
66 petitioner for notice purposes unless and until the party
67 notifies the court and the petitioner in writing of a new
68 mailing address.

69 (h) The order for placement of a child in shelter care must
70 identify the parties present at the hearing and must contain
71 written findings:

72 1. That placement in shelter care is necessary based on the
73 criteria in subsections (1) and (2).

74 2. That placement in shelter care is in the best interest
75 of the child.

76 3. That the placement proposed by the department is in the
77 least restrictive and most family-like setting that meets the
78 needs of the child.

79 ~~4.3.~~ That continuation of the child in the home is contrary
80 to the welfare of the child because the home situation presents
81 a substantial and immediate danger to the child's physical,
82 mental, or emotional health or safety which cannot be mitigated
83 by the provision of preventive services.

84 ~~5.4.~~ That based upon the allegations of the petition for
85 placement in shelter care, there is probable cause to believe
86 that the child is dependent or that the court needs additional
87 time, which may not exceed 72 hours, in which to obtain and

88 review documents pertaining to the family in order to
89 appropriately determine the risk to the child.

90 ~~6.5.~~ That the department has made reasonable efforts to
91 prevent or eliminate the need for removal of the child from the
92 home. A finding of reasonable effort by the department to
93 prevent or eliminate the need for removal may be made and the
94 department is deemed to have made reasonable efforts to prevent
95 or eliminate the need for removal if:

96 a. The first contact of the department with the family
97 occurs during an emergency;

98 b. The appraisal of the home situation by the department
99 indicates that the home situation presents a substantial and
100 immediate danger to the child's physical, mental, or emotional
101 health or safety which cannot be mitigated by the provision of
102 preventive services;

103 c. The child cannot safely remain at home, either because
104 there are no preventive services that can ensure the health and
105 safety of the child or because, even with appropriate and
106 available services being provided, the health and safety of the
107 child cannot be ensured; or

108 d. The parent or legal custodian is alleged to have
109 committed any of the acts listed as grounds for expedited
110 termination of parental rights in s. 39.806(1)(f)-(i).

111 6. That the department has made reasonable efforts to keep
112 siblings together if they are removed and placed in out-of-home
113 care unless such placement is not in the best interest of each
114 child. It is preferred that siblings be kept together in a
115 foster home, if available. Other reasonable efforts shall
116 include short-term placement in a group home with the ability to

117 accommodate sibling groups if such a placement is available. The
118 department shall report to the court its efforts to place
119 siblings together unless the court finds that such placement is
120 not in the best interest of a child or his or her sibling.

121 7. That the court notified the parents, relatives that are
122 providing out-of-home care for the child, or legal custodians of
123 the time, date, and location of the next dependency hearing and
124 of the importance of the active participation of the parents,
125 relatives that are providing out-of-home care for the child, or
126 legal custodians in all proceedings and hearings.

127 8. That the court notified the parents or legal custodians
128 of their right to counsel to represent them at the shelter
129 hearing and at each subsequent hearing or proceeding, and the
130 right of the parents to appointed counsel, pursuant to the
131 procedures set forth in s. 39.013.

132 9. That the court notified relatives who are providing out-
133 of-home care for a child as a result of the shelter petition
134 being granted that they have the right to attend all subsequent
135 hearings, to submit reports to the court, and to speak to the
136 court regarding the child, if they so desire.

137 Section 2. Subsection (1) of section 39.521, Florida
138 Statutes, is amended to read:

139 39.521 Disposition hearings; powers of disposition.—

140 (1) A disposition hearing shall be conducted by the court,
141 if the court finds that the facts alleged in the petition for
142 dependency were proven in the adjudicatory hearing, or if the
143 parents or legal custodians have consented to the finding of
144 dependency or admitted the allegations in the petition, have
145 failed to appear for the arraignment hearing after proper

146 notice, or have not been located despite a diligent search
147 having been conducted.

148 (a) A written case plan and a predisposition study prepared
149 by an authorized agent of the department must be filed with the
150 court, served upon the parents of the child, provided to the
151 representative of the guardian ad litem program, if the program
152 has been appointed, and provided to all other parties not less
153 than 72 hours before the disposition hearing. All such case
154 plans must be approved by the court. If the court does not
155 approve the case plan at the disposition hearing, the court must
156 set a hearing within 30 days after the disposition hearing to
157 review and approve the case plan. The court may grant an
158 exception to the requirement for a predisposition study by
159 separate order or within the judge's order of disposition upon
160 finding that all the family and child information required by
161 subsection (2) is available in other documents filed with the
162 court.

163 (b) When any child is adjudicated by a court to be
164 dependent, the court having jurisdiction of the child has the
165 power by order to:

166 1. Require the parent and, when appropriate, the legal
167 custodian and the child to participate in treatment and services
168 identified as necessary. The court may require the person who
169 has custody or who is requesting custody of the child to submit
170 to a substance abuse assessment or evaluation. The assessment or
171 evaluation must be administered by a qualified professional, as
172 defined in s. 397.311. The court may also require such person to
173 participate in and comply with treatment and services identified
174 as necessary, including, when appropriate and available,

175 participation in and compliance with a treatment-based drug
176 court program established under s. 397.334. In addition to
177 supervision by the department, the court, including the
178 treatment-based drug court program, may oversee the progress and
179 compliance with treatment by a person who has custody or is
180 requesting custody of the child. The court may impose
181 appropriate available sanctions for noncompliance upon a person
182 who has custody or is requesting custody of the child or make a
183 finding of noncompliance for consideration in determining
184 whether an alternative placement of the child is in the child's
185 best interests. Any order entered under this subparagraph may be
186 made only upon good cause shown. This subparagraph does not
187 authorize placement of a child with a person seeking custody of
188 the child, other than the child's parent or legal custodian, who
189 requires substance abuse treatment.

190 2. Require, if the court deems necessary, the parties to
191 participate in dependency mediation.

192 3. Require placement of the child either under the
193 protective supervision of an authorized agent of the department
194 in the home of one or both of the child's parents or in the home
195 of a relative of the child or another adult approved by the
196 court, or in the custody of the department. Protective
197 supervision continues until the court terminates it or until the
198 child reaches the age of 18, whichever date is first. Protective
199 supervision shall be terminated by the court whenever the court
200 determines that permanency has been achieved for the child,
201 whether with a parent, another relative, or a legal custodian,
202 and that protective supervision is no longer needed. The
203 termination of supervision may be with or without retaining

jurisdiction, at the court's discretion, and shall in either case be considered a permanency option for the child. The order terminating supervision by the department shall set forth the powers of the custodian of the child and shall include the powers ordinarily granted to a guardian of the person of a minor unless otherwise specified. Upon the court's termination of supervision by the department, no further judicial reviews are required, so long as permanency has been established for the child.

(c) At the conclusion of the disposition hearing, the court shall schedule the initial judicial review hearing which 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, whichever occurs earlier, but in no event shall the review hearing be held later than 6 months after the date of the child's removal from the home.

