

The Dependency Outlook



THE OFFICE OF COURT IMPROVEMENT

Winter 2014; Edition III

Legislation on Extension of Foster Care

Legislation allowing for the extension of foster care will go into effect on January 1, 2014. Originally introduced as SB 1036, the legislation was enacted into law as Chapter 2013-178, Laws of Florida. Also known as the Nancy C. Detert Common Sense and Compassion Independent Living Act, the law makes several changes to chapter 39 and chapter 409, Florida Statutes.

Perhaps the most fundamental change to chapter 39 is the law's extension of the court's jurisdiction over a young adult until age 21. Two new exceptions to the extension of jurisdiction are: if a young adult chooses to leave foster care upon reaching 18 years of age; and if a young adult does not meet the eligibility requirements to remain in foster care under (newly created) section 39.6251 or chooses to leave care under that section. Furthermore, during the 180 day period after a child reaches age 17, the child must be assisted in developing a transition plan which may be as detailed as the child chooses. The transition plan is in addition to standard case management requirements and must address specific options for the youth to use in obtaining services, including housing, health insurance, education, and workforce support and employment services. Additional requirements for the transition plan are set forth in the new section 39.6035, Florida Statutes. Among other things, the aforementioned section 39.6251 sets out the eligibility criteria for youth to remain in licensed care after attaining 18 years of age if the youth has not achieved permanency.

A young adult between ages 18 and 21 who has left care may return to care by applying to the community-based care (CBC) lead agency for readmission, which is required if the young adult continues to meet the eligibility requirements. If a youth is readmitted to care, within 30 days the CBC must assign a case manager to update the case plan and the transition plan and to arrange for the required services. The court resumes jurisdiction over the young adult if the department establishes that the young adult continues to meet the eligibility requirements. While the young adult remains in foster care, the court holds judicial reviews and permanency reviews. If the court believes that, to achieve the goals in the case plan, the young adult is entitled to additional services under department policy or under a contract with a service provider, it may order the department to take action to ensure that the young adult receives the identified services. Also, the young adult or any other party to the dependency case may request an additional hearing or judicial review.

The law sets out specific, detailed criteria which must be met before the department may close a case and the court terminate jurisdiction. The department is currently promulgating administrative rules to implement the new law. To read the full text of Chapter 2013-178, Laws of Florida, please click on the following link: <http://laws.flrules.org/2013/178>.

Contents

| | |
|----------------------------|-----|
| CHILDREN IN COURT | 2 |
| TRAUMA-INFORMED CARE | 2-3 |
| BABY COURT TEAMS | 4-5 |
| LGBTQ YOUTH | 6-7 |
| NEW CHILDREN'S COURTHOUSE | 7 |
| TRANSITIONS | 8 |
| THERAPY DOGS IN COURT | 9 |
| LOCAL ADOPTION CELEBRATION | 9 |
| NEWS FROM THE 10TH CIRCUIT | 10 |
| EVENTS ON THE HORIZON | 11 |
| FDCIS UPDATE | 11 |
| MODEL COURT LIAISONS | 12 |

Children in Court

The Florida Supreme Court has finalized amendments to Florida Rule of Juvenile Procedure 8.255 regarding the presence of children in court at dependency hearings. The court originally adopted the amendments by an opinion issued on April 26, 2012. But because those amendments had not been published for comment prior to their adoption, the court set a period of sixty days within which interested persons could file comments. After having considered the comments that were filed, the court determined that no further amendments were warranted and issued an order on October 28, 2013, that the rule case was final.

The changes to Rule 8.255 created new subsections 8.255(b)(1)-(4). The rule now states that the child has a right to be present at all hearings. If the child is present at a hearing, the court may excuse the child from any portion of the hearing when the court determines that it would not be in the child's best interest to remain. If the child is not present at a hearing, the court must inquire and determine the reason for the child's absence. The court must determine whether it is in the child's best interest to conduct the hearing without the presence of the child or to continue the hearing to provide the child an opportunity to be present at the hearing. The amended rule retains pre-existing language that allows any party to file a motion to require or excuse the child's presence. The amendments also struck a provision that had allowed the court to find that the child's mental or physical condition or age was such that a court appearance was not in the child's best interest.

