FFY 2021-2026

Florida's Five- Year Title IV-E Prevention Program Plan

Table of Contents

1. INTRODUCTION 2

2. SERVICE DESCRIPTION AND OVERSIGHT 8

3. EVALUATION STRATEGY AND WAIVER REQUEST 27

4. MONITORING CHILD SAFETY 33

5. CONSULTATION AND COORDINATION 37

6. CHILD WELFARE WORKFORCE SUPPORT 44

7. CHILD WELFARE WORKFORCE TRAINING 47

8. PREVENTION CASELOADS 50

9. ASSURANCE DESIGN 51

10. CHILD AND FAMILY ELIGIBILITY FOR THE TITLE IVE PREVENTION PROGRAM 52

ATTACHMENTS 54

I. STATE TITLE IV-E PREVENTION PROGRAM REPORTING ASSURANCE: 54

II. STATE REQUEST FOR WAIVER OF EVALUATION REQUIREMENT FOR A WELL-SUPPORTED PRACTICES 55

III. STATE ASSURANCE OF TRAUMA INFORMED SERVICE-DELIVERY 56

IV. STATE ANNUAL MAINTENANCE OF EFFORT (MOE) REPORT 57

V. STATE PLAN FOR TITLE IV-E OF THE SOCIAL SECURITY ACT: PREVENTION 58

1. INTRODUCTION

The mission of the Florida Department of Children and Families (Florida, DCF or the department) is to work in partnership with local communities to protect the vulnerable, promote strong and economically self-sufficient families, and advance personal and family recovery and resiliency.

The department is comprised of four program offices providing a variety of services to individuals and families. These program offices include the Office of Child Welfare, the Office of Substance Abuse and Mental Health, the Office of Economic Self-Sufficiency, and Adult Protective Services. Each of these areas meet the critical needs of those they serve and often attend to families with complex and multiple needs. Due to the prevalence of mutually served individuals and families and the understanding that addressing their comprehensive needs results in improved and sustained outcomes, the Department recognizes the importance of systems integration as a core competency.

In adopting a proactive approach to how we interact with individuals and families served, the department identified priorities that utilize care coordination in order to improve the collaboration between offices and enhances partnerships with state and local stakeholders. The department developed a three-year Integration Plan that encompasses the department's priorities for increasing contacts with at-risk families, improving outcomes for mutually served families and reducing re-entry into the system. This plan also outlines the desired outcomes for each of the statewide priorities and strategies to accomplish each goal.[1]

The Department has adopted Franklin Covey's "4 Disciplines of Execution" to provide greater focus on the vision to move from a crisis agency to a prevention agency. The identified Wildly Important Goal (WIG) is to reduce the number of families in crisis. This goal will be approached from two angles to change how we interact with persons served. The first is increasing pre-crisis contacts with at-risk families through referrals to community resources and face-to-face services, including education and treatment appointments. The second is reducing re-entry into our programs and services. Each program area has defined this reduction in crisis based on their services and population. [2]

[1] Florida Department of Children and Families Integration Plan (2019-2022), page 5.

[2] Florida Department of Children and Families Integration Plan (2019-2022), page 7.

Care Coordination

The department promotes the use of care coordination to achieve the goal of reducing families in crisis. The care coordination model reinforces the department's Core Competency of Systems Integration and supports the goal of excellence in achieving quality outcomes for those we serve. Given the complex needs of families entering our system, the Department must coordinate with available resources to maximize outcomes.

Florida Statute 394.4573(1)(a) defines care coordination as "the implementation of deliberate and planned organizational relationships and service procedures that improve the effectiveness and efficiency of the behavioral health system by engaging in purposeful interactions with individuals who are not yet effectively connected with services to ensure service linkage. Examples of care coordination activities include development of referral agreements, shared protocols, and information exchange procedures. The purpose of care coordination is to enhance the delivery of treatment services and recovery supports and to improve outcomes among priority populations."

When individuals and families deal with health conditions in conjunction with other social determinants of health, there is greater difficulty navigating healthcare systems due to a disjointed system of care.[3] As the department adopts a "No Wrong Door" approach to individuals entering the system through any of our program offices, care coordination allows for pre-crisis intervention and aims to reduce re-entry into the system. Improved integration of internal program offices and increased collaboration with state and local stakeholders allow for an individual or family's needs and preferences to be identified and communicated to the right parties in order to provide safe and effective care.[4] Targeted care coordination also drives improved outcomes for providers and the Department.

The department is committed to utilizing pre-crisis contacts to address the full needs of an individual or family, regardless of how they enter the system. This focus requires a cultural shift from leadership and frontline staff, multidisciplinary coordination between program areas to fully comprehend the scope of resources available, and collaboration with partner agencies to provide warm handoffs to services. A care coordination model is approached differently in each program office but ultimately will result in a more thorough assessment of an individual or family's needs, identification of services, and streamlined linkage to those resources.

The DCF works with many state agencies through various Data Sharing Agreements and Memorandums of Understandings. The department also serves on advisory councils and steering committees to promote partnership

[3] Galbreath, L. SAMHSA- HRSA Center for Integrated Health Solutions. (2012). eSolutions: Care coordination: The heart of integration. eSolutions. http://www.integration.samhsa.gov/about-us/esolutions-newsletter/july-2012

[4] Care Coordination. Content last reviewed August 2018. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/ncepcr/care/coordination.html

and a collaborative approach to the needs of the State of Florida. Through these various partnerships, critical stakeholders work together in a coordinated and integrated effort to serve individuals and families that cross multiple systems and achieve common goals.[5]

Local Review Team areas follow judicial circuits and convene monthly to resolve case specific issues that cannot be addressed in an individual's treatment team. In addition to scheduled monthly staffing, additional meetings may be called in the event of crisis or emergency involving a child. Assistance from a Regional Review Team is requested when the Local Review Team cannot resolve child specific issues. Elevation to the State Review Team is requested if issues cannot be resolved at the Regional Review Team level. [6]

The Department of Children and Families takes lead in the convening of review teams; however, the implementation, frequency, and participants may vary from circuit to circuit. Additional needs for assistance can include guidance on when to elevate cases and how to address information sharing.

Child Welfare

Given that families entering the child welfare system can present with multiple needs, there is the opportunity to not only maintain child safety but also provide services that may address additional needs for behavioral health and economic independence. This more comprehensive approach can reduce the families from entering our system in the future and prevent further states of crisis.

Children living in low socioeconomic status households are at significantly greater risk of experiencing maltreatment[7], therefore collaboration between child welfare and economic welfare is vital for families to sustain long-term well-being. While use of incidental and emergency financial assistance are available to families in the child welfare system, linkage to ongoing financial supports are not often made. Additionally, both children and adults entering the child welfare system have behavioral health needs that are addressed more thoroughly in the Child Welfare/Substance Abuse and Mental Health strategies.

From the use of differential response to address concrete needs of families that come to the attention of child welfare to including assessment and connection to benefits as "reasonable efforts" in preserving families, there are significant opportunities for child welfare, economic welfare and behavioral health to work together to support positive outcomes for families. Differential response offers an opportunity for our system to respond to families that present with needs but are not an immediate safety concern. If families are assessed prior to commencement or as an alternative to commencing an investigation, community supports, and services can be offered upfront.

[5] Florida Department of Children and Families Integration Plan (2019-2022), page 18.

[6] Florida Department of Children and Families Integration Plan (2019-2022), page 19.

[7] Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). Fourth National Incidence Study of Child Abuse and Neglect (NIS–4): Report to Congress.

Utilizing multidisciplinary expertise, a family's needs can be assessed from a comprehensive lens, allowing for more well-informed safety decision-making and the linkage to prevention and intervention services.

Once child welfare professionals are involved in an investigation, information-gathering would include upfront and ongoing multidisciplinary team staffings to ensure appropriate decision-making. The Office of Child Welfare, the Office of Economic Self-Sufficiency, and the Office of Substance Abuse and Mental Health can strengthen partnership and communication to link families to the appropriate economic resources and behavioral health services up-front and during active investigations. Joint planning for stability would include whether families are receiving or eligible for benefits such as Supplemental Nutrition Assistance Program (SNAP) food assistance, Temporary Assistance for Needy Families (TANF) cash assistance and Medicaid. [8] In Florida, eligibility for these services are available through the department's Office of Economic Self-Sufficiency and can provide a step toward economic well-being for families at-risk or involved in the child welfare system. The Office of Substance Abuse and Mental Health also provides funding for behavioral health services for the indigent and underinsured and can provide linkage to the behavioral health provider network. [9]

The department identified integration of the child welfare and behavioral health systems as a priority to enhance the services and communication regarding parents involved in the child welfare system.

In 2017, parental alcohol or drug use was documented as a circumstance associated with the child's removal for over 40 percent of all children placed in foster care nationally.[10] Ongoing coordination between child welfare professionals and behavioral health providers allows for more effective collaboration between the systems and results in better outcomes for the family.

[8] Martin, M. and Citrin, A. (2014). *Prevent, Protect and Provide: How child welfare can better support low-income families*. [online] Center for the Study of Social Policy. Retrieved from https://cssp.org/wp-content/uploads/2018/11/Prevent-Protect-Provide-Brief.pdf.

[9] Florida Department of Children and Families Integration Plan (2019-2022), page 24.

[10] U.S. Department of Health and Human Services, Children's Bureau. (2018, November 8). *AFCARS Report #25*. Retrieved from https://www.acf.hhs.gov/cb/resource/afcars-report-25.

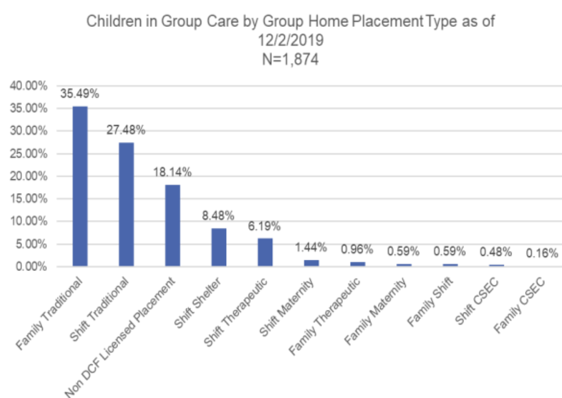
Joint case planning allows for a family-focused case plan monitored by both systems to reduce conflicts between case plan and treatment plan goals.[11]

Beginning in 2016, the Regional Offices conducted self-studies with key stakeholders from the child welfare and behavioral health systems, followed by peer reviews from statewide partners. Regional goals were developed and plans of action were implemented through December 2018 based on four Practice Expectations and four System Components identified as key components of an integrated system.

As a continued priority of the department, an Integration Advisory focus group was formed with statewide representatives from the department and contracted stakeholders that held expertise in best practices and were actively involved in their local integration efforts. This focus group met in July 2019 to share the current status of integration efforts and shape statewide strategies moving forward.

Family First Prevention Services Act

The Family First Prevention Services Act (FFPSA) was passed into law on February 9, 2018 as part of the Bipartisan Budget Act of 2018. The act enable states to use federal funds available under parts B and E of title IV of the Social Security Act to provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator services.



This proposal to the Children's Bureau represents the department's five-year prevention plan in accordance to Family First Prevention Services Act and adjusting practices to continue to provide an array of social services and move forward with a prevention focus. The prevention plan builds upon the practices and movement of the department's prevention agency vision.

[11] Osterling, K.L., & Austin, M.J. (2008). Substance Abuse Interventions for Parents Involved in the Child Welfare System: Evidence and Implications. *Journal of Evidence-Based Social Work, 5*(2), pp. 157-189. Retrieved from https://pdfs.semanticscholar.org/c5c5/5b0d926b77ba381847c79abef89ee044fcf7.pdf.

History

The department operated the offering of child welfare services under Title IV-E Waiver Demonstration Project from October 2006 through September 2019. The waiver allowed for the department to expand the eligible services definition to include an array of social services and waive the requirements for eligible child and an eligible placement in exchange Florida agreed to a capped allocation with annual automatic increases plus triggers to adjust the allocation if actual levels significantly exceeded estimates. With the ending of the waiver, Florida has returned to operating under traditional title IV-E provisions. Without the flexibility of the waiver, it has been projected that Florida may face a shortfall of $90 million in federal funding that has the potential to reduce the services provided under the allowed expanded social services.

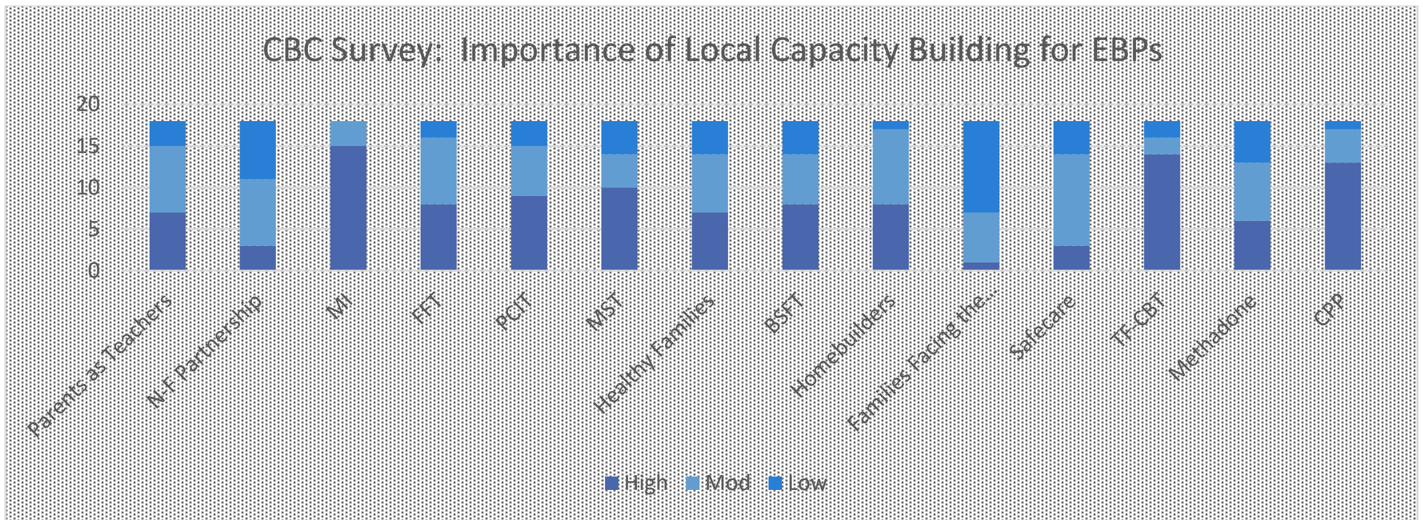
2. SERVICE DESCRIPTION AND OVERSIGHT

Florida has worked with community and child welfare stakeholders to identify the existing evidence-based service array in order to leverage and expand to meet the needs of children and families. In October 2017, DCF partnered with Casey Family Programs to establish the Child Service Array Workgroup. This workgroup, comprised of Community-Based Care Lead Agencies (CBC, lead agency) and stakeholders, worked to inform the assessment and expansion of treatment and well-being services, and enhance the availability of evidence-based and promising interventions.