(d) The court shall, in its written order of disposition, include all of the following:

1. The placement or custody of the child, including whether or not the placement is in the least restrictive and most family-like setting that meets the needs of the child as determined by assessments completed pursuant to s. 409.143.

2. Special conditions of placement and visitation.

3. Evaluation, counseling, treatment activities, and other actions to be taken by the parties, if ordered.

4. The persons or entities responsible for supervising or monitoring services to the child and parent.

5. Continuation or discharge of the guardian ad litem, as appropriate.

233 6. The date, time, and location of the next scheduled
234 review hearing, which must occur within the earlier of:
235 a. Ninety days after the disposition hearing;
236 b. Ninety days after the court accepts the case plan;
237 c. Six months after the date of the last review hearing; or
238 d. Six months after the date of the child's removal from
239 his or her home, if no review hearing has been held since the
240 child's removal from the home.

241 7. If the child is in an out-of-home placement, child
242 support to be paid by the parents, or the guardian of the
243 child's estate if possessed of assets which under law may be
244 disbursed for the care, support, and maintenance of the child.
245 The court may exercise jurisdiction over all child support
246 matters, shall adjudicate the financial obligation, including
247 health insurance, of the child's parents or guardian, and shall
248 enforce the financial obligation as provided in chapter 61. The
249 state's child support enforcement agency shall enforce child
250 support orders under this section in the same manner as child
251 support orders under chapter 61. Placement of the child shall
252 not be contingent upon issuance of a support order.

253 8.a. If the court does not commit the child to the
254 temporary legal custody of an adult relative, legal custodian,
255 or other adult approved by the court, the disposition order
256 shall include the reasons for such a decision and shall include
257 a determination as to whether diligent efforts were made by the
258 department to locate an adult relative, legal custodian, or
259 other adult willing to care for the child in order to present
260 that placement option to the court instead of placement with the
261 department.

262 b. If no suitable relative is found and the child is placed
263 with the department or a legal custodian or other adult approved
264 by the court, both the department and the court shall consider
265 transferring temporary legal custody to an adult relative
266 approved by the court at a later date, but neither the
267 department nor the court is obligated to so place the child if
268 it is in the child's best interest to remain in the current
269 placement.

270
271 For the purposes of this section, "diligent efforts to locate an
272 adult relative" means a search similar to the diligent search
273 for a parent, but without the continuing obligation to search
274 after an initial adequate search is completed.

275 9. Other requirements necessary to protect the health,
276 safety, and well-being of the child, to preserve the stability
277 of the child's educational placement, and to promote family
278 preservation or reunification whenever possible.

279 (e) If the court finds that the prevention or reunification
280 efforts of the department will allow the child to remain safely
281 at home or be safely returned to the home, the court shall allow
282 the child to remain in or return to the home after making a
283 specific finding of fact that the reasons for removal have been
284 remedied to the extent that the child's safety, well-being, and
285 physical, mental, and emotional health will not be endangered.

286 (f) If the court places the child in an out-of-home
287 placement, the disposition order must include a written
288 determination that the child cannot safely remain at home with
289 reunification or family preservation services and that removal
290 of the child is necessary to protect the child. If the child is

291 removed before the disposition hearing, the order must also
292 include a written determination as to whether, after removal,
293 the department made a reasonable effort to reunify the parent
294 and child. Reasonable efforts to reunify are not required if the
295 court finds that any of the acts listed in s. 39.806(1)(f)-(l)
296 have occurred. The department has the burden of demonstrating
297 that it made reasonable efforts.

298 1. For the purposes of this paragraph, the term "reasonable
299 effort" means the exercise of reasonable diligence and care by
300 the department to provide the services ordered by the court or
301 delineated in the case plan.

302 2. In support of its determination as to whether reasonable
303 efforts have been made, the court shall:

304 a. Enter written findings as to whether prevention or
305 reunification efforts were indicated.

306 b. If prevention or reunification efforts were indicated,
307 include a brief written description of what appropriate and
308 available prevention and reunification efforts were made.

309 c. Indicate in writing why further efforts could or could
310 not have prevented or shortened the separation of the parent and
311 child.

312 3. A court may find that the department made a reasonable
313 effort to prevent or eliminate the need for removal if:

314 a. The first contact of the department with the family
315 occurs during an emergency;

316 b. The appraisal by the department of the home situation
317 indicates a substantial and immediate danger to the child's
318 safety or physical, mental, or emotional health which cannot be
319 mitigated by the provision of preventive services;

320 c. The child cannot safely remain at home, because there
321 are no preventive services that can ensure the health and safety
322 of the child or, even with appropriate and available services
323 being provided, the health and safety of the child cannot be
324 ensured; or

325 d. The parent is alleged to have committed any of the acts
326 listed as grounds for expedited termination of parental rights
327 under s. 39.806(1)(f)-(l).

328 4. A reasonable effort by the department for reunification
329 has been made if the appraisal of the home situation by the
330 department indicates that the severity of the conditions of
331 dependency is such that reunification efforts are inappropriate.
332 The department has the burden of demonstrating to the court that
333 reunification efforts were inappropriate.

334 5. If the court finds that the prevention or reunification
335 effort of the department would not have permitted the child to
336 remain safely at home, the court may commit the child to the
337 temporary legal custody of the department or take any other
338 action authorized by this chapter.

339 Section 3. Section 39.6011, Florida Statutes, is amended to
340 read:

341 (Substantial rewording of section. See s. 39.6011, F.S.,
342 for present text).

343 39.6011 Case plan purpose; development; procedures.-

344 (1) PURPOSE. - The purpose of the case plan is to promote
345 and facilitate parental behavior change as well as address child
346 well-being needs.

347 (2) GENERAL REQUIREMENTS. - The department shall prepare a
348 draft of the case plan for each unsafe child receiving services

349 under this chapter. The case plan shall document that a
350 preplacement assessment of the service needs of the child and
351 family, and preplacement preventive services, if appropriate,
352 have been provided pursuant to s. 409.142, and that reasonable
353 efforts to prevent out-of-home placement have been made.

354 (a) The case plan must be developed in a face-to-face
355 conference with the parent of the child, any court-appointed
356 guardian ad litem, and, if appropriate, the child and the
357 temporary custodian of the child. The parent may receive
358 assistance from any person or social service agency in preparing
359 the case plan. The social service agency, the department, and
360 the court, when applicable, shall inform the parent of the right
361 to receive such assistance, including the right to assistance of
362 counsel.

363 (b) The case plan must be written simply and clearly in
364 English and, if English is not the principal language of the
365 child's parent, to the extent possible in the parent's principal
366 language.

367 (c) If the parent's substantial compliance with the case
368 plan requires the department to provide services to the parents
369 or the child and the parents agree to begin compliance with the
370 case plan before the case plan's acceptance by the court, the
371 department shall make the appropriate referrals for services
372 that will allow the parents to begin the agreed-upon tasks and
373 services immediately.