To read the Florida Supreme Court opinion in SC10-1210 that adopted the amendments, click on this link: <http://www.floridasupremecourt.org/decisions/2012/sc10-2010.pdf>. For more information on this topic contact Avron Bernstein at bernsteina@flcourts.org.

Trauma-Informed Care; Know the Signs

Trauma-Informed Care (TIC) is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma, traumainformedcareproject.org.¹ Traumatic experiences often lead to mental health and co-occurring disorders such as chronic health conditions, substance abuse, eating disorders, and HIV/AIDS, as well as contact with the criminal justice system.² To provide TIC to children, youth, and families involved in the child welfare system, professionals must first understand the impact of trauma on child development and learn how to effectively reduce the effects without causing additional trauma. Essentially, an individual's experience of trauma impacts every area of human functioning—physical, mental, behavioral, social, and spiritual.

Trauma may appear as a single event, a connected series of events, and/or chronic lasting stress. Data show that trauma is under-reported and under-diagnosed.³ In regard to trauma statistics, the mental health system reports 90 percent of trauma experiences, 85 percent of girls in the juvenile justice system experienced physical or sexual abuse, 97 percent of homeless women suffer from mental health issues and are victims of trauma while on the streets (87 percent of the women were victims of early childhood abuse). Women in substance abuse programs report incest at 50 percent. An individual may be exposed to trauma while being in a car or other serious incidents; losing a loved one; sudden job loss; significant health concerns or hospitalization; witnessing violence; experiencing emotional, physical, or sexual abuse; and being in a fire, hurricane, or other natural disaster.

Trauma-informed care provides a new paradigm under which the basic premise for organizing services is transformed. This shift is transformed from, "what is wrong with you" to "what has happened to you?"

continued on next page

Trauma-Informed Care, Continued

Typically, the major question and focus is “what practical actions can be taken at all levels of the system to understand and address trauma, and how can we make it better for children, families, and the workforce in general?” “It’s about the right to have a present and a future that are not completely dominated and dictated by the past.”⁴

Secondary trauma is referred to as the stress resulting from exposure to trauma experienced by others. Symptoms of secondary trauma are often indistinguishable from those experienced directly as a response to trauma. The risk factors associated with secondary trauma include, long work hours, high caseloads, lack of professional success, prior history of personal trauma, exposure to trauma, and gender (female).⁵ Individuals who are at risk of secondary trauma include, professionals, paraprofessionals, or family members who work with and/or assist traumatized children, adults, or families (e.g., psychotherapists, nurses, teachers, foster parents, counselors, social workers, child welfare workers, judges, and mental health counselors).



Carol Edwards, LCSW

There are three components of reducing secondary trauma: 1) awareness, 2) balance, and 3) connection. Awareness of our own trauma history and causes is extremely crucial. Being able to maintain clear boundaries and set realistic goals for yourself is an important process when attempting to maintain a balance. Connecting and communicating routinely has proven to be effective in reducing trauma as well.

For additional information related to trauma-informed care, please contact Carol Edwards, Training Coordinator, at carol.edwards@bigbendcbc.org or 850-694-0728.

[1] The Trauma-Informed Care Project (TIC) of Orchard Place. (2010, October). www.traumainformedcareproject.org.

[2] Substance Abuse and Mental Health Services Administration (SAMHSA). U.S. Department of Health and Human Services. www.samhsa.gov.

[3] NTAC, (2004). *Trauma is under-reported and under-diagnosed*. National Technical Assistance Center for State Mental Health Planning.

[4] Saakvitne, K.W. (2001). *Relational Teaching, Experiential Learning: The Training Manual for the Risking Connection Curriculum*. Baltimore MD: Sidran Institute Press. Levin & Greisberg, 2003.