The methodology to identify child needs included an expert panel of recognized national and state experts in child welfare and behavioral health. A latent class analysis was conducted by Casey Family Programs, utilizing the Child and Adolescent Needs and Strengths (CANS) assessment. Florida DCF also extrapolated data from the Florida Safe Families Network (FSFN) to create "child profiles" based on child needs identified in the Family Functioning Assessment – Ongoing (FFA-O). The results of this workgroup identified 29 promising, supported or well-supported interventions and set the foundation for Phase Two, which looked at capacity and provided a gap analysis.[12] Casey family Programs contracted with the University of South Florida to conduct a survey of Community-Based Care Lead Agencies. The survey collected information on the availability and funding for the 29 interventions identified in Phase One. Funding information included Medicaid and Florida DCF behavioral health funding contracted through Managing Entities.[13]

Florida DCF has also expanded upon this Service Array work by surveying Community-Based Care Lead Agencies and Managing Entities on their capacity and the importance of local capacity building for evidence-based programs rated as well-supported, supported or promising by the Title IV-E Prevention Services Clearinghouse. (See chart below.) This information was used by the Family First Transition Act Workgroup to inform the selection of an array of prevention programs that meet the evidence levels required by the Family First Prevention Services Act. By selecting existing service interventions offered in the community and planning for the geographic areas that currently lack capacity, Florida DCF intends to minimize delays to implementation.

[12] [insert reference for Phase 1 report]
[13] [insert reference for Phase 2 report]



Approved well-supported evidence-based mental health and substance abuse prevention and treatment and in-home parent skill–based programs will be provided to a child and the child's parent or kin caregiver for up to 12 months for each prevention period beginning on the date the child was identified as a "child who is a candidate for foster care" in a prevention plan, also referred to as a prevention candidate. The child will be eligible for allowable child specific administrative costs at the beginning of the month in which the child is identified as a candidate in a prevention plan.

EBPs for Florida's FFPSA Prevention Plan

Service	**Homebuilders**
Model Information	This program is a home and community based intensive family preservation services treatment program designed to avoid unnecessary placement of children and youth into foster care, group care, psychiatric hospitals or juvenile justice facilities. The program model engages families by delivering services in their natural environment, at times when they are most receptive to learning and by enlisting them as partners in assessment, goal setting and treatment planning.
Clearinghouse Rating	Well Supported
Service Category	Parent Skill Based

Target Population	Families with children from birth to 18 years at imminent risk of placement into or needing intensive services to return from foster care, group or residential treatment, psychiatric hospitals or juvenile rehabilitation facilities
Outcomes	• Reduce child abuse and neglect • Reduce family conflict • Reduce child behavior problems • Teach families the skills they need to prevent placement or successfully reunify with their children
Fidelity Measures	• Staff qualifications • Staff successful completion of required training • Staff: supervisor ratio • 24-hour availability • Services provided in their natural environment • Caseload limit 1 staff to 18 to 22 families/year • Supervisor availability
Plans to monitor and use information learned to refine and improve practices	System Continuous Quality Improvement (CQI), monitoring and evaluation activities will work in tandem to assess fidelity to the program model, to evaluate program effectiveness, to refine and improve practices and to assess outcomes for children and families. The Homebuilders model has established extensive program standards and fidelity measures that will be integrated into contractual requirements for service providers. Quarterly program reporting will be included in the contract requirements for providers delivering this EBP. In addition to outcome reporting, providers will report basic demographic information on program participants, numbers of referrals to the program by referral source, number & percentage engaged in the service, number & percentage successfully completing, number and percentage not successfully completing and reasons why unsuccessful.
How selected	DCF created a committee to develop Florida's Title IV-E Prevention Program Plan. The committee contained subject matter experts that reviewed FFPSA requirements, relevant data, discussed EBPs including consideration of fit with needs, populations, ages, braiding of funding for sustainability, implementation costs, and ease of scaling and implementation within Florida's community based systems of care. DCF conducted surveys to gather stakeholder input from the CBC and the Managing entities regarding EBPs in their systems of care. Surveys assessed availability of EBPs throughout the state of Florida, types of child welfare cases the EBPs serve (in-home, out of home and/or family support), EBP funding, fidelity monitoring and

	independent evaluations. The surveys also assessed each system of care's priorities for capacity building for EBPs. Based on data and input from these sources, DCF selected Homebuilders as an intervention to be included in the prevention service array. Ninety-four percent of the CBC lead agency survey respondents identified Homebuilders as moderate or high importance for enhancing or expanding their local systems of care.
Assurance for Trauma-Informed Service Delivery	See Attachment III, State Assurance of Trauma-Informed Service Delivery
How evaluated	DCF is requesting a waiver for evaluation of Homebuilders, which has been designated by the Title IV-E Prevention Services Clearinghouse as Well Supported. See attachment II, State Request for Waiver of Evaluation Requirement for a Well Supported Practice.
Effective date of Claiming under the plan	October 1, 2021

Service	**Motivational Interviewing (MI)**
Model Information	MI is a client-centered, directive method designed to enhance a person's internal motivation for behavior change, to reinforce this motivation and develop a plan to achieve change. It focuses on exploring and resolving ambivalence by increasing intrinsic motivation to change. MI can be used by itself, as well as in combination with other treatments. It has been utilized in pretreatment work to engage and motivate clients for other treatment modalities. MI can be used to promote behavior change with a range of target populations and for a variety of problem areas.
Clearinghouse Rating	Well Supported

Service Category	Substance Abuse; integral part of case management (Empirical evidence of MI's effectiveness beyond substance abuse, designed to bring about diverse change goal)
Target Population	Families with children from birth to 18 years at imminent risk of placement into foster care.
Outcomes	• Enhance internal motivation to change • Enhanced treatment initiation • Case Management Skill Building to directly provide an evidence-based service through standalone evidence-based service or adjunctive evidence-based service
Fidelity Measures	• Staff successful completion of required model training: initial and booster that trains on how to practice MI and training supervisors on fidelity monitoring. • Counselor competence/model adherence: collaboration, evocation and autonomy • Counselor skill demonstration: empathy
Plans to monitor and use information learned to refine and improve practices	Provider and system CQI, monitoring and evaluation activities will work in tandem to assess fidelity to the program model, to evaluate program effectiveness, to refine and improve practices and to assess outcomes for children and families. Quarterly program reporting will be included in the contract requirements for providers delivering this EBP. In addition to outcome reporting, providers will report basic demographic information on program participants, numbers of referrals to the program by referral source, number & percentage engaged in the EBP, number & percentage initiating treatment, number and percentage not initiating treatment and reasons why.
How selected	DCF created a committee to develop Florida's Title IV-E Prevention Program Plan. The committee contained subject matter experts that reviewed FFPSA requirements, relevant data, discussed EBPs including consideration of fit with needs, populations, ages, braiding of funding for sustainability, implementation costs, and ease of scaling and implementation within Florida's community based systems of care. DCF conducted surveys to gather stakeholder input from the Community Based Care Lead Agencies and the Managing entities regarding EBPs in their systems of care. Surveys assessed availability of EBPs throughout the state of Florida, types of child welfare cases the EBPs serve (in-home, out of home and/or family support), EBP

	funding, fidelity monitoring and independent evaluations. The surveys also assessed each system of care's priorities for capacity building for EBPs. Based on data and input from these sources, DCF selected MI as an intervention to be included in the prevention service array. One hundred percent of the CBC lead agency survey respondents identified MI as moderate or high importance for enhancing or expanding their local systems of care.
Assurance for Trauma-Informed Service Delivery	See Attachment III, State Assurance of Trauma-Informed Service Delivery
How evaluated	DCF is requesting a waiver for evaluation of MI, which has been designated by the Title IV-E Prevention Services Clearinghouse as Well Supported. MI will be carried out with fidelity as an integral component of the practice model and case management for all families served through Family First. MI will be carried out by case managers both as stand-alone evidence-based services and adjunctive evidence-based service. See attachment II, State Request for Waiver of Evaluation Requirement for a Well Supported Practice.
Effective Date for Claiming under the Plan	October 1, 2021

Service	**Healthy Families**
Model Information	Healthy Families is a multiyear, intensive, home visiting program for new parents. The program best serves families who are high-risk, including those families who may have histories of trauma, intimate partner violence, mental health issues and/or substance abuse issues. Services focus on promoting healthy parent-child interaction and attachment, increasing knowledge of child development, improving access to and use of services, and reducing social isolation.
Clearinghouse Rating	Well Supported
Service Category	Parent Skill Based

Target Population	Parents of children 0-5
Outcomes	• Increased nurturing parent-child relationships • Enhanced family functioning • Increased protective factors • Reduced risk for child abuse and neglect
Fidelity Measures	• Staff and supervisory caseload • Service duration • Service Dosage
Plans to monitor and use information learned to refine and improve practices	System CQI, monitoring and evaluation activities will work in tandem to assess fidelity to the program model, to evaluate program effectiveness, to refine and improve practices and to assess outcomes for children and families. Quarterly program reporting will be included in the contract requirements for providers delivering this EBP. In addition to outcome reporting, providers will report basic demographic information on program participants, numbers of referrals to the program by referral source, number & percentage engaged in the EBP, number & percentage initiating treatment, number and percentage not initiating treatment and reasons why.
How selected	DCF created a committee to develop Florida's Title IV-E Prevention Program Plan. The committee contained subject matter experts that reviewed FFPSA requirements, relevant data, discussed EBPs including consideration of fit with needs, populations, ages, braiding of funding for sustainability, implementation costs, and ease of scaling and implementation within Florida's community based systems of care. DCF conducted surveys to gather stakeholder input from the Community Based Care Lead Agencies and the Managing entities regarding EBPs in their systems of care. Surveys assessed availability of EBPs throughout the state of Florida, types of child welfare cases the EBPs serve (in-home, out of home and/or family support), EBP funding, fidelity monitoring and independent evaluations. The surveys also assessed each system of care's priorities for capacity building for EBPs. Based on data and input from these sources, DCF selected Healthy Families as an intervention to be included in the prevention service array. Seventy-Eight percent of the CBC lead agency survey respondents identified Healthy Families as moderate or high importance for enhancing or expanding their local systems of care.

Assurance for Trauma-Informed Service Delivery	See Attachment III, State Assurance of Trauma-Informed Service Delivery.
How evaluated	DCF is requesting a waiver for evaluation of Healthy Families, which has been designated by the Title IV-E Prevention Services Clearinghouse as Well Supported. See Attachment II, State Request for Waiver of Evaluation Requirement for a Well Supported Practice.
Effective Date for Claiming under the plan	October 1, 2021

Service	**Functional Family Therapy (FFT)**
Model Information	FFT is a family intervention program for at-risk youth and their families. The programming is delivered by master's level therapists, meeting weekly with families face-to-face for 60 to 90 minutes and by phone for up to 30 minutes. On average, most families complete the FFT program in 8 to 14 sessions delivered over three to six months. Up to 30 sessions can be delivered for severe cases.
Clearinghouse Rating	Well Supported
Service Category	Mental Health
Target Population	FFT is intended for youth 11 to 18 years of age who have been referred for behavioral or emotional problems by juvenile justice, mental health, school or child welfare systems. Family discord is also a target factor for this program.
Outcomes	• Eliminate youth referral problems (i.e., delinquency, oppositional behaviors, violence, substance use) • Improve prosocial behaviors (i.e., school attendance) • Improve family and individual skills
Fidelity Measures	• Staff qualifications • Staff successful completion of required model training • Weekly supervision Checklist • Global Therapist Rating

Plans to monitor and use information learned to refine and improve practices	System CQI, monitoring and evaluation activities will work in tandem to assess fidelity to the program model, to evaluate program effectiveness, to refine and improve practices and to assess outcomes for children and families. Quarterly program reporting will be included in the contract requirements for providers delivering this EBP. In addition to outcome reporting, providers will report basic demographic information on program participants, numbers of referrals to the program by referral source, number & percentage engaged in the EBP, number & percentage initiating treatment, number and percentage not initiating treatment and reasons why.
How selected	DCF created a committee to develop Florida's Title IV-E Prevention Program Plan. The committee contained subject matter experts that reviewed FFPSA requirements, relevant data, discussed EBPs including consideration of fit with needs, populations, ages, braiding of funding for sustainability, implementation costs, and ease of scaling and implementation within Florida's community based systems of care. DCF conducted surveys to gather stakeholder input from the Community Based Care Lead Agencies and the Managing entities regarding EBPs in their systems of care. Surveys assessed availability of EBPs throughout the state of Florida, types of child welfare cases the EBPs serve (in-home, out of home and/or family support), EBP funding, fidelity monitoring and independent evaluations. The surveys also assessed each system of care's priorities for capacity building for EBPs. Based on data and input from these sources, DCF selected FFT as an intervention to be included in the prevention service array. Eight nine percent of the CBC lead agency survey respondents identified FFT as moderate or high importance for enhancing or expanding their local systems of care.
Assurance for Trauma-Informed Service Delivery	See Attachment III, State Assurance of Trauma-Informed Service Delivery.
How evaluated	DCF is requesting a waiver for evaluation of FFT, which has been designated by the Title IV-E Prevention Services Clearinghouse as Well Supported. See attachment II, State Request for Waiver of Evaluation Requirement for a Well Supported Practice.