374 (e) The case plan must describe a process for making
375 available to all physical custodians and family services
376 counselors the information required by s. 39.6012(2) and for
377 ensuring that this information follows the child until

378 permanency has been achieved.

379 (d) The case plan must specify the date the compliance
380 period expires and be limited to as short a period as possible
381 for accomplishing its provisions. The plan's compliance period
382 expires no later than 12 months after the date the child was
383 initially removed from the home, the child was adjudicated
384 dependent, or the date the case plan was accepted by the court,
385 whichever occurs first.

386 (e) The case plan must be signed by all parties, except
387 that the signature of a child may be waived if the child is not
388 of an age or capacity to participate in the case-planning
389 process. Signing the case plan constitutes an acknowledgment
390 that the case plan has been developed by the parties and that
391 they are in agreement as to the terms and conditions contained
392 in the case plan. The refusal of a parent to sign the case plan
393 does not prevent the court from accepting the case plan if the
394 case plan is otherwise acceptable to the court. Signing the case
395 plan does not constitute an admission to any allegation of
396 abuse, abandonment, or neglect and does not constitute consent
397 to a finding of dependency or termination of parental rights.
398 Before signing the case plan, the department shall explain the
399 provisions of the plan to all persons involved in its
400 implementation, including, when appropriate, the child.

401 (3) NOTICE FOR PARENTS. - The case plan must document that
402 each parent has been provided with the following information:

403 (a) A parent of a child may not be threatened or coerced
404 with the loss of custody or parental rights for failing to admit
405 in the case plan of abusing, neglecting, or abandoning a child.
406 Participating in the development of a case plan is not an

407 admission to any allegation of abuse, abandonment, or neglect,
408 and it is not a consent to a finding of dependency or
409 termination of parental rights.

410 (b) If a parent is unwilling or unable to participate in
411 developing a case plan, the department shall document that
412 unwillingness or inability to participate. The documentation
413 must be provided in writing to the parent when available for the
414 court record, and the department shall prepare a case plan
415 conforming as nearly as possible with the requirements set forth
416 in this section. The unwillingness or inability of the parent to
417 participate in developing a case plan does not preclude the
418 filing of a petition for dependency or for termination of
419 parental rights. The parent, if available, must be provided a
420 copy of the case plan and be advised that he or she may, at any
421 time before the filing of a petition for termination of parental
422 rights, enter into a case plan and that he or she may request
423 judicial review of any provision of the case plan with which he
424 or she disagrees at any court hearing set for the child.

425 (c) A written notice shall be provided to the parent that
426 failure of the parent to substantially comply with the case plan
427 may result in the termination of parental rights, and that a
428 material breach of the case plan may result in the filing of a
429 petition for termination of parental rights sooner than the
430 compliance period set forth in the case plan.

431 (4) DISTRIBUTION AND FILING WITH THE COURT. - After the
432 case plan has been developed, the department shall adhere to the
433 following procedural requirements:

434 (a) After the case plan has been agreed upon and signed by
435 the parties, a copy of the plan must be given immediately to the

parties, including the child if appropriate, and to other persons as directed by the court.

(b) In each case in which a child has been placed in out-of-home care, a case plan must be prepared within 60 days after the department removes the child from the home and shall be submitted to the court before the disposition hearing for the court to review and approve.

(c) After jurisdiction attaches, all case plans must be filed with the court, and a copy provided to all the parties whose whereabouts are known, not less than 3 business days before the disposition hearing. The department shall file with the court, and provide copies to the parties, all case plans prepared before jurisdiction of the court attached.

(d) The case plan must be filed with the court and copies provided to all parties, including the child if appropriate, not less than 3 business days before the disposition hearing.

(e) A case plan must be prepared, but need not be submitted to the court, for a child who will be in care no longer than 30 days unless that child is placed in out-of-home care a second time within a 12-month period.

Section 4. Section 39.6012, Florida Statutes, is amended to read:

(Substantial rewording of section. See s. 39.6012, F.S., for present text).

39.6012 Case plan Tasks and services for parents; safety, permanency and well-being for the child.— The case plan must include a description of the identified problem being addressed, including the parent's behavior or acts resulting in risk to the child and the reason for the intervention by the department. The

provisions described in the case plan must be designed to improve the conditions in the home and aid in maintaining the child in the home, facilitate the child's safe return to the home, ensure proper care of the child, or facilitate the child's permanent placement. The services offered must be the least intrusive possible into the life of the parent and child, must focus on clearly defined objectives, and must provide the most efficient path to quick reunification or permanent placement given the circumstances of the case and the child's need for safe and proper care.

(1) SERVICES AND TASKS FOR PARENTS. - The case plan shall be based upon an assessment of the circumstances that required intervention by the child welfare system. The plan must describe the role of the foster parents or legal custodians when developing the services that are to be provided to the child, foster parents, or legal custodians and the child shall be involved in developing the case plan as age and developmentally appropriate.

(a) Services and tasks. -The case plan must describe each of the tasks with which the parent must comply and the services to be provided to the parent, specifically addressing the identified problem, including:

1. The type of services or treatment.
2. The date the department will provide each service or referral for the service if the service is being provided by the department or its agent.
3. The date by which the parent must complete each task.
4. The frequency of services or treatment provided. The frequency of the delivery of services or treatment provided

shall be determined by the professionals providing the services or treatment on a case-by-case basis and adjusted according to their best professional judgment.

5. The location of the delivery of the services.

6. The staff of the department or service provider accountable for the services or treatment.

7. A description of the measurable objectives, including the timeframes specified for achieving the objectives of the case plan and addressing the identified problem.

(b) Meetings with caseworker. – The case plan shall include a schedule of the minimum number of face-to-face meetings to be held each month between the parents and the department’s family services counselors to review the progress of the plan, to eliminate barriers to progress, and to resolve conflicts or disagreements.

(c) Request for notification from relative. – It is the responsibility of the case manager to forward a relative’s request to receive notification of all proceedings and hearings submitted pursuant to s. 39.301(14) (b) to the attorney for the department.

(d) Financial support. – The case plan must specify the parent’s responsibility for financial support of the child, including, but not limited to, health insurance and child support. The case plan must list the costs associated with any services or treatment that the parent and child are expected to receive which are the financial responsibility of the parent. The determination of child support and other financial support shall be made independently of any determination of indigency under s. 39.013.

523 (2) SAFETY, PERMANENCY, AND WELL-BEING FOR THE CHILD.— The
524 case plan must include all available information that is
525 relevant to the child's care including, a complete description
526 of the identified needs of the child while in care and a
527 description of the plan for ensuring that the child receives
528 safe and proper care and that services are provided to the child
529 in order to address the child's needs. A child shall be given a
530 meaningful opportunity to participate in the development of the
531 case plan and state his or her preference for foster care
532 placement. A child who is 12 years of age or older and in a
533 permanent placement shall also be given the opportunity to
534 review the case plan, sign the case plan, and receive a copy of
535 the case plan.