[5] Saakvitne, K & Pearlman, L.A., (1996). *Transforming the Pain: A Workbook on Vicarious Traumatization*. New York, New York: W.W. Norton and Company.

Trauma-Focused Baby Court Teams

Addressing early trauma can prevent a legacy of addictions, abuse, and mental health problems. Every day judges across the state witness the intergenerational transmission of trauma and adversity. Many children who were abused and neglected are now the abusing or neglecting parents. A convergence of evidence across disciplines has linked toxic early childhood adverse experiences with a lifetime trajectory of serious mental and physical health problems. The time has come for fundamental shifts in practice and a coordinated effort across disciplines to develop more effective strategies for addressing the toxic impact of chronic stress and trauma.

The need is compelling. A majority (58%) of verified cases of maltreatment in Florida are children under five, with babies under age one consisting of the largest group (20%).¹ Maltreatment at an early age is related to poor developmental outcomes.² National data show 38-65% of infants and toddlers encountered by child welfare have delays³ and up to an estimated 82% of maltreated infants will have attachment problems.⁴



Judge Lynn Tepper enjoys reading to children in court.

Two approaches have been established to address the needs of young children, the Miami Child Well-Being Team and Zero to Three's Safe Baby Court Teams. The predominant intervention in both models is the evidence-based practice called Child Parent Psychotherapy (CPP), an evidence-based intervention for children from birth through age five who have experienced at least one traumatic event (e.g., maltreatment, the sudden or traumatic death of someone close, a serious accident, or exposure to domestic violence) and, as a result, are experiencing behavior, attachment, and/or mental health problems, including post-traumatic stress disorder (PTSD). The primary goal of CPP is to support and strengthen the relationship between a child and his or her parent (or caregiver) as a vehicle for restoring the child's sense of safety, attachment, and improving the child's cognitive, behavioral, and social functioning. In addition to CPP, frequent visitation (optimal daily contact) and monthly case reviews were also recognized by the Safe Baby Court Teams as instrumental to their impressive findings of reaching permanency two to three times faster; their children exited the foster care system approximately one year earlier than the matched sample National Survey of Child and Adolescent Well-being (NSCAW).

Two pilot "baby court teams" will be part of Florida's new 3-year grant, "Trauma & Toxic Stress: Changing the Trajectory for Florida's Most Vulnerable Children to Help Them Thrive." The grant is funded by the Health Resources and Services Administration (HRSA), Early Childhood Comprehensive Systems (ECCS), under the leadership of Dr. Mimi Graham of Florida State University's Center for Prevention and Early Intervention. The grant is focused on four elements of systemic change: trauma awareness, trauma screening, expansion of evidence-based interventions, and a trauma lens across systems. Toward those goals, a new task force has been established under The Florida Children and Youth Cabinet to support a trauma lens across state agencies.

At the local level, East Pasco County and Escambia County will pilot "baby court teams" to address trauma in young children and their families to mitigate the adverse effects. Judge Lynn Tepper and Judge Edward P. Nickinson, III were originally selected to provide the judicial leadership for infusing a trauma lens from the bench and in the child welfare community.

continued on next page

Trauma-Focused Baby Court Teams, Continued

Local university experts in early childhood development and infant mental health will assist the judges in identifying and expanding evidence-based services for children 0-3. Both projects have been eagerly embraced by their local CBCs and child welfare communities. In addition to the two official pilots, at least a dozen other circuits are interested in implementing baby court teams in their communities.

The baby court teams offer a fundamental shift from the traditional child welfare approach of “case management” to a “therapeutic approach” of healing early trauma to change the intergenerational transmission of adversity. Efforts are made to identify and heal the parents’ trauma in order to improve their capacity for parenting, while simultaneously focusing on the child’s well being. Central to the baby court teams will be CPP to restore both the child-parent relationship and the child’s mental health and developmental progression that have been damaged by the experience of trauma. CPP is provided by well-trained licensed early childhood mental health specialists and can be billed to Medicaid.