Effective date for Claiming under the plan	October 1, 2021

Service	**Brief Strategic Family Therapy (BSFT)**
Model Information	BSFT is a brief intervention used to treat adolescent drug use, conduct problems, oppositional behavior, delinquency, aggressive and violent behavior and risky sexual behavior. BSFT is a family systems approach which recognizes that patterns of interaction in the family influence the behavior of each family member. The BSFT counselor identifies the patterns of family interaction that are associated with the adolescent's behavior problems and plans interventions that specifically target and provide practical ways to change those patterns of interactions that are directly linked to the adolescent's problem behavior. BSFT directly provides services to parents/caregivers and addresses lack of parental leadership, unhealthy parental collaboration, lack of guidance and nurturance to adolescents in their care.
Clearinghouse Rating	Well Supported
Service Category	Mental Health, Substance Abuse and Parent Skill Based
Target Population	BSFT is designed for families with children or adolescents (6 to 17 years) who display or are at risk for developing problem behaviors including: drug use and dependency, antisocial peer associations, bullying or truancy.

Outcomes	• Reduce child/youth behavior problems
	• Reduce child/youth drug use
	• Develop child/youth prosocial behaviors
	• For the family:
	  ○ Improvements in family functioning
	  ○ Improvements in family communication, conflict-resolution, and problem-solving skills
	  ○ Improvements in family cohesiveness
	  ○ Effective parenting, including successful management of children's behavior and positive affect in the parent-child interactions

Fidelity Measures	• Staff qualifications • Staff successful completion of required model training

	• Model identified fidelity requirements for licensure
Plans to monitor and use information learned to refine and improve practices	System CQI, monitoring and evaluation activities will work in tandem to assess fidelity to the program model, to evaluate program effectiveness, to refine and improve practices and to assess outcomes for children and families. Quarterly program reporting will be included in the contract requirements for providers delivering this EBP. In addition to outcome reporting, providers will report basic demographic information on program participants, numbers of referrals to the program by referral source, number & percentage engaged in the EBP, number & percentage initiating treatment, number and percentage not initiating treatment and reasons why.
How selected	DCF created a committee to develop Florida's Title IV-E Prevention Program Plan. The committee contained subject matter experts that reviewed FFPSA requirements, relevant data, discussed EBPs including consideration of fit with needs, populations, ages, braiding of funding for sustainability, implementation costs, and ease of scaling and implementation within Florida's community based systems of care. DCF conducted surveys to gather stakeholder input from the Community Based Care Lead Agencies and the Managing entities regarding EBPs in their systems of care. Surveys assessed availability of EBPs throughout the state of Florida, types of child welfare cases the EBPs serve (in-home, out of home and/or family support), EBP funding, fidelity monitoring and independent evaluations. The surveys also assessed each system of care's priorities for capacity building for EBPs. Based on data and input from these sources, DCF selected BSFT as an intervention to be included in the prevention service array. Seventy-eight percent of the CBC lead agency survey respondents identified BSFT as moderate or high importance for enhancing or expanding their local systems of care.
Assurance for Trauma-Informed Service Delivery	See Attachment III, State Assurance of Trauma-Informed Service Delivery.
How evaluated	DCF is requesting a waiver for evaluation of BSFT, which has been designated by the Title IV-E Prevention Services Clearinghouse as Well Supported. See Attachment II, State Request for Waiver of Evaluation Requirement for a Well Supported Practice.

Effective Date for Claiming Under the Plan	October 1, 2021

Service	**Multisystemic Therapy (MST)**
Model Information	MST is an intensive treatment for troubled youth. The program aims to promote pro-social behavior and reduce criminal activity, mental health symptomology, substance use and out-of-home placements. MST addresses the core causes of delinquent and antisocial conduct by identifying key drivers of the behaviors through an ecological assessment of the youth, his or her family, school and community. The intervention strategies are personalized to address the identified drivers.
Clearinghouse Rating	Well Supported
Service Category	Mental Health
Target Population	MST provides services to youth between the ages of 12 and 17 and their families. The target populations include youth who are at-risk for or engaging in delinquent activity or substance misuse, experience mental health issues and are at-risk for out-of-home placement.
Outcomes	• Eliminate or significantly reduce the frequency and severity of the youth's referral behavior(s). • Empower parents with the skills and resources needed to independently address the inevitable difficulties that arise in raising children and adolescents • Empower youth to cope with family, peer, school and neighborhood problems.
Fidelity Measures	• Staff qualifications • Staff successful completion of required model training • Caseload: max six families per therapist • MST Institute data reporting requirements for fidelity assurance
Plans to monitor and use information learned to refine	System CQI, monitoring and evaluation activities will work in tandem to assess fidelity to the program model, to evaluate program effectiveness, to refine and improve practices and to assess outcomes for children and families. Quarterly program reporting will be included in the contract requirements for

and improve practices	providers delivering this EBP. In addition to outcome reporting, providers will report basic demographic information on program participants, numbers of referrals to the program by referral source, number & percentage engaged in the EBP, number & percentage initiating treatment, number and percentage not initiating treatment and reasons why.
How selected	DCF created a committee to develop Florida's Title IV-E Prevention Program Plan. The committee contained subject matter experts that reviewed FFPSA requirements, relevant data, discussed EBPs including consideration of fit with needs, populations, ages, braiding of funding for sustainability, implementation costs, and ease of scaling and implementation within Florida's community based systems of care. DCF conducted surveys to gather stakeholder input from the Community Based Care Lead Agencies and the Managing entities regarding EBPs in their systems of care. Surveys assessed availability of EBPs throughout the state of Florida, types of child welfare cases the EBPs serve (in-home, out of home and/or family support), EBP funding, fidelity monitoring and independent evaluations. The surveys also assessed each system of care's priorities for capacity building for EBPs. Based on data and input from these sources, DCF selected MST as an intervention to be included in the prevention service array. Seventy-eight percent of the CBC lead agency survey respondents identified MST as moderate or high importance for enhancing or expanding their local systems of care.
Assurance for Trauma-Informed Service Delivery	See Attachment III, State Assurance of Trauma-Informed Service Delivery.
How evaluated	DCF is requesting a waiver for evaluation of MST, which has been designated by the Title IV-E Prevention Services Clearinghouse as Well Supported. See Attachment II, State Request for Waiver of Evaluation Requirement for a Well Supported Practice.
Effective Date for Claiming Under the Plan	October 1, 2021

Service	Nurse Family Partnership (NFP)
Model Information	The Nurse-Family Partnership (NFP) program provides home visits by registered nurses to first-time, low -income mothers beginning during pregnancy and continuing through the child's second birthday. The program promotes women's health, pregnancy outcomes, early childhood development, and parenting capacity. It also enhances relationships and economic well-being of mothers and their children. Nurses provide support related to individualized goal setting, preventative health practices, parenting skills, and educational and career planning.
Clearinghouse Rating	Well Supported
Service Category	Parent Skill Based
Target Population	First time, low-income mothers from early pregnancy through their child's first two years.
Outcomes	• Child development • Child well-being • Family Economic Self-sufficiency • Positive parenting practices
Fidelity Measures	• Staff qualifications • Staff successful completion of required model training • Staff: supervisor ratio no more that 1:6 • Caseload limit 25 clients per nurse • Data reporting requirements specified by the Nurse-Family Partnership National Service Office (NFP NSO). NFP NSO reports assess agencies, guide program implementation and assess model fidelity
Plans to monitor and use information learned to refine and improve practices	System CQI, monitoring and evaluation activities will work in tandem to assess fidelity to the program model, to evaluate program effectiveness, to refine and improve practices and to assess outcomes for children and families. Quarterly program reporting will be included in the contract requirements for providers delivering this EBP. In addition to outcome reporting, providers will report basic demographic information on program participants, numbers of referrals to the program by referral source, number & percentage engaged in the EBP, number & percentage initiating treatment, number and percentage not initiating treatment and reasons why.

How selected	DCF created a committee to develop Florida's Title IV-E Prevention Program Plan. The committee contained subject matter experts that reviewed FFPSA requirements, relevant data, discussed EBPs including consideration of fit with needs, populations, ages, braiding of funding for sustainability, implementation costs, and ease of scaling and implementation within Florida's community based systems of care. DCF conducted surveys to gather stakeholder input from the Community Based Care Lead Agencies and the Managing entities regarding EBPs in their systems of care. Surveys assessed availability of EBPs throughout the state of Florida, types of child welfare cases the EBPs serve (in-home, out of home and/or family support), EBP funding, fidelity monitoring and independent evaluations. The surveys also assessed each system of care's priorities for capacity building for EBPs. Based on data and input from these sources, DCF selected NFP as an intervention to be included in the prevention service array. Sixty-one percent of the CBC lead agency survey respondents identified NFP as moderate or high importance for enhancing or expanding their local systems of care.
Assurance for Trauma-Informed Service Delivery	See Attachment III, State Assurance of Trauma-Informed Service Delivery.
How evaluated	DCF is requesting a waiver for evaluation of NFP, which has been designated by the Title IV-E Prevention Services Clearinghouse as Well Supported. See Attachment II, State Request for Waiver of Evaluation Requirement for a Well Supported Practice.
Effective Date for Claiming Under the Plan	October 1, 2021

Service	**Parent-Child Interaction Therapy (PCIT)**
Model Information	PCIT is a dyadic behavioral intervention for children ages 2-7 years and their parent or caregivers. PCIT focuses on decreasing externalizing child behavior problems (e.g., defiance, aggression), increasing child social skills and cooperation and improving the parent-child attachment relationship. It teaches parents traditional play-therapy skills to use as social reinforcement of positive

	child behavior and traditional behavior management skills to decrease negative child behavior. Parents are taught and practice these skills with their child in a playroom while coached by a therapist. The coaching provides parents with immediate feedback on their use of the new parenting skills, which enables them to apply the skill and master them rapidly.
Clearinghouse Rating	Well Supported
Service Category	Mental Health
Target Population	Children ages 2 through 7 years and their parents/caregivers
Outcomes	• Increased parent-child closeness • Decreased anger and frustration • Increased self-esteem • Increased parental ability to comfort the child • Improved parenting skills in behavior management and communication
Fidelity Measures	Providers of PCIT are required to implement fidelity monitoring and outcome measurement using PCIT tools which are available through PCIT International
Plans to monitor and use information learned to refine and improve practices	System CQI, monitoring and evaluation activities will work in tandem to assess fidelity to the program model, to evaluate program effectiveness, to refine and improve practices and to assess outcomes for children and families. Quarterly program reporting will be included in the contract requirements for providers delivering this EBP. In addition to outcome reporting, providers will report basic demographic information on program participants, numbers of referrals to the program by referral source, number & percentage engaged in the EBP, number & percentage initiating treatment, number and percentage not initiating treatment and reasons why.
How selected	DCF created a committee to develop Florida's Title IV-E Prevention Program Plan. The committee contained subject matter experts that reviewed FFPSA requirements, relevant data, discussed EBPs including consideration of fit with needs, populations, ages, braiding of funding for sustainability, implementation costs, and ease of scaling and implementation within Florida's community based systems of care. DCF conducted surveys to gather stakeholder input from the Community Based Care Lead Agencies and the Managing entities regarding EBPs in their systems of care. Surveys assessed availability of EBPs throughout the state of Florida, types of child welfare

	cases the EBPs serve (in-home, out of home and/or family support), EBP funding, fidelity monitoring and independent evaluations. The surveys also assessed each system of care's priorities for capacity building for EBPs. Based on data and input from these sources, DCF selected PCIT as an intervention to be included in the prevention service array. Eighty-three percent of the CBC lead agency survey respondents identified PCIT as moderate or high importance for enhancing or expanding their local systems of care.
Assurance for Trauma-Informed Service Delivery	See Attachment III, State Assurance of Trauma-Informed Service Delivery.
How evaluated	DCF is requesting a waiver for evaluation of PCIT, which has been designated by the Title IV-E Prevention Services Clearinghouse as Well Supported. See Attachment II, State Request for Waiver of Evaluation Requirement for a Well Supported Practice.
Effective Date for Claiming Under the Plan	October 1, 2021

Service	**Parents as Teachers (PAT)**
Model Information	PAT is an early childhood parent education, family support, family well-being, and school readiness home visiting model. It teaches new and expectant parents skills intended to promote positive child development and prevent child maltreatment. The PAT model includes four core components: personal home visits, supportive group connection events, child health and developmental screenings and community resource networks.
Clearinghouse Rating	Well Supported
Service Category	Parent Skill Based
Target Population	Expectant parents and parents with young children (0-5 years). PAT programs target families in possible high-risk environments such as teen parents, low

	income, parental low educational attainment, history of substance abuse in the family and chronic health conditions.
Outcomes	• Improved child behavioral and emotional functioning • Increased positive parenting practices • Improved parent/caregiver mental or emotional health • Increased child safety
Fidelity Measures	The PAT National Center requires that affiliates provide annual data on their fidelity to the program model through an affiliate performance report. Providers of PAT are required to implement fidelity monitoring and outcome measurement using PAT planning and reporting tools. Essential requirements focus on staffing and staff oversight, visit frequency, delivering home visits using the required forms, screening and participating in model fidelity reviews.
Plans to monitor and use information learned to refine and improve practices	System CQI, monitoring and evaluation activities will work in tandem to assess fidelity to the program model, to evaluate program effectiveness, to refine and improve practices and to assess outcomes for children and families. Quarterly program reporting will be included in the contract requirements for providers delivering this EBP. In addition to outcome reporting, providers will report basic demographic information on program participants, numbers of referrals to the program by referral source, number & percentage engaged in the EBP, number & percentage initiating treatment, number and percentage not initiating treatment and reasons why.
How selected	DCF created a committee to develop Florida's Title IV-E Prevention Program Plan. The committee contained subject matter experts that reviewed FFPSA requirements, relevant data, discussed EBPs including consideration of fit with needs, populations, ages, braiding of funding for sustainability, implementation costs, and ease of scaling and implementation within Florida's community based systems of care. DCF conducted surveys to gather stakeholder input from the Community Based Care Lead Agencies and the Managing entities regarding EBPs in their systems of care. Surveys assessed availability of EBPs throughout the state of Florida, types of child welfare cases the EBPs serve (in-home, out of home and/or family support), EBP funding, fidelity monitoring and independent evaluations. The surveys also assessed each system of care's priorities for capacity building for EBPs. Based on data and input from these sources, DCF selected PAT as an intervention to be included in the prevention service array. Eighty-three percent of the CBC lead agency survey respondents identified PAT as

	moderate or high importance for enhancing or expanding their local systems of care.
Assurance for Trauma-Informed Service Delivery	See Attachment III, State Assurance of Trauma-Informed Service Delivery.
How evaluated	DCF is requesting a waiver for evaluation of PAT, which has been designated by the Title IV-E Prevention Services Clearinghouse as Well Supported. See Attachment II, State Request for Waiver of Evaluation Requirement for a Well Supported Practice.
Effective Date for Claiming Under the Plan	October 1, 2021

3. EVALUATION STRATEGY AND WAIVER REQUEST

Florida will be seeking a waiver request for the well-supported evidence-based prevention services outlined in the previous service delivery chapter and outlined in attachment II. Florida does not intend to implement any allowable supported, or promising practice evidence-based services for consideration under Family First currently. Florida will use procured vendors and/or University partnerships to carry out the evaluation requirements and overarching evaluation strategy that exists in the continuous quality improvement umbrella. Florida will leverage existing Results-Oriented Accountability Program (ROA) and the newly created Quality Office to operationalize a consistent state-wide evaluation strategy and fidelity monitoring of Florida's prevention service delivery. Once vendor selection is complete an evaluation plan will be developed utilizing the ROA framework.