536 (a) Placement.— Federal law requires that placements of
537 children in foster care be in the least restrictive, most
538 family-like environment, requires the review of the child's case
539 plan to assess the necessity for and appropriateness of the
540 placement, to assess the progress that has been made toward the
541 case plan goals, and project a likely date by which the child
542 can be safely reunified, or placed for adoption or legal
543 guardianship. The case plan shall indicate the type of placement
544 in which the child is to be living and shall document the
545 following:

546 1. That the child has undergone the placement assessments
547 required pursuant to s. 409.143.

548 2. That the child has been placed in the least restrictive
549 and the most family-like setting available consistent with the
550 best interest and special needs of the child and in as close
551 proximity as possible to the child's home.

552 3. If the child has been placed in a setting that is more
553 restrictive than is recommended as a result of the placement
554 assessments or is placed a substantial distance from the home of
555 the child's parent, the case plan shall specify the reasons why
556 that placement is necessary and in the best interest of the
557 child. The case plan must also specify the steps necessary to
558 place the child in the placement recommended by the assessment.

559 4. If residential group care or residential treatment is
560 selected for the child, the case plan shall indicate the needs
561 of the child that necessitate this placement, the plan for
562 transitioning the child to a family setting, and the projected
563 timeline by which the child will be transitioned to a less
564 restrictive environment. This section of the case plan shall be
565 reviewed and updated within 90 days after the child's admission
566 to the residential group care or residential treatment facility
567 and at least every 60 days thereafter.

568 (b) Permanency.— When reunifying children with their family
569 is not possible, the obligation remains to seek other forms of
570 permanency, such as adoption or guardianship. In addition to any
571 other requirement, if the child is in an out-of-home placement,
572 the case plan must include:

573 1. If concurrent planning is being used, a description of
574 the permanency goal of reunification with the parent or legal
575 custodian in addition to a description of one of the remaining
576 permanency goals defined in s. 39.01. If concurrent case
577 planning is not being used, an explanation of why it is not
578 being used must be included in the case plan.

579 2. If the case plan has as its goal for the child a
580 permanent plan of adoption or placement in another permanent

581 home, it shall include a statement of the child's wishes
582 regarding their permanent placement plan and an assessment of
583 those stated wishes. The agency shall also include documentation
584 of the steps the agency is taking to find an adoptive family or
585 other permanent living arrangements for the child; to place the
586 child with an adoptive family, an appropriate and willing
587 relative, a legal guardian, or in another planned permanent
588 living arrangement; and to finalize the adoption or legal
589 guardianship. At a minimum, the documentation shall include
590 child-specific recruitment efforts, such as the use of state,
591 regional, and national adoption exchanges, including electronic
592 exchange systems, when the child has been freed for adoption.

593 3. If the child has been in out of home care for at least
594 12 months, and the permanency goal is not adoptive placement,
595 the case plan shall include documentation of the compelling
596 reason or reasons why termination of parental rights is not in
597 the child's best interest.

598 (c) Education.— A case plan shall ensure the educational
599 stability of the child while in foster care. To the extent
600 available and accessible, the names and addresses of the child's
601 educational providers, the child's grade level performance, and
602 the child's school record must be attached to the case plan and
603 updated throughout the judicial review process. The case plan
604 shall also include:

605 1. Documentation that the placement takes into account the
606 appropriateness of the current educational setting and the
607 proximity to the school in which the child is enrolled at the
608 time of placement.

609 2. Documentation that the placement has been coordinated

610 with appropriate local educational agencies to ensure that the
611 child remains in the school in which the child is enrolled at
612 the time of placement, or, if remaining in that school is not in
613 the best interests of the child, assurances by the department
614 and the local educational agency to provide immediate and
615 appropriate enrollment in a new school and to provide all of the
616 child's educational records to the new school.

617 (d) Healthcare.— To the extent available and accessible,
618 the names and addresses of the child's health and behavioral
619 health providers, a record of the child's immunizations, the
620 child's known medical history including any problems, the
621 child's medications and any other relevant health and mental
622 health information must be attached to the case plan and updated
623 throughout the judicial review process.

624 (e) Contact with family.— When out-of-home placement is
625 made, the case plan shall include provisions for the development
626 and maintenance of sibling relationships visitation if the child
627 has siblings and is separated from them, and shall include a
628 description of the parent's visitation rights and obligations.

629 1. Information regarding any court-ordered visitation
630 between the child and the parents, and the terms and conditions
631 needed to facilitate the visits while protecting the safety of
632 the child, shall be provided to the child's out-of-home
633 caregiver as soon as possible after the court order is made.

634 2. Information regarding the schedule and frequency of the
635 visits between the child and his or her siblings, as well as any
636 court-ordered terms and conditions needed to facilitate the
637 visits while protecting the safety of the child, shall be
638 provided to the child's out-of-home caregiver as soon as

possible after the court order is made.

(f) Independent living.—

1. When appropriate, for a child who is 13 years of age or older, the case plan shall include a written description of the programs and services that will help the child, consistent with the child's best interests, prepare for the transition from foster care to independent living. The case plan shall be developed with the child and individuals identified as important to the child, and shall include steps the agency is taking to ensure that the child has a connection to a caring adult.

2. During the 180-day period after a child reaches 17 years of age, the department and the community-based care provider, in collaboration with the caregiver and any other individual whom the child would like to include, shall assist the child in developing a transition plan pursuant to s. 39.6035. The required transition plan is in addition to standard case management requirements. The transition plan must address specific options for the child to use in obtaining services, including housing, health insurance, education, and workforce support and employment services. The plan must also consider establishing and maintaining naturally occurring mentoring relationships and other personal support services. The transition plan may be as detailed as the child chooses and must be attached to the case plan and updated before each judicial review.

Section 5. Subsection (2) is amended and subsection (3) of section 39.621, Florida Statutes, is added to read:

39.621 Permanency determination by the court.—

(2) Except as provided in subsection (3), the permanency

goals available under this chapter, listed in order of preference, are:

(a) Reunification;

(b) Adoption, if a petition for termination of parental rights has been or will be filed;

(c) Permanent guardianship of a dependent child under s. 39.6221;

(d) Permanent placement with a fit and willing relative under s. 39.6231; or

(e) Placement in another planned permanent living arrangement under s. 39.6241.

(3) The permanency goal of maintain and strengthen with a parent may be used in the following circumstances:

1. If a child has not been removed from a parent, but is found to be dependent, even if adjudication of dependency is withheld, the court may leave the child in the current placement with maintaining and strengthening the placement as a permanency option.

2. If a child has been removed from a parent and is placed with a parent from whom the child was not removed, the court may leave the child in the placement with the parent from whom the child was not removed with maintaining and strengthening the placement as a permanency option.

3. If a child has been removed from a parent and is subsequently reunified with that parent, the court may leave the child with that parent with maintaining and strengthening the placement as a permanency option.