Healthy attachment and early brain development, from birth to age three, is crucial to a child's future social-emotional health, school-readiness, and life-long well-being. Children in the child welfare system are at extraordinarily high risk for developmental delays, non-optimal attachment relationships, and trauma effects that will affect their adjustment for years to come — often, tragically, for a lifetime.

This project will allow the courts to take what is currently known about the services and practices best for early brain development and make them available to the most vulnerable children. Other components of the baby court teams will include developmental screenings, referral to high quality childcare, a continuum of mental health services for families, regular family planning meetings, visitation coaching, stakeholder involvement, and a co-parenting focus. The co-parenting focus will allow all of the important care giving adults in the child's life to communicate and collaborate in order to reduce the stress of transitions, and to create a safe, secure, and predictable environment for the child. The project also helps identify funding streams available to support critical services.

These baby court teams will address the need for trauma-informed services and offer the opportunity of community-based interventions that can change the trajectory for families involved with the court system. For more information regarding trauma-focused baby court teams, please contact Dr. Mimi Graham, Director, FSU’s Center for Prevention and Early Intervention Policy at mgraham@cpeip.fsu.edu. You may also contact your model court liaison. For your convenience, a list of the model court liaisons is listed on page 12.

[1] Florida Department of Children and Families. (2009, October). *Chart: DCF age at time of removal FY 08-09*. Tallahassee, FL.

[2] Rosenberg, S. A., Smith, G., & Levinson, A. (2007). Identifying young maltreated children with developmental delays. In R. Haskins, F. Wulczyn & M. B. Webb (Eds.). *Child protection: Using research to improve policy and practice* (pp. 35–43). Washington, DC: Brookings Institution.

[3] Barth, R.P., Scarborough, A.A., Lloyd, E.C., Losby, Casanueva, C., & Mann, T. (April 2008). *Developmental status and early intervention service needs of maltreated children: Final report*. Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

[4] Goldsmith, D.F., Oppenheim, D., Wanlass, J. (2004). Separation and reunification: Using attachment theory and research to inform decisions affecting the placements of children in foster care. *Juvenile and Family Court Journal*, 55(2), 1-13.

Meeting the Needs of LGBTQ Youth in the Dependency System: A New Focus in the 8th Circuit By Magistrate Nancy

Are all of the children in your dependency system treated with dignity and respect? Last spring, I learned that unfortunately, this was not the case in my area. The conversation started when I learned that a fifteen year old girl in our foster system had her records flagged, was labeled as having a sexual behavior problem and was therefore restricted as far as future placements because she had told someone in her group home that she was gay. Of course, when she caught wind of the uproar, she immediately began backtracking and denied that she had ever said such a thing. That led to an examination of our policies and procedures, an educational presentation at one of our dependency brown bags, the establishment of a local task force that became a regional task force at the request of DCF Regional Director, David Abramowitz, the establishment of workgroups to effectuate changes at the local level, and plans for a regional training for case workers, attorneys, foster parents and other stakeholders, presented by a national resource center (NRC) in conjunction with the American Bar Association (ABA).

Studies indicate that approximately 10-15 percent of children in foster care identify as lesbian, gay, bisexual, transgender, or questioning youth (LGBTQ). These children tend to have longer stays in foster care, more frequent placement changes, and often have difficulty accessing appropriate medical and mental health services. One study found that 78 percent of gay and transgender youth placed in foster care were moved or ran away from their foster homes due to conflicts over their sexual orientation or gender identity, and 70 percent of LGBTQ youth in group homes reported having been the victims of violence based on their status. Youth report everything from being subjected to slurs, to attempts at religious conversion, to open hostility on the part of foster parents, caseworkers, and even judges based on their status.