In 2020 Florida statute created the Department of Children and Families' Quality Office (QO) who in partnership with the Office of Child Welfare (OCW), will be utilizing the Results-Oriented Accountability Program (ROA) framework (already in Florida State Statue) described below for measuring the success of efforts to improve Child Welfare safety, permanency, and well-being outcomes, while creating a culture of transparency and accountability. ROA facilitates all Florida Child Welfare community stakeholders to identify and to manage their contributions to the achievement of outcomes for children and their families.

The unique partnerships within Florida's Child Welfare Community create opportunities for long-term improvement by bringing together many perspectives and experiences with a singular focus on improving the lives and safety of each child in Florida. These key stakeholders and partners include the Department of Children and Families, Community-Based Care Lead Agencies (CBCs, lead agencies), communities, providers, contractors, other state agencies, Tribes and the Judiciary.

ROA will prompt the Child Welfare Community to take a long-term view, and to confirm with research and evidence that interventions used are efficacious and effective in realizing positive outcomes for children. While it will take time to fully realize the benefits of ROA, successful implementation will fundamentally change the way the system works. Significant impacts are expected in the following areas:

- **Policy** – The agency will use ROA/QO results to shape policy in the Child Welfare Community.
- **Practice** – Research and evidence created and corroborated by ROA will identify effective interventions currently utilized and create opportunities to validate promising interventions, ultimately leading to practice changes.
- **People** – A fundamental culture shift will occur as the system becomes a learning, reflexive entity and encourages the use of research, evidence, and data for decision-making.

- **Organization** – Organizational borders will expand to include new partners in accomplishing meaningful, research and evidence-informed outcomes for children.
- **Technology** – Innovation resulting from ROA will lead to new solutions to support Child Welfare in new ways.
- **Shared Accountability** – Assigning accountability to those organizations and entities having a role in achieving outcomes for children extends the vision of Child Welfare accountability to all stakeholders, such as the Department of Health (DOH), Department of Juvenile Justice (DJJ), the Department of Education (DOE), the Agency for Persons with Disabilities (APD), the Agency for Health Care Administration (AHCA), the Juvenile Court System and other community partners.

The ROA design is based on a "cycle of accountability" framework focused on results and continuous quality improvement. The cycle of accountability relies on operationalizing five key activities, or phases, to further advance the child welfare system's efforts to evaluate performance on outcomes, identify new or promising interventions and strategies, review the validity of programs, and conduct continuous quality improvement to ensure the Child Welfare Community is learning and moving toward the accomplishment of goals which positively impact children and their families.

The five activities included in the cycle of accountability are:

1. **Outcomes Monitoring** - activities to define, validate, implement, and monitor outcome measures throughout the Child Welfare Community. In this phase, outcome goals are defined, valid and reliable performance measures are constructed, and data is collected to evaluate and corroborate performance. These activities establish construct validity, or the match between measures and the complex ideas or theories they are supposed to represent.
2. **Data Analysis** - approaches, and procedures to critically study performance results to determine if variances discovered are in fact issues which should be explored further. This phase is concerned with determining the statistical validity of the observed gap, (i.e., is the variance spurious or is it an actual issue to be explored further based on statistical tests), as well as understanding the nature of the problem through empirical data analysis.
3. **Research Review** - a series of activities to gather and validate evidence to support the development and implementation of interventions to address areas for improvement. This phase assesses external validity, or the credibility of promising interventions in a variety of settings, with different populations.
4. **Evaluation** - activities to assess promising interventions for children and families to determine if deployment to a larger population is warranted. This phase helps to establish internal validity of the intervention through development of empirical evidence that the intervention is causally linked to the desired outcomes.

5. **Quality Improvement** - a series of actions to implement interventions across new domains, or to challenge, change, and test new assumptions about the underlying goals supporting the child welfare practice model. Quality improvement increases or validates construct validity by creating a culture in which performance is tracked, actions are taken, and new strategies are developed. This phase reinforces organizational learning and reflexivity through double-loop learning, including regularly analyzing existing practices and exploring innovative solutions.

As stated previously, Florida intends to operationalize evidence-based service selection, installation, and fidelity monitoring using this framework. The fidelity monitoring and impact analysis of evidence-based service delivery will be specifically operationalized in three of the five phases outlined above, Research Review (phase 3), Evaluation (Phase 4), and Continuous Quality Improvement (phase 5). Florida will utilize procurement mechanisms and leveraged University partnerships to initially operationalize fidelity monitoring of selected state implemented evidenced-based services as the Quality Office matures and builds capacity. The below detailed overview of activities and tasks included in the draft process maps can be found at the following link: http://centerforchildwelfare.fmhi.usf.edu/qa/QA_Docs/ROA_ProcessDocumentation112917.pdf

The ROA program process document provides an inventory and detailed description of the draft process and sub-processes that will be utilized as part of Florida's Continuous Quality improvement/ Quality/ Accountability umbrella- specifically setting the stage for procurement language and/or University partnerships and evaluation plan development to ensure the effectiveness and fidelity of evidence-base prevention services.

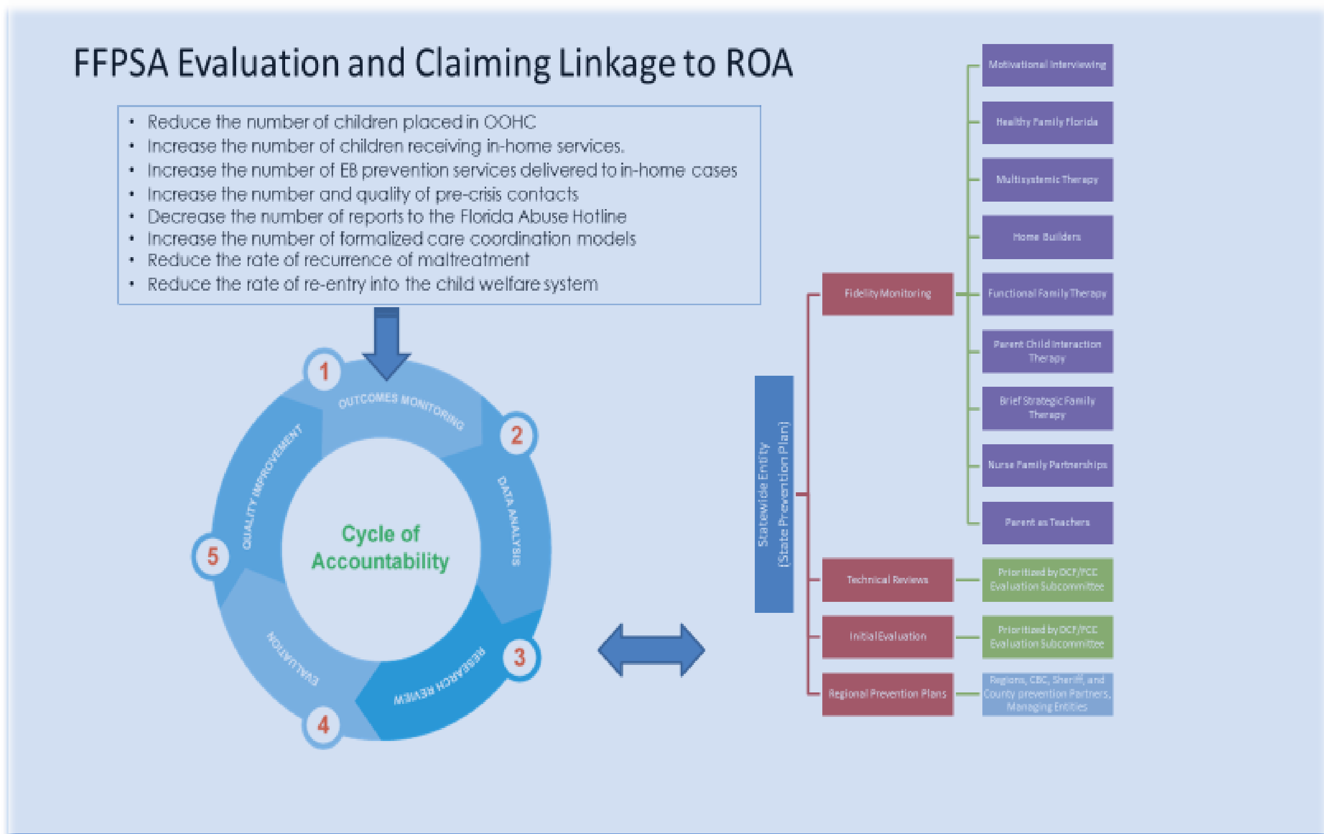
PROCESS ID	PROCESS NAME	DESCRIPTION	OWNER	SECTION
01	Outcome Measure Identification and Validation	Process used to review and approve a proposed ROA outcome measure, including determining the availability of the data required to calculate and report on the proposed outcome measure. If the data is not available, the process includes activities to secure the required data.	Outcome Measures Workgroup	5
01.07	Identify Process to Collect Data	If the data to calculate and report on the proposed outcome measure is not currently available, this process is used to resolve a defect or make the necessary system modifications to enable the data collection.	Outcome Measures Workgroup	5.6
01.08	Determine Need for and Obtain Necessary IRB & HPRC Approval	If the data is available to calculate and report on a proposed outcome measure, conduct data analysis, or evaluate a pilot intervention or program, and the use of the data may meet the federal definition of human subject research, this process is used to determine the need for and obtain the IRB & HPRC approval necessary to use the data.	DCF CQID / DCF Office of General Counsel, FICW	5.7

Process ID	Process Name	Description	Owner	Section
01.09	Determine Need for and Obtain Necessary DSA Approval	If the data to calculate and report on the proposed outcome measure is available, but not currently accessible via a third-party, process used to obtain the DSA approval necessary to access the data.	DCF CQID / FICW	5.8
02	Outcomes Monitoring	Process used to regularly collect, report, and monitor ROA outcome measure data and determine if data analysis is required for performance outside of limits.	OCWDRU / OCWDAU	6
02.02	Design Outcome Measure Report	Process used to design, develop, review, and approve a ROA outcome measure report.	OCWDRU	6.6
03	Data Analysis	Process used to distinguish the need for genuine system improvement from unrelated factors distorting results.	ROA Implementation Team	7
03.01	Perform Analytics Intake Process	Process used to identify an idea/request as valid or not as well as decide the roles and responsibilities that would be associated with conducting analysis on the idea/request.	ROA Implementation Team	7.6
03.02	Conduct Level I Analysis (FSFN / Other Accessible Data)	Process used to conduct initial Level I analysis, which may include isolating and analyzing variation among relevant subgroups to reveal why variation is occurring. Level I Analysis is performed using FSFN data or other readily accessible data.	ROA Implementation Team	7.7
03.03	Design Level II Analysis (Additional Data Sources)	Process used to define the requirements for additional Level II analysis as well as processes for approvals required to proceed. Level II Analysis is performed using additional data sources.	ROA Implementation Team	7.8
03.04	Acquire Data From Other Data Sources	Process used to obtain data to perform additional analysis, including identifying the appropriate data sources needed to conduct analysis, evaluating potential barriers to obtaining data, securing the data sharing agreement, extracting, transferring and loading the data, and ensuring correct data is received for analysis.	ROA Implementation Team	7.9
04	Research Review	Process used to gather and validate evidence to support the development and implementation of interventions to address areas for improvement based on the findings of the data analysis.	FICW	8

PROCESS ID	PROCESS NAME	DESCRIPTION	OWNER	SECTION
05	Evaluation	Process used to prepare for and to implement a pilot intervention or program and assessing if it has been implemented with fidelity and if it is producing the expected/intended results.	ROA Implementation Team	9
05.02	Develop Pilot Implementation Plan	Process used to develop the Pilot Implementation Plan to address the organizational, leadership, and staff competency capabilities that must exist or be established to successfully implement the intervention or program at the pilot site. The Pilot Implementation Plan also includes a project management plan that describes the scope, timeline/schedule, resources, etc. to be used by the ROA Implementation Team to implement and deploy the intervention or program at the pilot site.	ROA Implementation Team	9.6
05.03	Install Pilot	Process used to execute the activities described in the Pilot Implementation Plan to establish the necessary organizational, competency, and leadership drivers at the pilot site.	ROA Implementation Team	9.7
05.05	Collect Data	Process used to collect data on children and families served by the pilot site who are impacted by the intervention or program.	ROA Implementation Team	9.8
06	Quality Improvement	Process used to prepare for and to implement an intervention or program on a wider scale, assessing if it has been implemented with fidelity, and if it is producing the expected/intended results.	ROA Implementation Team	10
06.01	Develop Quality Improvement Plan	Process used to develop the QI Plan to address the organizational, leadership, and staff competency capabilities that must exist or be established to implement the intervention or program. The QI Plan also includes a project management plan that describes the scope, timeline/schedule, resources, etc. to be used by the ROA Implementation Team to implement and deploy the intervention or program.	ROA Implementation Team	10.6

PROCESS ID	PROCESS NAME	DESCRIPTION	OWNER	SECTION
06.02	Install Quality Improvement Plan	Process used to execute the activities described in the QI Plan to establish the necessary organizational, competency, and leadership drivers, and to manage and monitor the implementation of the intervention or program according to the project management plan.	ROA Implementation Team	10.7
06.04	Collect Qualitative and Quantitative Data	Process used to collect data on children and families served by the Child Welfare Community who are impacted by an intervention or program.	CBC Lead Agencies/ Sheriff's Office/CPI/ Hotline	10.8

Florida plans to integrate FFPSA goals and outcomes through the delivery of evidenced-based prevention service delivery and monitor the results through the cycle of accountability. The already existing ROA process will be augmented to include a multi-tiered FFPSA evaluation process (see figure below) that feeds evaluation, fidelity monitoring and continuous quality improvement activities. These activities will trigger enhancements and reporting updates to the state prevention plan in conjunction with regional/community developed prevention plans.