Section 6. Subsection (2) of section 39.701, Florida

Statutes, is amended to read:

39.701 Judicial review.—

(2) REVIEW HEARINGS FOR CHILDREN YOUNGER THAN 18 YEARS OF AGE.—

(a) *Social study report for judicial review.*—Before every judicial review hearing or citizen review panel hearing, the social service agency shall make an investigation and social study concerning all pertinent details relating to the child and shall furnish to the court or citizen review panel a written report that includes, but is not limited to:

1. A description of the type of placement the child is in at the time of the hearing, including the safety of the child ~~and the continuing necessity for and appropriateness of the placement,~~ and that the placement is in the least restrictive and most family-like setting that meets the needs of the child as determined by the assessment completed pursuant to s. 409.143.

2. Documentation of the diligent efforts made by all parties to the case plan to comply with each applicable provision of the plan.

3. The amount of fees assessed and collected during the period of time being reported.

4. The services provided to the foster family or legal custodian in an effort to address the needs of the child as indicated in the case plan.

5. A statement that either:

a. The parent, though able to do so, did not comply substantially with the case plan, and the agency recommendations;

b. The parent did substantially comply with the case plan;
or

c. The parent has partially complied with the case plan,
with a summary of additional progress needed and the agency
recommendations.

6. A statement from the foster parent or legal custodian
providing any material evidence concerning the return of the
child to the parent or parents.

7. A statement concerning the frequency, duration, and
results of the parent-child visitation, if any, and the agency
recommendations for an expansion or restriction of future
visitation.

8. The number of times a child has been removed from his or
her home and placed elsewhere, the number and types of
placements that have occurred, and the reason for the changes in
placement.

9. The number of times a child's educational placement has
been changed, the number and types of educational placements
which have occurred, and the reason for any change in placement.

10. If the child has reached 13 years of age but is not yet
18 years of age, a statement from the caregiver on the progress
the child has made in acquiring independent living skills.

11. Copies of all medical, psychological, and educational
records that support the terms of the case plan and that have
been produced concerning the parents or any caregiver since the
last judicial review hearing.

12. Copies of the child's current health, mental health,
and education records as identified in s. 39.6012.

(b) *Submission and distribution of reports.*—

755 1. A copy of the social service agency's written report and
756 the written report of the guardian ad litem must be served on
757 all parties whose whereabouts are known; to the foster parents
758 or legal custodians; and to the citizen review panel, at least
759 72 hours before the judicial review hearing or citizen review
760 panel hearing. The requirement for providing parents with a copy
761 of the written report does not apply to those parents who have
762 voluntarily surrendered their child for adoption or who have had
763 their parental rights to the child terminated.

764 2. In a case in which the child has been permanently placed
765 with the social service agency, the agency shall furnish to the
766 court a written report concerning the progress being made to
767 place the child for adoption. If the child cannot be placed for
768 adoption, a report on the progress made by the child towards
769 alternative permanency goals or placements, including, but not
770 limited to, guardianship, long-term custody, long-term licensed
771 custody, or independent living, must be submitted to the court.
772 The report must be submitted to the court at least 72 hours
773 before each scheduled judicial review.

774 3. In addition to or in lieu of any written statement
775 provided to the court, the foster parent or legal custodian, or
776 any preadoptive parent, shall be given the opportunity to
777 address the court with any information relevant to the best
778 interests of the child at any judicial review hearing.

779 (c) *Review determinations.*—The court and any citizen review
780 panel shall take into consideration the information contained in
781 the social services study and investigation and all medical,
782 psychological, and educational records that support the terms of
783 the case plan; testimony by the social services agency, the

parent, the foster parent or legal custodian, the guardian ad litem or surrogate parent for educational decisionmaking if one has been appointed for the child, and any other person deemed appropriate; and any relevant and material evidence submitted to the court, including written and oral reports to the extent of their probative value. These reports and evidence may be received by the court in its effort to determine the action to be taken with regard to the child and may be relied upon to the extent of their probative value, even though not competent in an adjudicatory hearing. In its deliberations, the court and any citizen review panel shall seek to determine:

1. If the parent was advised of the right to receive assistance from any person or social service agency in the preparation of the case plan.

2. If the parent has been advised of the right to have counsel present at the judicial review or citizen review hearings. If not so advised, the court or citizen review panel shall advise the parent of such right.

3. If a guardian ad litem needs to be appointed for the child in a case in which a guardian ad litem has not previously been appointed or if there is a need to continue a guardian ad litem in a case in which a guardian ad litem has been appointed.

4. Who holds the rights to make educational decisions for the child. If appropriate, the court may refer the child to the district school superintendent for appointment of a surrogate parent or may itself appoint a surrogate parent under the Individuals with Disabilities Education Act and s. 39.0016.

5. The compliance or lack of compliance of all parties with applicable items of the case plan, including the parents'

compliance with child support orders.

6. The compliance or lack of compliance with a visitation contract between the parent and the social service agency for contact with the child, including the frequency, duration, and results of the parent-child visitation and the reason for any noncompliance.

7. The frequency, kind, and duration of contacts among siblings who have been separated during placement, as well as any efforts undertaken to reunite separated siblings if doing so is in the best interest of the child.

8. The compliance or lack of compliance of the parent in meeting specified financial obligations pertaining to the care of the child, including the reason for failure to comply, if applicable.

9. Whether the child is receiving safe and proper care according to s. 39.6012, including, but not limited to, the appropriateness of the child's current placement, including whether the child is in a setting that is as family-like and as close to the parent's home as possible, consistent with the child's best interests and special needs, and including maintaining stability in the child's educational placement, as documented by assurances from the community-based care provider that:

a. The placement of the child takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time of placement.

b. The community-based care agency has coordinated with appropriate local educational agencies to ensure that the child

remains in the school in which the child is enrolled at the time of placement.

10. A projected date likely for the child's return home or other permanent placement.

11. When appropriate, the basis for the unwillingness or inability of the parent to become a party to a case plan. The court and the citizen review panel shall determine if the efforts of the social service agency to secure party participation in a case plan were sufficient.

12. For a child who has reached 13 years of age but is not yet 18 years of age, the adequacy of the child's preparation for adulthood and independent living.

13. If amendments to the case plan are required. Amendments to the case plan must be made under s. 39.6013.

(d) *Orders.*—

1. Based upon the criteria set forth in paragraph (c) and the recommended order of the citizen review panel, if any, the court shall determine whether or not the social service agency shall initiate proceedings to have a child declared a dependent child, return the child to the parent, continue the child in out-of-home care for a specified period of time, or initiate termination of parental rights proceedings for subsequent placement in an adoptive home. Amendments to the case plan must be prepared as prescribed in s. 39.6013. If the court finds that the prevention or reunification efforts of the department will allow the child to remain safely at home or be safely returned to the home, the court shall allow the child to remain in or return to the home after making a specific finding of fact that the reasons for the creation of the case plan have been remedied

871 to the extent that the child's safety, well-being, and physical,
872 mental, and emotional health will not be endangered.