We are near the beginning of our journey in the 8th Judicial Circuit, and our important first steps have included raising awareness about the issue and beginning the process of educating our stakeholders about how we can improve our system to serve all of our children with dignity and respect. There are many excellent resources online and in print, and if you think this is an issue that needs attention in your area, here are some suggestions to start the conversation:

- Examine policies and procedures within your local system of care that might be hostile, disrespectful, or non-supportive of LGBTQ youth in out of home care, however unintentionally, and ensure that any such policies and procedures are changed. Hold agencies to professional standards, ensure that caseworkers and others who deal with youth are treating LGBTQ and all youth with dignity and respect, regardless of any personal feelings or religious beliefs. Does your CBC have a written policy prohibiting discrimination on the basis of sexual orientation, gender identity, or gender expression? Does the agency have a confidential grievance procedure for reporting violations of the non-discrimination policy?
- Be aware of and guard against the tendency to label age-appropriate behavior as predatory or problematic; ensure that the agency and the court are not applying a double standard for heterosexual youth and LGBTQ youth who are sexually active. Ensure that foster parents and group home staff are being properly screened and trained. Education and training are essential, and the training should be mandatory. Does your CBC have a policy that prohibits discrimination by foster parents based on LGBTQ status? Transmit the message that your courtroom and chambers are hate-free zones, where everyone is not just accepted, but valued.

continued on next page

A New Focus in the 8th Circuit Continued...

- Be mindful that in many cases, sexual orientation or gender identity have little or no impact on the child's needs. Be careful not to let LGBTQ status define the child. If we were assured that all foster homes and group homes were safe and nurturing, we wouldn't need to worry about "outing" kids or forcing them to "out" themselves when they are not ready just so they can be placed in a safe environment. Until that elusive day, however, it's incumbent on us to be sensitive to nuance, to look for warning signs of problems in a particular placement, to appoint attorneys ad litem when possible, to know about foster and group homes that are nurturing and supportive, and to know about available community resources.

Resources:

- Regional Task Force website, with links to other resources: <http://www.villagecounselingcenter.net/LGBTQ-ResourcePage.html>
- Opening Doors for LGBTQ Youth in Foster Care, A Guide for Lawyers and Judges: http://www.americanbar.org/content/dam/aba/publications/center_on_children_and_the_law/lgbtq_book.authcheckdam.pdf
- "Moving the Margins," a train the trainer manual developed by the National Association of Social Workers and the Lambda Legal Defense and Education Fund: http://data.lambdalegal.org/publications/downloads/mtm_moving-the-margins.pdf

A New Miami-Dade Children's Courthouse

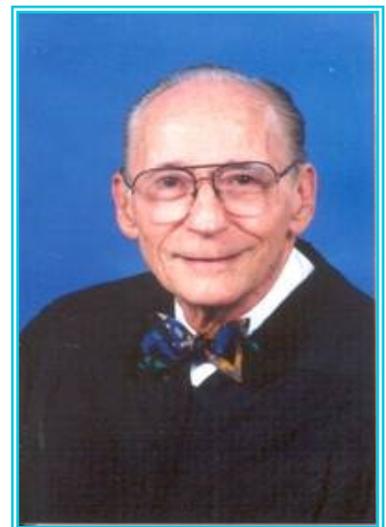
A new children's courthouse is underway in Miami-Dade County. The courthouse will be named after two prominent juvenile judges in acknowledgment of their contributions to children and families in the community. The new children's courthouse will be located in downtown Miami at 155 NW Third Street. The official name of the courthouse will be, "The Judge Seymour Gelber and Judge William E. Gladstone Miami-Dade Children's Courthouse."

Judge Seymour Gelber was appointed to the circuit court bench in 1974. He is a former Miami Beach mayor, prosecutor, and author. Judge Gelber served in the juvenile division until his retirement in 1990. Judge Gelber currently serves as a senior judge in the family and child support divisions.



Judge William E. Gladstone

Judge Gladstone was elected circuit court judge in 1972 and as a juvenile judge in 1980. He served in this capacity for more than three decades until his retirement in 2011. One of his many milestones includes the establishment of the annual "William E. Gladstone Award." This prestigious award is awarded to judges and general magistrates who have significantly advanced the welfare and protection of children and families.



Judge Seymour Gelber

The children's courthouse is scheduled for completion in 2014. For updates, please stay tuned to future editions of *The Dependency Outlook*.