4. MONITORING CHILD SAFETY

Florida's Department of Children and Families implemented Structured Decision Making (SDM) in 2014. The SDM incorporates safety concepts for intervention and treatment, provides uniform definitions and standard ratings for the evaluation of caregiver protective capacities, child strengths and needs, the quality and frequency of family visitation and progress in achieving case plan outcomes. Florida's SDM practice model applies to hotline staff, child protection investigators (CPI), case managers, licensure, adoption and independent living specialists.

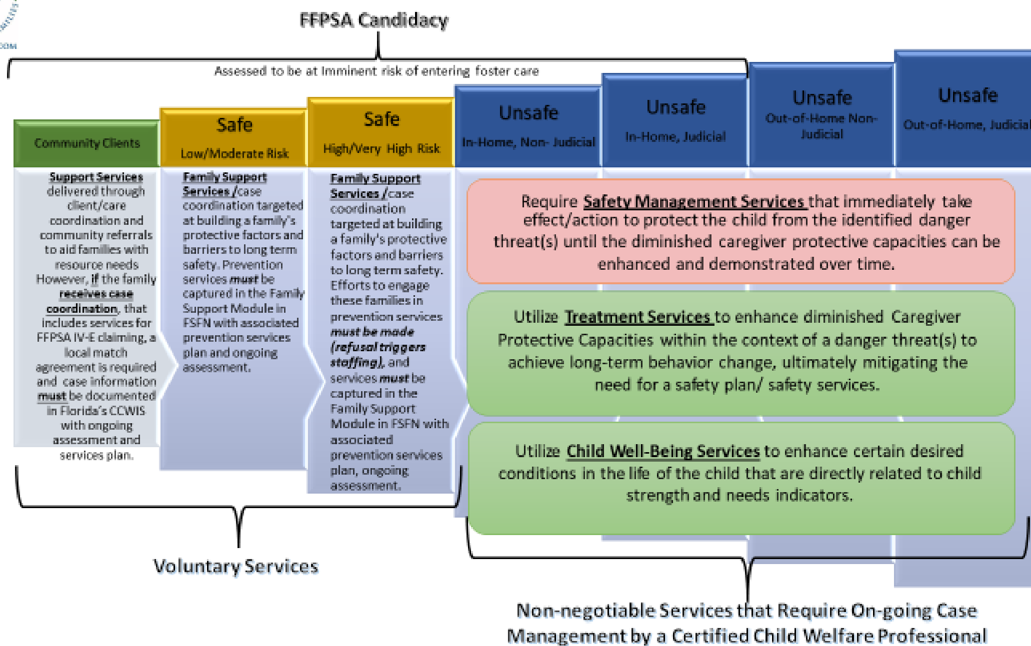
The practice model provides a set of common core safety concepts for determining when children are safe, unsafe, or at risk of subsequent harm and how to engage caregivers in achieving change. Florida's practice model includes the expectation that when children are safe but at high or very high risk for future maltreatment, affirmative outreach and efforts will be provided to engage families in family support services designed to prevent future maltreatment. When children are determined to be unsafe, safety management and case planning is non-negotiable. While service interventions are voluntary for children determined to be safe but at high or very high risk of future maltreatment, the child welfare professional should diligently strive to use motivational interviewing skills to facilitate the parent(s)/legal guardian(s)' understanding of the need for taking action in the present to protect their children from future harm. To accomplish effective application of the safety concepts, seven professional practices are employed: Engagement, Partnership, Collection of Information, Assessing and Understanding Information, Planning for Child Safety, Planning for Family Change, and Monitoring and Adaptation of Case Plans.

When Florida's hotline accepts a report for alleged maltreatment of abuse, neglect, or abandonment, the intake is assigned to the county office correlated with the family residence. The CPI must respond to the location where the child is most likely located, meet with the family, and engage relevant participants outside the home. Depending on the outcome of the present danger assessment, the CPI will determine if a safety plan is warranted while an ongoing safety assessment using the family functioning assessment and risk assessment is completed.

Ongoing monitoring of child welfare safety occurs with CPI supervisor consultations reviewing the safety and risk assessment determination. Family's determined to be safe but rated very high require a 2nd tier consultation by the program administrator to support a more comprehensive and collaborative decision-making process.

The identification of high, very high, moderate, and low risk families during a child protective investigation, is critical to the state's effort to target resources to those families most likely to benefit from prevention services. Motivating the parent to be proactive and participate voluntarily in services designed to develop protective factors that promote safe and supportive families and resilience in children results in reduced maltreatment and promotes safe Florida families.

When the decision has been made to offer the family prevention services through the Title IV-E Prevention Program outlined in Florida's CFOP 170-1 Ch. 16 Prevention, the CPI will engage and offer the family voluntary services and transfer the case to one of Florida's privatized contracted providers, Community-Based Care (CBC Lead Agency) or subcontracted provider. Upon acceptance of case transfer, the contracted or subcontracted provider will complete the necessary referrals and develop a prevention plan. An assessment for safety must be conducted every 90 days using the Protective Factors Survey developed by the FRIENDS National Resource Center. The case management organization shall utilize the SDM family functioning assessment tool to assess safety when families are under non-judicial and judicial dependency intervention services, and family made arrangement resulting from an investigation.



Beginning October 1, 2021, community stakeholders under a Memoranda of Understanding (MOU) with DCF, and providing pre-crisis, early, upfront community driven service referrals to families who are not under dependency supervision or an active intake for alleged abuse, abandonment, or neglect, will be required to complete the FRIENDS Protective Factors Survey. Through the fulfillment of this requirement, all children and

their caregivers receiving Title IV-E Prevention Program services will receive 90-day assessments by the identified community support partner assigned to the family.

The case manager or community stakeholder is required to ensure that measures have been implemented to allow the child or youth to remain safely in their home through face to face contact every 30 days during the service period. The case manager shall utilize the SDM present or impending danger plan previously implemented to control danger threats for families under non-judicial and judicial intervention services and cases to which a family made arrangement was implemented.

The prevention plan will be developed by case manager with input from the family, child, and relevant parties to the family. During the 12-month period, the prevention plan will be monitored monthly for progress and updated according to the outcomes of the ongoing assessments or recommendations from the evidence-based practice (EBP) service provider. Service efficacy will also be reviewed based on the periodic risk assessment and services will be modified if the risk of the child entering foster care remains high.

When a family refuses to engage and participate or if the family has been identified as not making progress in efforts to reduce risk, a staffing must be coordinated at minimum with the family, the referring service provider, CBC, Case Manager, Child Protective Investigator, the Supervisor, and service provider working with the family. During the staffing, the potential need for an in-home report, unresolved service needs, identification of and resolution of barriers to completion, ongoing risk, and attempts to re-engage the family shall be discussed. The family's motivation to change shall also be considered to develop the most appropriate plan and approach for re-engagement[14].

The prevention plan, assessments, face to face contact, staffings, EBP services rendered and payments, and other pertinent information shall be entered in the Florida's electronic system CCWIS System.

Table 1.1 depicts the role and responsibility for completing the assessments, prevention plan, data entry, and face to face contact with families.

[14] Prochaska, J. O., & DiClemente, C. C. (1983). Stages and processes of self-change of smoking: Toward an integrative model of change. *Journal of Consulting and Clinical Psychology, 51*(3), 390–395. https://doi.org/10.1037/0022-006X.51.3.390

Table 1.1

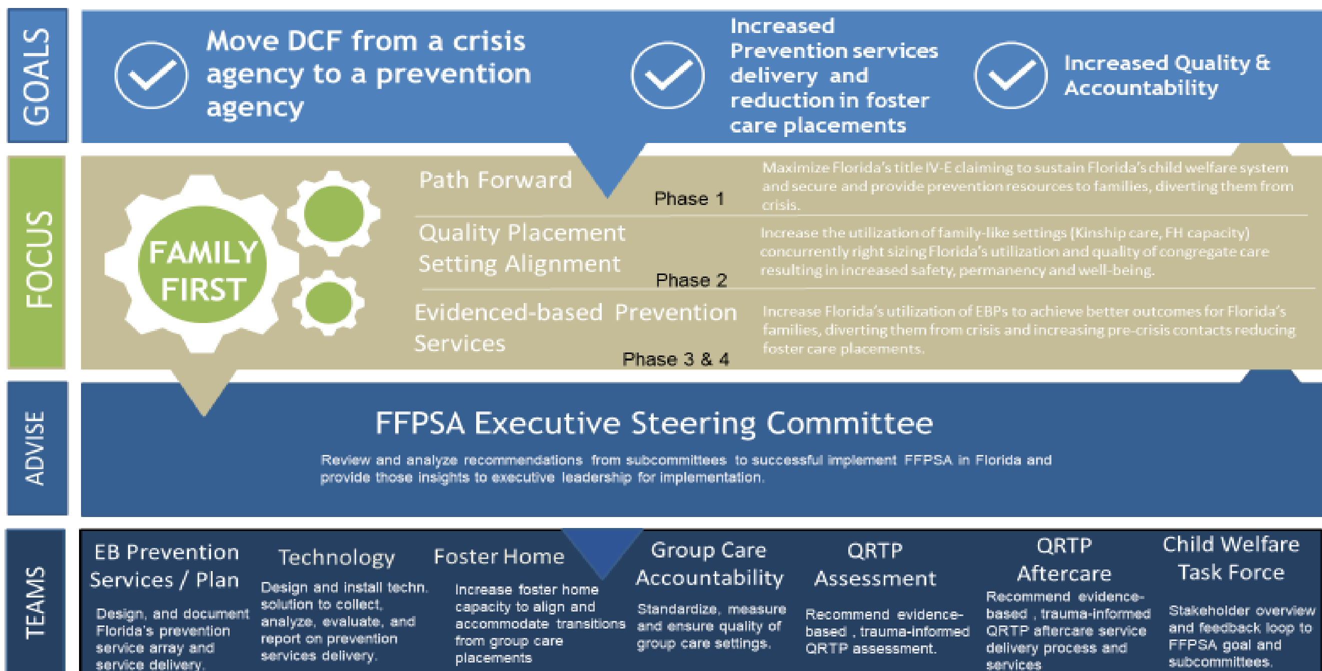
Title IV-E Prevention Program Role and Responsibility					
Targeted Population	**Initial Risk/Safety Assessment**	**Update Risk/Safety Assessment**	**Prevention Plan**	**Face to Face Visitation**	**FSFN Entry**
Primary: Families in the community who are not under dependency supervision or have an active intake with DCF	Community Support Partner (MOU required)	Community Support Partner (MOU required)	Community Support Partner (MOU required)	Community Support Partner (MOU required)	Community Support Partner (MOU required)
Secondary: Family receiving pre-crisis services from a Community Stakeholder or DCF	***Families w/out DCF involvement:*** Community Support Partner (MOU required)	Community Support Partner (MOU required)	Community Support Partner (MOU required)	Community Support Partner (MOU required)	Community Support Partner (MOU required)
	Families with DCF risk level of low to very high: Child Protective Investigator	CBC Subcontracted provider	CBC Subcontracted provider	CBC Subcontracted provider	CBC Subcontracted provider
Tertiary: Families under dependency supervision through non-judicial or judicial intervention	Child Protective Investigator	Dependency Case Manager	Dependency Case Manager	Dependency Case Manager	Dependency Case Manager

5. CONSULTATION AND COORDINATION

Upon the passage of the Family First Prevention Services Act (FFPSA), the department's leadership held multiple information sharing forums to educate stakeholders on the new federal requirements and raise awareness regarding new opportunity for states to use federal funds under parts B and E of title IV of the Social Security Act to provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator services. In order for the state to use this funding a prevention plan had to be designed and implemented for Florida.

The Department of Children and Families (DCF) has and continues to consult on FFPSA impacts/changes with other organizational programs, state agencies responsible for administering mental health and substance abuse prevention and treatment services, and with other public and private agencies with experience in administering child and family services. DCF established an FFPSA steering committee to help inform overall planning and implementation of provisions of the Family First Prevention Services Act. The steering committee consists of members of executive leadership within the department, Community Based Community Care Leaders, State Court Administrator Partners, Youth formerly in Foster Care, Foster/Adoptive Parents, and Sheriff offices.

The steering committee created several sub-committees to address implementation of the different aspects of the Family First Prevention Services Act. Sub-committee members include representation from DCF, CBCs, community partners/providers, and other child welfare stakeholders. In-person and virtual meetings were held with community partners/providers in order to gain their feedback.



To solicit information/collect data on current evidence-based prevention services in use throughout the states, the department and committee conducted a survey to assess the availability and use of current services including how the services were funded (Medicaid, State and/ or other Local Funding).

The department's plan moves Florida to align with the Title IV-E provisions and the Children's Bureau's vision to keep families healthy, together, and strong[15] and builds upon the primary prevention work.

Prior to selecting the evidence-based program providers for FFPSA, the subcommittee held meetings to identify existing programs in operation around the state and evaluate the programs for implementation that offered the most appropriate services based on the needs of the children and families in Florida. The consultation efforts helped the department establish the actions needed to expand the current service array for evidence-based mental health and substance abuse prevention and treatment services, and in-home skilled based programs to move Florida toward creation and implementation of a prevention plan.

Casey Family Programs has been a resource by hosting the bi-weekly FFPSA planning collaborative conference calls, involving states that were also early adopters of Family First. These calls have been helpful in navigating the new and shifting program landscape. It has been beneficial for Florida to hear about and reach out to other state's on implementation along with how they overcame challenges and successes experienced thus far.

The department host monthly conference calls with the State Office of Court Administrators and during those calls' updates on the work and action occurring for implementation of FFPSA are shared with the group. Several of the group members serve/participate in the committee work.