873 2. The court shall return the child to the custody of the
874 parents at any time it determines that they have substantially
875 complied with the case plan, if the court is satisfied that
876 reunification will not be detrimental to the child's safety,
877 well-being, and physical, mental, and emotional health.

878 3. If, in the opinion of the court, the social service
879 agency has not complied with its obligations as specified in the
880 written case plan, the court may find the social service agency
881 in contempt, shall order the social service agency to submit its
882 plans for compliance with the agreement, and shall require the
883 social service agency to show why the child could not safely be
884 returned to the home of the parents.

885 4. The court shall order the department and the community-
886 based care lead agency to file a written notification before a
887 child changes placements or living arrangement when possible. If
888 such notification is not possible before the change, the
889 department and the community-based care lead agency must file a
890 notification immediately following a change.

891 5. ~~4.~~ If, at any judicial review, the court finds that the
892 parents have failed to substantially comply with the case plan
893 to the degree that further reunification efforts are without
894 merit and not in the best interest of the child, on its own
895 motion, the court may order the filing of a petition for
896 termination of parental rights, whether or not the time period
897 as contained in the case plan for substantial compliance has
898 expired.

899 6. ~~5.~~ Within 6 months after the date that the child was

placed in shelter care, the court shall conduct a judicial review hearing to review the child's permanency goal as identified in the case plan. At the hearing the court shall make findings regarding the likelihood of the child's reunification with the parent or legal custodian within 12 months after the removal of the child from the home. If the court makes a written finding that it is not likely that the child will be reunified with the parent or legal custodian within 12 months after the child was removed from the home, the department must file with the court, and serve on all parties, a motion to amend the case plan under s. 39.6013 and declare that it will use concurrent planning for the case plan. The department must file the motion within 10 business days after receiving the written finding of the court. The department must attach the proposed amended case plan to the motion. If concurrent planning is already being used, the case plan must document the efforts the department is taking to complete the concurrent goal.

7. 6. The court may issue a protective order in assistance, or as a condition, of any other order made under this part. In addition to the requirements included in the case plan, the protective order may set forth requirements relating to reasonable conditions of behavior to be observed for a specified period of time by a person or agency who is before the court; and the order may require any person or agency to make periodic reports to the court containing such information as the court in its discretion may prescribe.

Section 7. Section 409.142, Florida Statutes, is created to read:

409.142 Intervention services for unsafe children. -

929 (1) LEGISLATIVE FINDINGS AND INTENT.—

930 (a) The Legislature finds that intervention services and
931 supports are designed to strengthen and support families in
932 order to keep them safely together and to prevent children from
933 entering foster care.

934 (b) Therefore, it is the intent of the Legislature for the
935 department to identify evidence-based intervention programs that
936 remediate child abuse and neglect, reduce the likelihood of
937 foster care placement by supporting parents and relative or
938 nonrelative caregivers, increase family reunification with
939 parents or other relatives, and promote post permanency
940 placement stability for children living with relatives or
941 nonrelative caregivers.

942 (2) DEFINITIONS.— As used in this section the term:

943 (a) "Intervention services and supports" means services and
944 supports that are provided to a child or to the parents or
945 relative and nonrelative caregivers of a child determined by a
946 child protection investigation to be in present or impending
947 danger.

948 (3) SERVICES AND SUPPORTS.—Intervention services and
949 supports that shall be made available to eligible individuals
950 include, but are not limited to, the following:

951 (a) Safety management services which are provided to unsafe
952 children that immediately and actively protect the child from
953 danger threats when the parent or other caregiver cannot, as
954 part of a safety plan.

955 (b) Parenting skills training, including parent advocates,
956 peer-to-peer mentoring and support groups for parents and
957 relative caregivers.

958 (c) Individual, group, and family counseling, mentoring,
959 and therapy.

960 (d) Behavioral healthcare needs, domestic violence,
961 substance abuse services.

962 (e) Crisis assistance or services to stabilize families in
963 times of crisis or facilitate relative placement, such as
964 transportation, clothing, household goods, assistance with
965 housing and utility payments, child care, respite care, and
966 assistance connecting families with other community-based
967 services.

968 (4) ELIGIBILITY FOR SERVICES.— The following individuals
969 are eligible for services and supports under this section:

970 (a) A child who is unsafe but can remain safely at home or
971 in a relative or nonrelative placement with receipt of specified
972 services and supports.

973 (b) Parents or relative caregivers of an unsafe child.

974 (5) GENERAL REQUIREMENTS.— The following provisions are
975 required for providing services and supports pursuant to this
976 section:

977 (a) The community-based care lead agency shall prepare a
978 case plan for each child and his or her family receiving
979 services and support under this section.

980 (b) The safety services and supports necessary to prevent
981 the child's entry into foster care

982 (c) The services and supports that will enable the child to
983 return home with an in home safety plan.

984 (6) ASSESSMENT AND REPORTING.—

985 (a) No later than October 1, 2016, each community based
986 care lead agency shall submit a plan to the department

describing how the lead agency will monitor and oversee the safety of children who receive intervention services and supports. The plan shall include a description of training and support for caseworkers handling intervention cases, including how caseload size and type will be determined, managed, and overseen.

(b) Beginning October 1, 2016, each community based care lead agency shall collect and report annually as part of the child welfare Results Oriented Accountability Program required under s. 409.997, to the department the following with respect to each child for whom, or on whose behalf, intervention services and supports are provided during a 12-month period:

1. The number of children and families served;
2. The specific services provided and the total expenditures for each such service;
3. The child's placement status at the beginning, and at the end, of the period, respectively; and
4. The child's placement status 1 year after the end of the period.

(c) Outcomes for this subsection shall be included in the annual report required under s. 409.997.

(8) RULEMAKING.—The department shall adopt rules to administer this section.

Section 8. Section 409.143, Florida Statutes, is created to read:

409.143 Assessment and determination of appropriate placement.—

(1) LEGISLATIVE FINDINGS AND INTENT. —

(a) The Legislature finds that it is a basic tenet of child

welfare practice, and the law, that children be placed in the least restrictive, most family-like setting available located in close proximity to the home of their parents, consistent with the best interests and needs of the child, and that children be placed in permanent homes in a timely manner.

(b) The Legislature also finds that behavior problems can create difficulties in a child's placement and ultimately lead to multiple placements and multiple placements have been linked to negative outcomes for children.

(c) The Legislature further finds that given the harm associated with multiple placements, the ideal is connecting children to the most appropriate setting at the time they come into care.

(d) Therefore, it is the intent of the Legislature that through the use of a standardized assessment process and the availability of an adequate number and an array of appropriate placement options, that the first placement be the best placement for every child entering care.

(2) DEFINITIONS.— As used in this section, the term:

(a) "Child functioning level" means specific categories of child behaviors and needs.