Transitions Training in the 19th Circuit

The Department of Children and Families completed a survey of 54 foster parents around the state. They were interviewed regarding transition practices of our children in foster care. Only 55 percent stated they were involved in planning the transition for a child in their home. Sixty percent of caregivers stated they had no contact with the new caregiver. Because transitions most often occur at the time the court enters the order modifying a child's placement, Children's Legal Services (CLS) became involved in this initiative to bring awareness to thoughtful and planned transitions.

Studies show that trauma can have profound effects on a child's healthy physical and psychological development. Children who have survived trauma often find it difficult to trust other people, feel safe, understand and manage their emotions, adjust and respond to life's changes, and physically and emotionally adapt to stress. Our goal is to reduce any trauma that our children may experience when they transition to a new placement due to reunification, adoption, permanent guardianship, or transitioning to a new foster home.

We enlisted the help of several foster parents from around the state as well as teenagers who recently aged out of foster care from Connected By 25 to share their real life experiences. Their stories were emotional and powerful. They shared with us the characteristics of both positive and negative transitions. A good transition includes talking to children honestly about the changes that occur with transition, engaging children in the process, understanding life history, helping children review and understand their previous life experiences to help them achieve a greater self-understanding, adjusting to losses, and helping children integrate their previous important attachments to be able to form new attachments.

In an effort to achieve this goal, we must first contemplate reunification from the start. We can do this by asking ourselves the following questions: Has there been regular, frequent contact between the child, siblings, and parents beginning immediately after removal (visits, letters, email, calls, Skype)? Have the out-of-home caregivers had an opportunity, immediately after initial removal, to meet with the parents and discuss the child (phone contact at a minimum)? Does the case plan contemplate specific steps, if successful, which will lead to a recommendation for less restricted visitation? Are the out-of-home caregivers practicing co-parenting and are they encouraging reunification by nurturing the child's attachments to their parents?

Are steps being taken to engage and involve the parents in medical and educational decisions for the child? Are the parents cooperating with the out-of-home caregivers and vice versa? Are the visitations positive? Has there been a gradual and orderly transition plan put in place that involves the parents, out-of-home caregivers, GAL, child's attorney, child, child's therapist, and parent's appropriate service providers? Has the child successfully spent extended periods of time, including unsupervised overnight and weekend visits, with the parents or prospective caregivers? Is the input of the present out of home caregivers being considered?

Is there a plan for the child to say goodbye to the out-of-home caregivers and other children in the present home? Does the child have all of his/her belongings? What is the educational plan for the child? If the child has to transfer schools, can the placement change wait until school is out? Are services transitioning with the child?

Finally, it takes all of us teaming together for successful outcomes for our families! This includes foster parents, guardian ad litems, case managers, protective investigators, the judiciary, parents, CLS attorneys, and regional conflict counsel (RCC) attorneys.

For additional information, please contact Grainne O'Sullivan, Esq. at [Grainne OSullivan@dcf.state.fl.us](mailto:Grainne.OSullivan@dcf.state.fl.us) or (561) 227-6706.

Use of Therapy Dogs in Dependency Court

Animal therapy programs are on the rise throughout Florida. Animal therapy has become more popular in recent years as a method of providing comfort to and a stress reliever for all dependency court participants, particularly children. Therapy dogs are not legally defined. Therapy or comfort dogs undergo and pass evaluations according to standards set by national organizations. They have been trained as a team with their owner/handler to provide therapeutic comfort or emotional support to people. Therapy dogs are not service dogs, in which service dogs are defined under the Americans with Disabilities Act as dogs that are individually trained to do work or perform specific tasks for their owners with disabilities.



Judge Susan Lebow with Judy Eason and Coral (therapy dog team) 17th Judicial Circuit.

Therapy dogs must be registered with an appropriate organization and demonstrate the necessary health, skills, aptitude, and temperament requirements. They must also have the ability to adapt to the courthouse facilities, including tolerance of crowds and noise, slick floor surfaces, small rooms, and escalators/elevators. Additionally, therapy dogs in the courtroom must have the ability to travel through security screening posts. Prior to allowing therapy dogs into the courtroom, court personnel should provide training or disseminate information to owners/handlers on court-specific policies and procedures.