Placement alignment conversations are ongoing with Florida's Agency for Health Care Administration. Collerabation is ongoing with Sunshine Health, Florida's Specified Medicaid Child Welfare Service Plan, and Managing Care entities thorough the department's Substance Abuse and Mental Health program. The department and partners have been integrated into monthly conversations occurring at all levels on FFPSA updates, feedback, and action items.

The department has also partnered closely with behavioral health providers on the planning and implementation of FFPSA. Decisions around service array, specifically as it relates to prevention clients in the community, has included the evaluation of existing evidence-based programs funded by Medicaid through the Agency for Health Care Administration (AHCA) and behavioral health services contracted through to Managing Entities (MEs) in order to leverage community behavioral health providers. The department worked with AHCA to maintain coverage for parents with out-of-home placement so they can receive the behavioral health services needed to return their children home. Additionally, Sunshine Health Child Welfare Specialty Plan has worked with the

[15] Children's Bureau Strategies to Strengthen Families: https://www.acf.hhs.gov/sites/default/files/cb/cb_vision_infographic.pdf

department on training needs and service delivery as it relates to child needs. Ongoing collaboration with AHCA, DCF SAMH, and Sunshine Health is integral in bringing all parts of the system of care together.

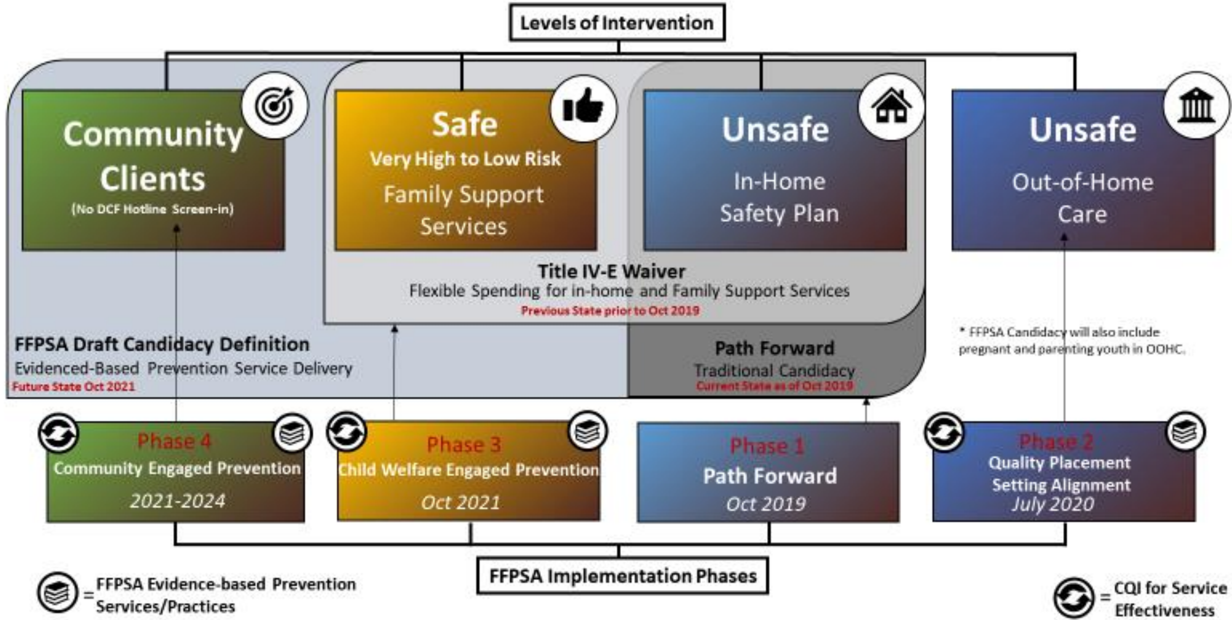
Florida will take a phased implementation approach to better align the state's current child welfare practices with those of FFPSA IV-E prevention. The four strategic phases identified to occur with the department in collaboration with the CBCs and community partners include Phase 1: Path Forward, Phase 2: Quality Placement Setting Alignment, Phase 3: Evidence-based Prevention Services Implementation, and Phase 4: Community Client Prevention Services Implementation.

The four phases outlined below include have multiple pathways that are intended to revise child welfare practice, policy, and technology to create programs that move the department toward FFSPA implementation.

- **Phase 1 Path Forward**: Secure and provide prevention resources to families, diverting them from crisis while redesigning Florida's title IV-E claiming to support Florida's child welfare system.
- **Phase 2 Quality Placement Setting Alignment**: Increase the utilization of family-like settings concurrently right sizing Florida's utilization and quality of congregate care resulting in increased safety, permanency and well-being.
- **Phase 3 Evidence based Prevention Services Implementation:** Achieve better outcomes for Florida's families currently engaged with the child welfare system of care, diverting them from crisis and increasing pre-crisis contacts by increasing Florida's utilization of EBPs.
- **Phase 4 Community Client Prevention Services Achieve better outcomes for Florida's families not engaged with the child welfare system of care, diverting them from crisis and increasing pre-crisis contacts within the community by increasing Florida's utilization of EBPs.**

The pathways include exploring extended foster care, guardianship assistance, candidacy, and eligibility rate improvement.

Florida's Journey to FFPSA Implementation



Prevention Logic Model

Goal: Early, family-centered, trauma-informed, data driven, community-based prevention service delivery, to prevent maltreatment, and unnecessary foster care placements ensuring that children grow up in safe and loving families.

Conditions

- Florida's Title IV-E waiver allowed the flexibility to deliver prevention services to wider net of the child welfare population
- Florida's service array offers evidence-based programs rated through the California Clearinghouse not ACF clearinghouse
- Family support services are provided to families of safe children at risk of future maltreatment, to increase protective factors at a macro level to address barriers to long term safety
- Florida does not capture service level data and associated outcomes in its SACWIS system
- Lack of monitoring of service delivery that ensures programs are used to its fidelity

Inputs

Leverage existing, effective practice models and assessments

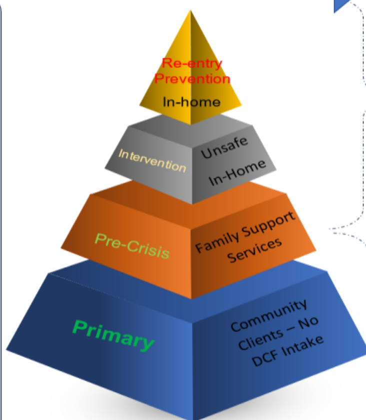
Leverage braided funding opportunities for implementation of evidence-based programs

Incorporate lived experience, engagement and collaboration with community stakeholders

Leverage existing partnerships and care coordination models (i.e GAL, ECC, Provider networks, Children Services Councils, State agencies) to inform the future vision for prevention

Leverage FFTA dollars to support early implementation activities

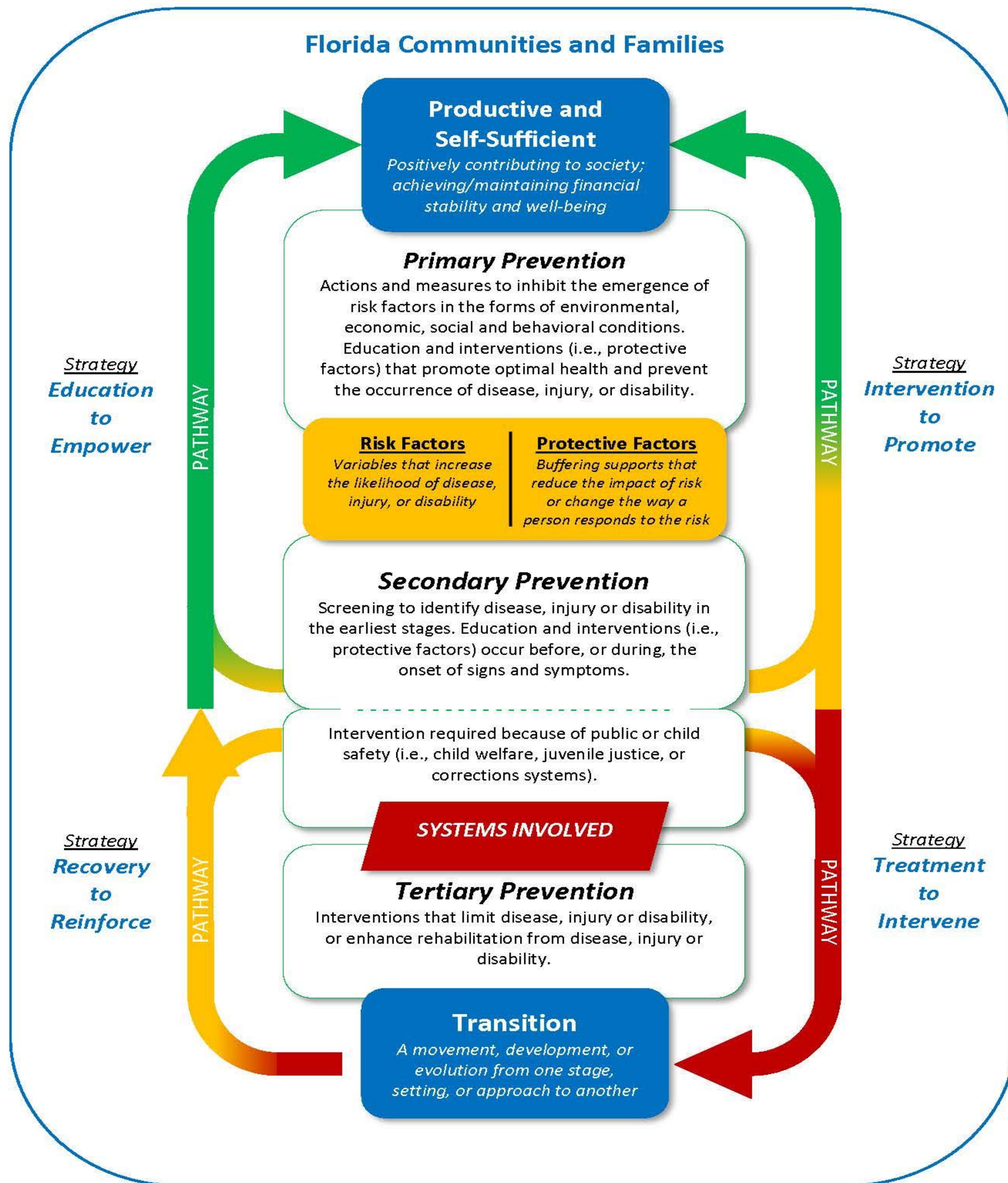
FFPSA Phase 3 & 4



	Activities	Outputs	Outcome	Metrics
Engaged with Child Welfare	Define prevention candidacy and draft prevention services plan Inventory current ACF EBP Assess Client Need Train, install, monitor, and evaluate the fidelity of evidence-based programs Develop process to collect Client-level service data	Statewide integrated prevention plan meeting ACF requirements for claiming Maintain and updated inventory of EB prevention service delivery and develop CQI activities and results Operationalize standardized eligibility determination with total expenditures of well-supported practices at 50%	Increased delivery of evidence-based, trauma-informed services to Florida's families will prevent entry into foster-care and re-entry. Florida' s Child welfare staff and partners will have increased knowledge of how to assess and link families to evidenced-based prevention services. Maximization on Title IV-E reimbursement to broaden evidence-based service prevention services array Updated polices and system culture will prioritize and re-enforce moving the child welfare system to a prevention verses crisis-oriented agency.	• Increase the number of children receiving in-home services. • Increase the number of EB prevention services delivered to in-home cases • Reduce the rate of recurrence of maltreatment • Reduce the rate of re-entry into the child welfare system • Reduce the number of children placed in OOHC
Engaged with Community	Define community client base through needs assessment and align federal grant dollars to those needs Enhance SW Prevention plan to build out community care coordination model to include integrated data systems collect Client-level service data Assess/Finalize MOU Updates Delivery of stakeholder training on community prevention models and data systems	Comprehensive, integrated Statewide prevention plan and inventory of services that blends phase 3 outputs and outcomes with phase 4 Develop flexible, community prevention networks and processes (Model /care coordination) that can be replicated, leveraged throughout the state.	Families will receive early, upfront community driven services to prevent further penetration into the CW system and preserve the family and community ties. Community prevention model and care coordination approaches will be installed in all communities. Bring awareness and develop future partnerships to achieve prevention vision.	• Increase the number and quality of pre-crisis contacts • Decrease the number of reports to the Florida Abuse Hotline • Decrease the number of families that require intervention • Increase the number of formalized care coordination models

PREVENTION FRAMEWORK

Health, Safety and Well-Being



The department contracts for the delivery of some child welfare services through the CBCs and Sheriff's agencies. Service delivery is coordinated through an administrative structure of six geographic regions, aligned with Florida's 20 judicial circuits, serving all 67 counties. Within the six department regions, CBCs deliver foster care and related services as defined in Florida Statutes under contract with the department.

CBCs are responsible for providing foster care and related services, including family preservation, prevention and diversion, dependency casework, out-of-home care, emergency shelter, independent living services, and adoption. Many CBCs contract with subcontractors for delivery of these responsibilities.

DCF works with many state agencies through various Data Sharing Agreements and Memorandums of Understandings. DCF also serves on advisory councils and steering committees to promote partnership and a collaborative approach to the needs of the State. Through these various partnerships, critical stakeholders work together in a coordinated and integrated effort to serve individuals and families that cross multiple systems and achieve common goals.[16]

Local Match Working Agreements

The Florida Legislature passed the Revenue Maximization Act (F.S. 409.071) in the mid-1990s which recognized that state funds are insufficient to match the health and human services needs provided by state agencies. The Legislature fully authorizes the use of certified local funding for federal matching programs possible to support local services. State agencies were charged with the expectation to provide proactive support to implement the legislative priority. The intent was that the initiative was be cost neutral to state funds. While the reference of "certified local funding" implies the funding of a local agency, the fund sources available to claim additional federal reimbursement are entitlement grants which require certified public expenditures to be used as match. The primary federal funds available for reimbursement are the entitlement grants of Title IV-E, Medicaid, and

[16] Florida Department of Children and Families Integration Plan (2019-2022), page 18.

Supplemental Nutrition Assistance Program (SNAP) and each of these grants require public dollars to be used to claim the reimbursement.