(b) "Comprehensive behavioral health assessment" means an in-depth and detailed assessment of the child's emotional, social, behavioral and developmental functioning within the family home, school, and community that must include direct observation of the child in the home, school and community, as well as in the clinical setting.

(c) "Level of care " means a tiered approach to the type of placements used and the acuity and intensity of intervention

1045 services provided to meet the severity of a dependent child's
1046 specific physical, emotional, psychological and social needs.

1047 (3) INITIAL PLACEMENT ASSESSMENT.—

1048 (a) Each child that has been determined by the department,
1049 sheriff's conducting protective investigations, or community-
1050 based care lead agency or it's subcontracted case management
1051 organization, to require an out-of-home placement shall be
1052 assessed prior to placement selection to determine the best
1053 placement option to meet the child's immediate and ongoing
1054 intervention and services and supports needs. The pre-placement
1055 assessment tool, to be determined by the department and adopted
1056 by rule, shall include an analysis of the child's chronological
1057 age, maturity level, known behavioral health diagnosis,
1058 behaviors, prior placement arrangements, physical and medical
1059 needs, and educational commitments.

1060 (b) If it is determined during the pre-placement evaluation
1061 that a child may be suitable for residential treatment as
1062 defined in s. 39.407, procedures in s. 39.407 must be followed.

1063 (c) A decision to place a child in a group care setting in
1064 a residential child care agency may not be made by any
1065 individual or entity who has an actual or perceived conflict of
1066 interest with any agency being considered for placement.

1067 (d) Initial placement assessments shall be documented in
1068 the Florida Safe Families Network.

1069 (4) COMPREHENSIVE ASSESSMENT.—

1070 (a) Each child placed in out-of-home care shall be referred
1071 for a comprehensive behavioral health assessment. The
1072 comprehensive assessment is intended to guide case planning and
1073 treatment and well-being service provisions for a child in out-

1074 of-home care in addition to providing information to help
1075 determine if the child's initial placement was the most
1076 appropriate out-of-home care setting for the child.

1077 (b) The referral for the comprehensive behavioral health
1078 assessment shall be made within seven calendars days of the
1079 child entering out-of-home care.

1080 (c) The comprehensive assessment will assess the strengths
1081 and needs of the child and the services and supports that are
1082 necessary to maintain the child in the least restrictive out-of-
1083 home care setting. In developing the assessment, consideration
1084 shall be given to:

1085 1. Current and historical information from any
1086 psychological testing or evaluation that has occurred;

1087 2. Current behaviors exhibited by the child that interfere
1088 with or limit the child's role or ability to function in a less
1089 restrictive, family like setting;

1090 3. Current and historical information from the guardian ad
1091 litem, if one has been appointed;

1092 4. Current and historical information from any current
1093 therapist, teacher, or other professional who has knowledge of
1094 the child and has worked with the child;

1095 5. Information related to the placement of any siblings of
1096 the child; and

1097 6. If the child has been moved more than once, the
1098 circumstances necessitating the moves and the recommendations of
1099 the former foster families or other caregivers, if available.

1100 (d) Completion of the comprehensive assessment must occur
1101 within 30 calendar days of the child entering out-of-home care.

1102 (e) The results of the comprehensive assessment and any

1103 additional information gathered shall be used to determine the
1104 child's functioning level and the level of care needed for
1105 continued placement.

1106 (f) Upon receipt of a child's completed comprehensive
1107 assessment, the child's case manager will review the assessment,
1108 and document whether a less restrictive, more family-like
1109 settings for the child is warranted and available.

1110 Determinations resulting from the comprehensive assessment shall
1111 be documented in the Florida Safe Families Network to include
1112 identified needs of the child, specified services and supports
1113 to be provided by the out-of-home care placement setting to meet
1114 the needs of the child and diligent efforts to transition the
1115 child to a less restrictive, family-like setting.

1116 (5) PERMANENCY TEAMS. -The department or community-based
1117 care lead agency that places children under the provisions of
1118 this section shall establish special permanency teams dedicated
1119 to overcoming the permanency challenges occurring in children
1120 placed in out-of-home care. The special permanency team shall
1121 convene a multi-disciplinary staffing every 180 calendar days,
1122 to coincide with the judicial review to re-assess the
1123 appropriateness of the child's current placement. At a minimum,
1124 the staffing shall be attended by the community-based care lead
1125 agency, child welfare case management, the caseworker for the
1126 child, out-of-home care provider, guardian ad litem and any
1127 other agency or provider of services to the child. The multi-
1128 disciplinary staffing shall consider, at a minimum, the current
1129 level of the child's functioning, if recommended services are
1130 being provided effectively, any services that would enable
1131 transition to a less restrictive family-like setting, and

diligent search efforts to find other permanent living arrangements for the child.

(6) ANNUAL REPORT. — By October 1 of each year, the department shall report to the Governor, President of the Senate, and Speaker of the House of Representatives, on the placement of children in licensed out-of-home care, to include family foster homes and residential group care during the year. At a minimum, the report should include the number of children placed in family foster homes and residential group care, the number of children placed more than 50 miles from their parents, the number of children who had to change schools as a result of a placement decision, utilization on a local, regional and statewide level, and the available services array to serve children in the least restrictive settings.

Section 9. Section 409.144, Florida Statutes, is created to read:

409.144 Continuum of care for children.—

(1) LEGISLATIVE FINDINGS AND INTENT.—

(a) The Legislature finds that permanency, well-being, and safety are critical goals for all children, especially for those in care, and that children in foster care or at risk of entering foster care are best supported through a continuum of care that provides appropriate ongoing services, supports and place to live from entry to exit.

(b) The Legislature also finds that federal law requires that out-of-home placements for children are to be in the least restrictive, most family-like setting available that is located in close proximity to the home of their parents and consistent with the best interests and needs of the child, and that

1161 children be discharged from out-of-home care to permanent homes
1162 in a timely manner.

1163 (c) The Legislature further finds that permanency can be
1164 achieved through preservation of the family, reunification with
1165 birth family, or through legal guardianship or adoption by
1166 relatives or other caring and committed adults and that planning
1167 for permanency should begin at entry into care and should be
1168 child-driven, family-focused, culturally competent, continuous,
1169 and approached with the highest degree of urgency.

1170 (d) It is, therefore, the intent of the Legislature that
1171 the department and the larger child welfare community establish
1172 and maintain a continuum of care that affords every child the
1173 opportunity to benefit from the most appropriate and least
1174 restrictive interventions, both in or out of the home, while
1175 ensuring that well-being and safety are addressed.

1176 (2) DEFINITIONS. – As used in this section:

1177 (a) "Out-of-home care" means the placement of a child in
1178 licensed and non-licensed settings, arranged and supervised by
1179 the department or contracted service provider, outside the home
1180 of the parent.

1181 (b) "Family foster care" means family foster home as
1182 defined in s. 409.175, and also includes court ordered
1183 placements with a relative or nonrelative caregiver resulting
1184 from a dependency action.