Helpful training topics should include basic information on the dependency court process; an understanding and commitment to confidentiality; and courthouse facility information, including appropriate entrances, restricted areas in the facility, parking, location of dog walk areas, and whether owner/handler and therapy dog teams will have freedom of movement in the facility or be escorted. Consideration for

the emotional impact of volunteering, necessity of the presence of a third party, and points of contacts for problem solving and related administrative needs should be included as well. With regard to the presence of a third party, a dog owner/handler should never be left alone with a child — therefore it is wise to always have a third party present, (e.g., GAL volunteers, bailiff, child's caregiver, or court personnel).

For additional information regarding therapy dogs, contact Susan Wilson at susanw@leoncountyfl.gov.

National Adoption Day Celebration

Child welfare agencies in the 2nd Judicial Circuit came together on November 20, 2013, to celebrate adoptive families and to raise awareness in the community about the need for forever families.

Celebrating National Adoption Day is a great honor for the judiciary. Seeing the happy, smiling faces of parents, family members, and children is very rewarding. For many older children, adoption brings finality to a long journey and for younger children, affords them the opportunity to a bright future with a loving family.

It was a very happy day for the court, but especially for the children that have found their forever family. For additional information, please contact Kim Stephens, Family Court Manager, at StephensK@leoncountyfl.gov or (850) 577-4423.



Judge Karen Gievers poses for a picture with a family during the celebration.

News From the 10th Circuit

A fond farewell to Judge Harvey A. Kornstein

Judge Kornstein received his Juris Doctorate (J.D.) from the University of Florida, College of Law in 1976. After law school, Judge Kornstein began his legal career as a JAG officer in the U.S. Navy where he served as Chief Trial Counsel for the Naval Base in Charleston, South Carolina. When he left active duty in 1980, he transferred into the United States Air Force Reserves. He is now a retired Colonel in the Reserves.



Judge Kornstein and his wife, Marcia

In the Reserves, he served as a military judge for the Air Force Judiciary, eastern circuit. He was one of only five reserve military judges in the air force. His military education includes, Naval Justice School, Military Judges School, Squadron Officer School, and Air War College. His judicial career spans over many years.

In 1980, he began working as an assistant state attorney for the Tenth Judicial Circuit in Bartow, Florida. He subsequently served as a Polk County judge for 10 years before being elected as a circuit judge in the Tenth Judicial Circuit in 1998. He was reelected in 2004 and served in the 10th circuit until his retirement in December 2013. He also served as the administrative judge for the juvenile division for Polk County and has been on the dependency bench for the last seven years.

Judge Kornstein embraced the model court concept and has served as the model court judge for the 10th circuit for the past three years. Laura Allsopp, Juvenile Court Director in the 10th circuit, said, “It is hard getting used to the idea that Judge Kornstein will be gone soon. He has been in this division for seven years, and for me, he will be sorely missed. Change is always difficult, but this is more than a regular rotation, it is the end of a gift of stability and stewardship. He brought so much to this division, that most people have no idea the strength he gave us all as a team. He did it quietly and with such grace and humility! He is a treasure.”

Cookie Mooney, Director, 10th circuit Guardian Ad Litem (GAL) program, stated, “Judge Kornstein is a man of deep convictions and integrity. He loves the law while simultaneously caring deeply for his fellow man. The GAL program is indebted to our administrative judge for his commitment to the entire dependency division and he will be dearly missed.” Mercy Hermina, CLS Attorney, stated that “Children’s Legal Services wishes Judge Kornstein the absolute best in his retirement.” She added, “we wish you the best of times, good health, and lots of time to do the things you want and that makes you happy! In this next phase of your life, please know that your impact on the dependency judicial system in the 10th circuit will continue to be seen and to grow.”

Judge Kornstein and his wife Marcia have been married for 40 years. They have three married children and eight grandchildren.