The federal guidance at 2 CFR 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Grants, in 200.1 the definition for "local agency" means any unit of government within a state, including county borough, municipality, city, town, township, parish, local public authority, special district, school district, intrastate district, council of governments, and any other agency or instrumentality of intra-State or local government. All these agencies have certified public expenditures. The Federal authority to claim certified public expenditures is provided in 2 CFR 200 and 45 CFR 75.03 Cost Sharing or Matching (b) 1-7, and (c) provisions are available to outline the allowable costs and reporting requirements. Florida Statutes 409.071 and 409. 26731 provides authority for the state agencies to certify local funds as match for Title IV-E reimbursement. The match for this fund source must be certified public funding to claim any reimbursement. Again, local funding as stated in the legislation is much broader than generally considered local agency funding. As the department prepares for the implementation of FFPSA, the department will seek to leverage the current local match process, making any necessary adjustments, to help build a roadmap for the rolling out of Phase 4 Community Client Prevention Services Implementation.

6. CHILD WELFARE WORKFORCE SUPPORT

DCF is committed to supporting and enhancing a competent, skilled and professional workforce, and providing state agency supports to staff working in local offices of DCF and the CBC. DCF continues to build partnerships with other state agencies and community providers to bridge the gaps, remove barriers, and provide support and resources to all families.

DCF prefers child welfare professionals hold a degree in a Bachelor or Master of Social Work or other related degree in the human services field from an accredited college and complete trainings provided through pre-service (average of 2.5 months) for new hires and in-service for ongoing staff education. The CBCs are required to uphold the same qualifications and educational training for their staff. DCF offers additional trainings and forums to all child welfare professionals, their supervisors and program administrators, community partners, and caregivers to strengthen areas to include, but not limited to, trauma-responsive practice, engagement, and identification of adequate service array.

Child Protection Investigations Program Administrators (PA) and Supervisors (CPIS) are charged with critical performance expectations to serve our most vulnerable clients; our children. These expectations include, but are not limited to, providing training and development opportunities, and promoting a supportive work environment. CPI supervisors and program administrators are required to become proficient in SDM. The proficiency is critical in ensuring adherence of fidelity to the Florida Child Welfare Practice Model and in addressing child safety threats with the sense of urgency needed. The proficiency process ensures each supervisor and program administrator has the knowledge, skill, and ability necessary for case analysis and consultation.

The Critical Child Safety Practice Experts (CCPSE) are experts in the SDM model who provide support on a local level and ensures the consultative guidance provided to CPIs and supervisors align with the practice model and investigative safety decisions. Staff appointed to a CCSPE position must have at least three (3) years of experience as a Florida child welfare professional and must successfully complete all levels of proficiency testing. This enables a transfer of learning and consistency around the practice model from the CCSPE to the child welfare professional.

Quality Management staff members with the CBC conduct similar reviews for open in-home services cases. Further qualitative reviews include the Florida CQI and PIP monitored cases using the CFSR portal to gauge performance around the federal outcomes and systemic factors. In addition to the qualitative measures, DCF includes quantitative data on its scorecards to continuously monitor performance around safety and risk assessment and services across all investigations and case management cases.

The Office of Child Welfare's policy and practice team provides support, education, and training to child welfare professionals, community providers, and non-governmental organizations invested in child welfare.

The Strong Foundations cooperative agreement, under the funding opportunity Strengthening Child Welfare Systems to Achieve Expected Child and Family Outcomes, and in collaboration with OCW, Guardian Ad Litem Program, Office of Court Improvement, and the Florida Certification Board, have been working to revise the core competencies, training, and the certification process for child welfare supervisors (case management, child protective investigator, licensing) in Florida. Investing in child welfare supervisors will increase their understanding of core supervisor competencies and enhance their ability to supervise and to provide ongoing support to their staff. This will allow DCF and the CBC to invest in their workforce through coaching and mentoring staff, developing critical thinking skills, as well as grow their staff. DCF believes that these key elements will increase and stabilize the retention rate of child welfare staff.

The OCW collaborates with other stakeholders through various advisory bodies, solution-focused meetings, and other forms of communication. The following list provides a summary of the various major organizational partners with whom the department actively engages. This list is not all inclusive in terms of collaborative partners or the description of activities with each partner.

- Office of Adoption and Child Protection (OACP) was created, within the Executive Office of the Governor, raises awareness levels of the public and implements meaningful practice around prevention activities.

- Office of Substance Abuse and Mental Health (SAMH) continues to be a significant partner with the child welfare system in developing policies for the integration of child welfare and behavioral health services; implementing innovative programs and approaches; and contracting with Managing Entities (ME) which includes contract standards and provisions for services involving child welfare clients.

- Florida Institute for Child Welfare (FICW) provides ongoing support to the child welfare workforce and parental behavioral health services integration.

- Florida Center for Prevention and Early Intervention Policy (CPEIP) leads the state's development and implementation of infant mental health services, including training for infant mental health specialists who provide evidence-based infant mental health services, such as Child-Parent Psychotherapy.

All supportive activities provided to Florida's workforce will assist in the fulfillment and ongoing enhancements to the Title IV-E Prevention Program. DCF has recently revised the structure of the Quality Improvement Office (QIO), to provide support and training to the workforce in a consistent manner across the state. Within the department, OCW and QIO will work in collaboration to develop a tool for the purposes of conducting

randomized reviews of prevention plans and service delivery fidelity. Additionally, OCW and QIO will develop and implement technical assistance protocols to provide ongoing guidance and necessary refresher training based on the outcomes of the randomized prevention plan reviews.

7. CHILD WELFARE WORKFORCE TRAINING

DCF requires all child welfare professionals (CWP) to attend orientation and pre-service training. Every CWP is required to complete the core curriculum in addition to the specialty track they are assigned to (child protective investigator, case management, or licensing) depending on their position. The core curriculum and specialty track contain material on SDM which includes safety and risk assessments, identifying protective capacity, and child strengths and needs. Lab days with hands on FSFN training is offered throughout the pre-services course. CWP are also given the opportunity to complete field days which allow them to observe and shadow seasoned CWP in the field.

The department is investing in training focused specifically on building the skills of case managers to directly provide an evidence-based service, Motivational Interviewing, so they in turn are better prepared to encourage and motivate meaningful connections-to and engagement-in additional EBP services provided external to the department, and to enhance engagement with and achievement of the child specific prevention plan.

In addition to enhanced case management skills through Motivational Interviewing, Florida offers trauma-informed service delivery through pre-service and in-service trainings, as well as partners with organizations in the community, who offer training on trauma to include vicarious trauma. The following is an outline of the trauma training offered in Florida's core curriculum pre-services training.

Trauma and its impact on the Child

What is Trauma?

Types of Childhood Trauma

What is Child Traumatic Stress (CTS)?

Child Development Stages Matrix

Impact of Trauma on the Child's Brain

The Impact of Trauma on Very Young Children

Compact Trauma and How it Impacts Children

Impact of Traumatic Stress on Visible Behavior

Trauma-Related Behavior in Children of Various Ages

Adverse Childhood Experiences (ACE) Study

Long Term Impact of Trauma

Culture and Trauma

Historical Trauma

Approaching Children and Families in a Trauma-Informed Manner

Henry's Story

Worksheet: Rewriting Henry's Experience with Us

Using a Trauma-Informed Approach in Child Welfare Practice

My Rules of Thumb – How I will behave in a Trauma-Informed Manner

Parents Must Truly Address the Roots of Their Trauma

How People Exposed to Trauma React to Authority

Referring and Advocating for the Child and Family in a Trauma-Informed Manner

Screening, Assessments and Evaluation

Other Referrals and Advocacy

Pharmacology and the Child or Adult

What Medication Does NOT Help

Evidence-Based Trauma-Informed Treatment Practices

Ways to Better Ensure a Trauma-Informed Approach When Culture and Historical Trauma are Considerations

Cultural Scenarios
Cultural Scenarios Worksheet

In addition to the core curriculum and specialty track, Florida offers enhanced specialized training to certified CPI conducting investigations for medical neglect and institutional cases, as well as Human trafficking for CPI, case management, and their supervisors.

With the implementation of the Title IV-E Prevention Program, Florida will incorporate in the core curriculum, the use of prevention plans, definition of IV-E prevention candidacy, FSFN entry, the ability to identify the need for prevention services and how to access and deliver these services, as well as revisions to the risk assessment outcomes that now provide the ability for families ranked at low and moderate to receive prevention services. As EBPs are rated in the clearinghouse and add to Florida's Title IV-E Prevention Plan, service providers would conduct trainings as they become available in the community. DCF expects all providers of all EBPs working with families to ensure staff meet the qualification and training requirements.

The Office of Child Welfare (OCW) policy and practice team will provide a statewide training in the format of a train the trainer session to case management, CBC, CPI, and Community partners with an MOU to partner on the Title IV-E Prevention Program. It is the expectation that each organization will ensure their teams are trained and

well versed of the new program and receive ongoing training as necessary. OCW will also provide ongoing technical assistance. Training topics will include the newly developed operating procedure CFOP 170-1 Ch. 16 on prevention services and the Title IV-E Prevention Program, target population, IV-E claiming, FSFN enhancements, development and monitoring of prevention plans, safety and risk assessments with the implementation of the FRIENDS protective factors survey, data collection, evaluation and monitoring, service delivery and local service array, and provider outreach and family engagement.

8. PREVENTION CASELOADS

Florida regulates caseload requirements for child welfare professionals during their pre-service training and during their provisional child welfare certification. Child welfare professionals do not carry a caseload when in training. It is not until they have completed pre-service training and upon receiving a provisional certification, each Child Protective Investigator, Case Manager and Licensing Counselor are given a training caseload of a reduced number of investigations (for Child Protective Investigators), a reduced number of cases (for Case Managers), or a reduced number of foster family home studies (for Licensing Counselors) for 30 calendar days.

The training caseload for Child Protective Investigators shall be limited to no more than four (4) open, active investigations at any time, and shall not exceed a total of eight (8) investigations during the 30 calendar days following the date the individual passed the waiver or post-test. After the 30 days, a CPI caseload ratio requirement is 1:15.

The training caseload for Case Managers shall be limited to no more than five (5) open, active cases, and shall not exceed 10 children at any time during the 30 calendar days following the date the individual passed the waiver or post-test. While each CBC can set guidelines for dependency case management caseloads in their contract with case management organizations, a standard has not been developed statewide. The case management organizations are required, per s. 409.988, F.S., to post the average caseload of case managers on their website by the 15th day of each month.

The training caseload for Licensing Counselors shall be limited to no more than three (3) open, active home studies at any time; and shall not exceed a total of five (5) licensed foster homes during the 30 calendar days following the date the individual passed the waiver or post-test.

Upon implementation of the Title IV-E Prevention Program, staff case load will be recommended to not exceed 15 active cases; however, clinical team approaches and prevention response structure will be considered to allow flexibility to caseload limits. DCF will require community stakeholders under a MOU and subcontracted providers through the CBC to align with Florida's caseload requirements once established. Each provider will be required to share data on prevention caseloads on the 15th of day of each month for the preceding month. DCF also expects all providers of all EBPs working with families to uphold the staffing and caseload requirements specified by each EBPs model to ensure fidelity to the model.

9. ASSURANCE DESIGN

The Department of Children and Families provides assurance in Attachment I that DCF will report to the Secretary required information and data with respect to the provisions of services and programs included in Florida's Title IV-E Prevention Plan. This will include data necessary to determine performance measures for the state and compliance. Data will be reported as specified in Technical Bulletin #1, Title IV-E Prevention Data Elements, dated August 19, 2019. See Attachment 1: State Title IV-E Prevention Program Reporting Assurance.

10. CHILD AND FAMILY ELIGIBILITY FOR THE TITLE IVE PREVENTION PROGRAM

For the purposes of the Title IVE Prevention Program, a Florida FFPSA candidate for IV-E Prevention Program is defined as children and youth, formally assessed through community engagement or abuse hotline reporting to be at-risk of entering foster care but who can remain safely in their home or in a kinship placement with the evidence-based prevention services delivered by the community, through the Community Based Care service network, or through the Department of Children and Families.

A child/youth may be at imminent risk of entering foster care based on alleged maltreatment and/or circumstances and characteristics of the family unit, individual parents, and/or children that may affect the parents' ability to safely care for and nurture their children in their own homes.

Circumstances or characteristics of the child, parent or kin caregiver that could put children at imminent risk of entering foster care may include, but not limited to:

- Experiencing or have experienced substance use or addiction
- Experiencing or have experienced mental illness
- Need in-home parenting support and/or enhanced parental knowledge of child and youth development
- Demonstrate limited capacity to function in parenting roles (i.e., interpersonal relationships that are characterized by a lack of coping, escalations to violence and/or power and control dynamics, intergenerational patterns of abuse and/or neglect)
- Parental support to address serious needs of a child related to the child's behavior or medical condition
- Need support for a developmental delay
- Need support for a physical or intellectual disability
- Support of adoption or guardianship arrangements that are at risk of disruption
- Support of parental resiliency and/or concrete resources (i.e., family stressors, poverty)

The department estalishes in statute relative“Relative Caregiver” in section 39.5085(2)(a)1.-3., F.S. that includes relatives that are within the fifth degree by blood or marriage to the parent or stepparent of a child and who are caring full time that dependent child in role of a substitute paren as a result of a court’s determination of child abuse, neglect, or abandonment and subsequent placement with relative.

Florida’s identified population that are eligible for Title IV-E Prevention services include:

1) Children ages 0-17 in the care of their parent(s) under in-home judicial services,

2) Children ages 0-17 in the care of their parent(s) under a non-judicial case,
3) Siblings of children in foster care who are residing at home,
4) Children ages 0-17 who have exited foster care through adoption, reunification, or guardianship and may be at risk of re-entry,
5) Minor female who is pregnant or parenting,
6) Minor male expecting a child or parenting,
7) Minor placed in out-of- home care with their child,
8) Children ages 0-17 in a family made arrangement,
9) Children ages 0-17 who are deemed as safe but at low, moderate, high, or very high risk, or
10) Children ages 0-17 who are assessed by the community as having the identified family, parental or individual circumstances or characteristics defined above

ATTACHMENTS

I. State Title IV-E prevention program reporting assurance:

Title IV-E Prevention and Family Services and Programs Plan

State of **Florida**

State Title IV-E Prevention Program Reporting Assurance

Instructions: This Assurance may be used to satisfy requirements at section 471(e)(5)(B)(x) of the Social Security Act (the Act) and will remain in effect on an ongoing basis. This Assurance must be re-submitted if there is a change in the assurance below.