1185 (c) "Residential group care" means a 24 hour live-in
1186 environment that provides supervision and care, and intervention
1187 services to meet the physical, emotional, social, and life
1188 skills needs of children served by the dependency system.
1189 Intervention services may either be provided by residential

group care staff who are qualified to perform the needed service, or a community-based service provider with clinical expertise, credentials, and training to provide services to the children being served.

(d) "Level of care" means a tiered approach to the type of placements used and the acuity and intensity of intervention services provided to meet the severity of a dependent child's specific physical, emotional, psychological and social needs.

(e) "Continuum of care" means the complete range of programs and services for children served by, or at risk of being served by the dependency system.

(3) DEVELOPMENT OF CONTINUUM. - The department, in collaboration with the Florida Institute for Child Welfare and the Quality Parenting Initiative shall develop a continuum of care for the placement of children in care, including but not limited to, both family foster care and residential group care. To implement the continuum of care, the department must by December 31, 2017:

1. Establish a range of levels of care in the continuum that are clearly and concisely defined with the qualifying criteria for placement for each level identified;

2. Revise licensure standards and rules to reflect both the supports and services provided by a placement at each level of care as well as the complexity of the needs of the children served. This must include attention to the need for a particular category of provider in a community before licensure can be considered; numbers and qualifications of staff that are adequate in order to effectively serve children with the issues the facility seeks to serve; and a well-defined process tied to

1219 specific criteria that lead to licensure suspension or
1220 revocation.

1221 3. Develop policies and procedures necessary to ensure that
1222 placement in any level of care is appropriate for each specific
1223 child, is determined by the required assessments and staffings,
1224 and lasts only as long as necessary to resolve the issue that
1225 required the placement.

1226 (4) REPORTING REQUIREMENT. - The department shall submit a
1227 report to the Governor, the President of the Senate, and the
1228 Speaker of the House of Representatives by October 1 of each
1229 year, with the first report due October 1, 2016. At a minimum,
1230 the report must include the following:

1231 a. An update on the development of the continuum of care
1232 required by this section;

1233 b. An inventory of existing placements for children by type
1234 and by community-based care lead agency;

1235 c. An inventory of existing services available by
1236 community-based care lead agency and a plan for filling any
1237 identified gap, as well as a determination of what services are
1238 available that can be provided to children in family foster care
1239 without having to move the child to a more restrictive
1240 placement;

1241 d. The strategies being used by community-based care lead
1242 agencies to recruit, train, and support an adequate number of
1243 families to provide home-based family care;

1244 e. For every placement of a child made that is contrary to
1245 an appropriate placement as determined by the assessment process
1246 in s. 409.142, an explanation from the community-based care lead
1247 agency as to why the placement was made;

1248 f. The strategies being used by the community-based care
1249 lead agencies to reduce the high percentage of turnover in
1250 caseworkers;

1251 g. A plan for oversight by the department over the
1252 implementation of the continuum by the community-based care lead
1253 agencies;

1254 (5) RULEMAKING.— The department shall promulgate rules
1255 necessary to implement this section.

1256 Section 10. Subsection (3) of section 409.988, Florida
1257 Statutes, is amended to read:

1258 409.988 Lead agency duties; general provisions.—

1259 (3) SERVICES.—

1260 (a) A lead agency must provide dependent children with
1261 services that are supported by research or that are recognized
1262 as best practices in the child welfare field. The agency shall
1263 give priority to the use of services that are evidence-based and
1264 trauma-informed and may also provide other innovative services,
1265 including, but not limited to, family-centered and cognitive-
1266 behavioral interventions designed to mitigate out-of-home
1267 placements.

1268 (b) Lead agencies shall ensure the availability of a full
1269 array network of services, to include safety management and
1270 family support services to address the complex needs of all
1271 children, including teens, and caregivers served within their
1272 local system of care.

1273 (c) Annually, the department shall complete an evaluation
1274 of the network adequacies, engagement of trauma informed and
1275 evidenced based programming and the impact of available services
1276 to the outcomes of children served by lead agencies and

subcontracted providers of lead agencies. The evaluation report shall be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by October 1 of each year.

Section 11. Section 409.141, Florida Statutes, is repealed.

Section 12. Section 409.1676, Florida Statutes, is repealed.

Section 13. Section 409.1677, Florida Statutes, is repealed.

Section 14. Section 409.1679, Florida Statutes, is repealed.

Section 15. This act shall take effect July 1, 2016.

THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Military and Veterans Affairs, Space, and Domestic
Security, *Chair*
Children, Families, and Elder Affairs, *Vice-Chair*
Appropriations
Appropriations Subcommittee on General Government
Environmental Preservation and Conservation
Finance and Tax

SENATOR THAD ALTMAN

16th District

October 5, 2015

The Honorable Eleanor Sobel
410 Senate Office Building
404 South Monroe St.
Tallahassee, FL 32399-1100

Dear Chair Sobel,

The purpose of this letter is to seek your permission to be excused from the scheduled Children, Families, and Elder Affairs Committee meeting on October 8, 2015. Due to unforeseen circumstances, I will not be able to attend.

Should you have any questions concerning this matter, please do not hesitate to contact me personally.

Sincerely,



Thad Altman
District 16

TA/dmw

CC: Claude Hendon, Staff Director; Nikki Lowery, Committee Administrative Assistant

REPLY TO:

- ☐ 8910 Astronaut Blvd, Cape Canaveral, FL 32920 (321) 868-2132
- ☐ 314 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5016

Senate's Website: www.flsenate.gov

ANDY GARDINER
President of the Senate

GARRETT RICHTER
President Pro Tempore



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Environmental Preservation and
Conservation, *Chair*
Agriculture, *Vice Chair*
Appropriations Subcommittee on General
Government
Children, Families, and Elder Affairs
Communications, Energy, and Public Utilities
Community Affairs

SENATOR CHARLES S. DEAN, SR.
5th District

October 5, 2015

The Honorable Eleanor Sobel
410 Senate Office Building
404 South Monroe St.
Tallahassee, FL 32399-1100

Dear Chair Sobel,

The purpose of this letter is to seek your permission to be excused from the scheduled Children, Families, and Elder Affairs Committee meeting on October 8, 2015. Due to prior commitments, I will not be able to attend.

Should you have any questions concerning this matter, please do not hesitate to contact me personally.

Sincerely,

A handwritten signature in black ink that reads "Charles S. Dean". The signature is stylized with a large, flowing "C" and "D".

Charles S. Dean
State Senator District 5

CC: Claude Hendon, Staff Director

REPLY TO:

- ☐ 405 Tompkins Street, Inverness, Florida 34450 (352) 860-5175
- ☐ 311 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5005
- ☐ 315 SE 25th Avenue, Ocala, Florida 34471-2689 (352) 873-6513

Senate's Website: www.flsenate.gov

ANDY GARDINER
President of the Senate

GARRETT RICHTER
President Pro Tempore