While saying farewell to a model judge, the 10th circuit welcomes Judge James A. Yancey with open arms. Judge Yancey will assume the duties of dependency judge, model courts judge, and administrative judge effective January 1, 2014. Although, Judge Kornstein will be missed, the model court team is happy to be working with Judge Yancey and hope to for a very long time.

For additional information, please contact Leigh Merritt, Senior Court Analyst, at merrittl@flcourts.org or (850) 414-8868.

Events on the Horizon

JANUARY

January 21-24, 2014—5th and 6th Judicial Circuits
Model Courts Liaison Site Visits (court observation and model court team meetings)

January 23-24, 2014—Orlando, FL
Task Force on Substance Abuse & Mental Health Issues in the Courts meeting

January 24, 2014—Tampa, FL
Judicial Training on the Extension of Foster Care

January 27-28, 2014—Orlando, FL
Steering Committee on Families & Children in the Courts meeting

January 30-31, 2014—Crestview, FL
1st Judicial Circuit Project ONE Meeting

January 30-February 1, 2014—Orlando, FL
Focus on Adoption Conference



FEBRUARY

February 4, 2014—Tallahassee, FL
DCF Safety Methodology Steering Committee Meeting

February 10, 2014
Model Court Cross Site Visit
Judges/magistrates from 19th Judicial Circuit will observe the 4th Judicial Circuit's adoption and independent living dockets

MARCH

March 4 - May 2, 2014—Tallahassee, FL
Florida Legislative Session

Florida Dependency Court Information System

In December 2013, a DJJ face sheet page on delinquent youth was added to the Florida Dependency Court Information System (FDCIS). Delinquent youth information in FDCIS is updated from the Department of Juvenile Justice's (DJJ) computer system. Now, all dependency/delinquency crossover cases are identified on the FDCIS Case Summary page. The new delinquency face sheet page provides youth charges, court orders, community service, and contact information on all delinquent youth. In addition, there is a new report for dependency/delinquency crossover cases.

For additional updates, please contact George Roberts, Information Systems Consultant, at robertsg@flcourts.org.



Model Court Liaisons

The Office of Court Improvement designates a model court liaison to each model court circuit. The model court liaisons work closely with individual model court judges and magistrates to develop, prioritize, and achieve court improvement goals. The following is a list of the model court liaisons and the circuits to which they are assigned.

| | | | |
|-----------------------|--------------------------------|--------------|--|
| Avron Bernstein | Circuit: 11 | 850-414-8661 | bernsteina@flcourts.org |
| John Couch | Circuit: 13 | 850-410-1527 | couchj@flcourts.org |
| Dana Dowling | Circuit: 7 | 850-414-8389 | dowlingd@flcourts.org |
| Jovasha Lang | Circuits: 1, 16, 17, and 20 | 850-617-4003 | langj@flcourts.org |
| Leigh Merritt | Circuits: 5, 6, 10, 12, and 14 | 850-414-8868 | merrittl@flcourts.org |
| Nathan Moon | Circuit: 15 | 850-487-0843 | moonn@flcourts.org |
| Dacia Roberts | Circuits: 3 and 8 | 850-922-9337 | robertsd@flcourts.org |
| Kathleen Tailer | Circuits: 2, 4, and 19 | 850-617-4007 | tailerk@flcourts.org |
| Tamarrah Tarver-Small | Circuits: 9 and 18 | 850-921-6095 | tarvert@flcourts.org |

Florida's Dependency Court Improvement Team

Request for Articles

Do you have an idea for an article, a best practice to share, or an event to promote? If so, please consider submitting it for a future issue of this newsletter. Your contributions will make *The Dependency Outlook* a more effective and useful tool for judges, magistrates, and court staff throughout Florida. For more information and/or to submit an article, please contact Dacia Roberts at robertsd@flcourts.org.

Requests for Submissions

- Submit articles by the first of March, June, September, and December to be considered for the next newsletter.
- Articles should be related to dependency.
- Photos may be included with submissions.
- Submit articles and photos via email as Microsoft Word attachments.