In accordance with section 471(e)(5)(B)(x) of the Act, Florida Department of Children and Families, (Name of State Agency) is providing this assurance consistent with the five-year plan to report to the Secretary such information and data as the Secretary may require with respect to title IV-E prevention and family services and programs, including information and data necessary to determine the performance measures. Signature: This assurance must be signed by the official with authority to sign the title IV-E plan and submitted to the appropriate Children's Bureau Regional Office for approval.

__________________ ___________________________________

(Date) (Signature and Title)

__________________ ___________________________________

(CB Approval Date) (Signature, Associate Commissioner, Children's Bureau)

II. State request for waiver of evaluation requirement for a well-supported practice

Title IV-E Prevention and Family Services and Programs Plan

State of **Florida**

State Request for Waiver of Evaluation Requirement for a Well-Supported Practice

Instructions: This request must be used if a title IV-E agency seeks a waiver of section 471(e)(5)(B)(iii)(V) of the Social Security Act (the Act) for a well-supported practice and will remain in effect on an ongoing basis. This waiver request must be re-submitted anytime there is a change to the information below.

Section 471(e)(5)(B)(iii)(V) of the Act requires each title IV-E agency to implement a well-designed and rigorous evaluation strategy for each program or service, which may include a cross-site evaluation approved by ACF. In accordance with section 471(e)(5)(C)(ii) of the Act, a title IV-E agency may request that ACF grant a waiver of the rigorous evaluation for a well-supported practice if the evidence of the effectiveness the practice is: 1) compelling and; 2) the state meets the continuous quality improvement requirements included in section 471(e)(5)(B)(iii)(II) of the Act with regard to the practice. The state title IV-E agency must demonstrate the effectiveness of the practice.

The state title IV-E agency must submit a separate request for each well-supported program or service for which the state is requesting a waiver under section 471(e)(5)(C)(ii) of the Act.

The **Florida Department of Children and Families** (Name of State Agency) requests a waiver of an evaluation of a well-supported practice in accordance with section 471(e)(5)(C)(ii) of the Act for **Homebuilders, Motivational Interviewing, Healthy Families, Functional Family Therapy, Brief Strategic Family Therapy, Multisystemic Therapy, Nurse Family Partnership, Parent-Child Interaction Therapy, Parent As Teachers** (Name of Program/Service) and has included documentation assuring the evidence of the effectiveness of this well-supported practices is: 1) compelling and; 2) the state meets the continuous quality improvement requirements supporting this request.

Signature: This certification must be signed by the official with authority to sign the title IV-E plan and submitted to the appropriate Children's Bureau Regional Office for approval.

____________________	____________________________________
(Date)	(Signature and Title)
____________________	____________________________________
(CB Approval Date)	(Signature, Associate Commissioner, Children's Bureau)

III. State assurance of trauma informed service-delivery

Title IV-E Prevention and Family Services and Programs Plan

State of **Florida**

State Assurance of Trauma-Informed Service-Delivery

Instructions: This Assurance may be used to satisfy requirements at section 471(e)(4)(B) of the Social Security Act (the Act) and will remain in effect on an ongoing basis. This Assurance must be re-submitted if there is a change in the state's five-year plan to include additional title IV-E prevention or family services or programs. Consistent with the agency's five-year title IV-E prevention plan, section 471(e)(4)(B) of the Act requires the title IV-E agency to provide services or programs to or on behalf of a child under an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and in accordance with recognized principles of a trauma-informed approach and trauma-specific interventions to address trauma's consequences and facilitate healing.

The **Florida Department of Children and Families** (Name of State Agency) assures that in accordance with section 471(e)(4)(B) of the Act, each HHS approved title IV-E prevention or family service or program identified in the five-year plan is provided in accordance with a trauma-informed approach.

Signature: This assurance must be signed by the official with authority to sign the title IV-E plan and submitted to the appropriate Children's Bureau Regional Office for approval.

____________________	____________________________________
(Date)	(Signature and Title)
____________________	____________________________________
(CB Approval Date)	(Signature, Associate Commissioner, Children's Bureau)

IV. State annual maintenance of effort (MOE) report

Title IV-E Prevention and Family Services and Programs Plan

State of **Florida**

U.S. DEPARTMENT OF HEALTH and HUMAN SERVICES Administration on Children, Youth and Families Children's Bureau

State Annual Maintenance of Effort (MOE) Report

State: Florida	FFY
Baseline Year:	
Baseline Amount: $	
Total Expenditures for Most Recent FFY:	

This certifies that the information on this form is accurate and true to the best of my knowledge and belief. This also certifies that the next FFY foster care prevention expenditures will be submitted as required by law.
Signature, Approving Official:
Typed Name, Title, Agency:
Date:

OMB Approval No: 0970-0433

V. State Plan for Title IV-E of The Social Security Act: Prevention

STATE OF FLORIDA

U.S. Department of Health and Human Services

Administration for Children and Families

Children's Bureau

November 2018

SECTION 1. Service description and oversight
SECTION 2. Evaluation strategy and waiver request
SECTION 3. Monitoring child safety
SECTION 4. Consultation and coordination
SECTION 5. Child welfare workforce support
SECTION 6. Child welfare workforce training
SECTION 7. Prevention caseloads
SECTION 8. Assurance on prevention program reporting
SECTION 9. Child and family eligibility for the title IV-E prevention program

ATTACHMENT I: State title IV-E prevention program reporting assurance
ATTACHMENT II: State request for waiver of evaluation requirement for a well-supported practice
ATTACHMENT III: State assurance of trauma-informed service-delivery
ATTACHMENT IV: State annual maintenance of effort (MOE) report

As a condition of the receipt of Prevention Services and Program funds under title IV-E of the Social Security Act (hereinafter, the Act), the

____

(Name of State Agency)

submits here a plan to provide, in appropriate cases, Prevention Services and Programs under title IV-E of the Act and hereby agrees to administer the programs in accordance with the provisions of this plan, title IV-E of the Act, and all applicable Federal regulations and other official issuances of the Department. This Pre-print is provided as an option for title IV-E agencies to use over the course of the five years that the Prevention Services and Programs Plan is in effect.

The state agency understands that if and when title IV-E is amended or regulations are revised, a new or amended plan for title IV-E that conforms to the revisions must be submitted.

Federal Regulatory/Statutory References[17]	Requirement	State Regulatory, Statutory, and Policy References and Citations for Each
Section 1. Services Description and Oversight		
471(e)(1)	A. SERVICES. The state agency provides the following services or programs for a child and the parents or kin caregivers of the child when the need of the child, such a parent, or such a caregiver for the services or programs are directly related to the safety, permanence, or well-being of the child or to preventing the child from entering foster care: 1. MENTAL HEALTH AND SUBSTANCE ABUSE PREVENTION AND TREATMENT SERVICES.—Mental health and substance abuse prevention and treatment services provided by a qualified clinician for not more than a 12-month period that begins on any date described in paragraph (3) of Section 471(e) with respect to the child. 2. IN-HOME PARENT SKILL-BASED PROGRAMS.—In-home parent skill-based programs for not more than a 12-month period that begins on any date described in paragraph (3) of Section 471(e) with respect to the child and that include parenting skills training, parent education, and individual and family counseling.	CFOP 17-1 Chapter 16-2, Scope, 16-4 definitions a., b. and d., Title IVE Prevention Program, Page 1

[17] Statutory references refer to the Social Security Act. Regulatory references refer to Title 45 of the Code of Federal Regulations (CFR).

Federal Regulatory/Statutory References[17]	Requirement	State Regulatory, Statutory, and Policy References and Citations for Each
471(e)(5)(B)(i)	B. OUTCOMES. The state agency provides services and programs specified in paragraph 471(e)(1) is expected to improve specific outcomes for children and families.	
471(e)(5)(B)(iii)(I)(IV) **471(e)(4)(B)**	1. the services or programs selected by the state, and whether the practices used are promising, supported, or well supported; 2. how the state plans to implement the services or programs, including how implementation of the services or programs will be continuously monitored to ensure fidelity to the practice model and to determine outcomes achieved and how information learned from the monitoring will be used to refine and improve practices; 3. how the state selected the services or programs; 4. the target population for the services or programs; 5. an assurance that each prevention or family service or program provided by the state meets the requirements at section 471(e)(4)(B) of the Act related to trauma-informed service-delivery (states must submit Attachment III for each prevention or family service or program); and 6. how each service or program provided will be evaluated.	Florida's Prevention Plan- Sections 1, 2 Services Description and Oversight. CFOP 170-1, Chapter 16 Attachment III
Section 2. Evaluation strategy and waiver request		

Federal Regulatory/Statutory References[17]	Requirement	State Regulatory, Statutory, and Policy References and Citations for Each
471(e)(5)(B)(iii)(V)	A. PRACTICES. With respect to the prevention family services and programs specified in subparagraphs (A) and (B) of paragraph 471(e)(1), information on the specific practices state plans to use to provide the services or programs, including a description of how each service or program provided will be evaluated through a well-designed and rigorous process, which may consist of an ongoing, cross-site evaluation approved by the Secretary, unless a waiver is approved for a well-supported practice; and	Florida's Prevention Plan- Sections 1 and 2 Services Description and Oversight
471(e)(5)(C)(ii)	B. REQUEST FOR WAIVER OF WELL DESIGNED, RIGOROUS EVALUATION OF SERVICES AND PROGRAMS FOR A WELL-SUPPORTED PRACTICE. The state must provide evidence of the effectiveness of the practice to be compelling and the state meets the continuous quality improvement requirements included in subparagraph 471(e)(5)(B)(iii)(II) with regard to the practice.	Florida's Prevention Plan- Section 2 Services Description and Oversight Attachment II
Section 3. Monitoring child safety		

Federal Regulatory/Statutory References[17]	Requirement	State Regulatory, Statutory, and Policy References and Citations for Each
471(e)(5)(B)(ii)	The state agency monitors and oversees the safety of children who receive services and programs specified in paragraph 471(e)(1), including through periodic risk assessments throughout the 12-month period in which the services and programs are provided on behalf of a child and reexamination of the prevention plan maintained for the child under paragraph 471(e)(4) for the provision of the services or programs if the state determines the risk of the child entering foster care remains high despite the provision of the services or programs.	CFOP 170-1, Chapter 16, sections 16.5 and 16.6
Section 4. Consultation and coordination		
471(e)(5)(B)(iv) and (vi)	A. The state must: 1. engage in consultation with other state agencies responsible for administering health programs, including mental health and substance abuse prevention and treatment services, and with other public and private agencies with experience in administering child and family services, including community-based organizations, in order to foster a continuum of care for children described in paragraph 471(e)(2) and their parents or kin caregivers and 2. describe how the services or programs specified in paragraph (1) of section 471(e) provided for or on behalf of a child and the parents or kin caregivers of the child will be coordinated with other child and family services provided to the child and	Florida's Family First Prevention Plan, Section 4. CFOP 170-1, Chapter 16, Section 16-9

Office of Child Welfare
MYFLFAMILIES.COM

Federal Regulatory/Statutory References[17]	Requirement	State Regulatory, Statutory, and Policy References and Citations for Each
	the parents or kin caregivers of the child under the state plans in effect under subparts 1 and 2 of part B.	
Section 5. Child welfare workforce support		
471(e)(5)(B)(vii)	The state agency supports and enhances a competent, skilled, and professional child welfare workforce to deliver trauma-informed and evidence-based services, including— A. ensuring that staff is qualified to provide services or programs that are consistent with the promising, supported, or well supported practice models selected; and B. developing appropriate prevention plans and conducting the risk assessments required under clause (iii) of section 471(e)(5)(B).	Florida's Family First Prevention Plan, Section 5.
Section 6. Child welfare workforce training		
471(e)(5)(B)(viii)	The state provides training and support for caseworkers in assessing what children and their families need, connecting to the families served, knowing how to access and deliver the needed trauma informed and evidence-based services, and overseeing and evaluating the continuing appropriateness of the services.	Florida's Family First Prevention Plan, Section 6

Federal Regulatory/Statutory References[17]	Requirement	State Regulatory, Statutory, and Policy References and Citations for Each
Section 7. Prevention caseloads		
471(e)(5)(B)(ix)	The state must describe how caseload size and type for prevention caseworkers will be determined, managed, and overseen.	Florida's Family First Prevention Plan, Section 7.
Section 8. Assurance on prevention program reporting		
471(e)(5)(B)(x)	The state provides an assurance in Attachment I that it will report to the Secretary such information and data as the Secretary may require with respect to the provision of services and programs specified in paragraph 471(e)(1), including information and data necessary to determine the performance measures for the state under paragraph 471(e)(6) and compliance with paragraph 471(e)(7).	Florida's Family First Prevention Plan, Section 8. Attachment I
Section 9. Child and family eligibility for the title IV-E prevention program		
471(e)(2)	A. CHILD DESCRIBED. —For purposes of the title IV-E prevention services program, a child is: 1. A child who is a candidate for foster care (as defined in section 475(13)) but can remain safely at home or in a	Florida's Family First Prevention Plan, Section 9

OFFICE OF CHILD WELFARE
MYFLFAMILIES.COM

Federal Regulatory/Statutory References[17]	Requirement	State Regulatory, Statutory, and Policy References and Citations for Each
	kinship placement with receipt of services or programs specified in paragraph (1) of 471(e). 2. A child in foster care who is a pregnant or parenting foster youth.	**CFOP 170-1, Chapter 16. Section 16.5 and 16.6**

Title IV-E Plan – State of ________________________________

PLAN SUBMISSION CERTIFICATION

Instructions: This Certification must be signed and submitted by the official authorized to submit the title IV-E plan, and each time the state submits an amendment to the title IV-E plan.

I _______________________________ (name) hereby certify that I am authorized to submit the title IV-E Plan on behalf of ____

(state). I also certify that the title IV-E plan was submitted to the governor for his or her review and approval in accordance with 45 CFR 1356.20(c)(2) and 45 CFR 204.1.

Date________ (Signature)________________________________

(Signature and Title)

APPROVAL DATE: EFFECTIVE DATE:

___________________ ___________________________

____

(Signature, Associate Commissioner, Children's Bureau)