FLORIDA INSTITUTE
for CHILD WELFARE

FY 2014-2015 ANNUAL REPORT

Submitted to:

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

OCTOBER 1, 2015

College of Social Work
Florida State University
Tallahassee, Florida

MISSION

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

FLORIDA INSTITUTE
for CHILD WELFARE

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

Dear Governor Scott,

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

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

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

Sincerely,

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

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

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

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SECTION I - EXECUTIVE SUMMARY

The child welfare legislation passed in the 2014 and 2015 legislative sessions has underscored the state's commitment to making children and families in the child welfare system a priority by mandating research supported policy and practice standards that maximize accountability and improve safety, permanency, and well-being outcomes. The Florida Institute for Child Welfare at the Florida State University College of Social Work has an annual appropriation of $1,000,000 and is tasked with establishing a cadre of child welfare researchers who will provide policy and practice recommendations. In February 2015, the Institute submitted its Interim Report (Appendix A) with thirty recommendations for consideration by the legislature and the Department. Since the submission of the report, numerous advances and initiatives have taken place.

In accordance with s. 1004.615, Florida Statutes, the Florida Institute for Child Welfare submits this Annual Report to the Governor. This report will cover the period of July 1, 2014 through September 30, 2015.

Subsequent reports will cover the period of October 1 to September 30 so that information provided in the report is current. The key areas of this report were selected for presentation because of their significance in terms of legislative interest or Department priority. Assessment of key issues was made through interviews, workgroup/meeting participation, and literature and document reviews. The recommendations set forth in this report are intended to complement, rather than replace, the recommendations made in the Interim Report. The Institute remains committed to working with stakeholders to improve Florida's child welfare system and changing the life trajectory of the children and families that are served by it.

The recommendations address the specific mandates outlined in the legislation and focus on seven key areas:

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

REPORT RECOMMENDATIONS

Section III – Need for a Child Welfare Strategic Plan

1. Establish an oversight mechanism for the multiagency workgroups that are working on children's issues to ensure that statewide efforts: 1) are coordinated and collaborative; 2) communicate findings among stakeholders; and 3) have action plans that address the unique needs of children in the child welfare system.

Section IV – Data Driven Decision-Making

1. Increase funding for the Results Oriented Accountability Program (s. 409.997, Florida Statutes).
2. Prioritize data system upgrades that maximize functionality, capability, and data quality assurances with input from the Institute to ensure that effective program evaluation and useful secondary data analysis is possible in the future. The goal of the partnership is to produce high-quality data that can be analyzed and utilized for decision-making.

Section V – Safety, Permanency, and Well-being

Florida's Practice Model

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

Evidence-based and Innovative/Promising Practices

1. Complete the statewide services analysis and provide a plan for filling the gaps with a priority on evidence-based programs.
2. Develop quality standards for all aspects of the child welfare system that are contractually required (from abuse hotline to permanency).
3. Align quality standards with the Results Oriented Accountability Program Plan.
4. Build a centralized repository of quality programs specific to Florida so that effective programs can be accessed and replicated across the state.

Importance of Well-being and Trauma-informed Care

1. Amend Chapter 39 to reflect evidence-based and trauma-informed practices (i.e., visitation frequency).
2. Integrate resources from the National Child Traumatic Stress Network (NCTSN) Child Welfare Trauma Training Toolkit to ground evidence-based and trauma-informed trainings in research and promote standardization across the state.
3. Ensure trauma-informed care is integrated throughout the pre-service training curriculum.
4. Statutorily require trauma-informed care training for all child welfare professionals and subcontracted service providers.
5. Explore options to allow families to retain their existing Medicaid coverage whenever reunification is the goal in an effort to achieve medical and behavioral health stability while in the system and post-discharge.
6. The Agency for Health Care Administration should reimburse behavioral health interventions that require greater than one hour a day and/or more than 26 hours of therapy for children and families.

Section VI – Special Populations

Children Birth to Three

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

Pregnant and Parenting Teens

1. Obtain an accurate count of the number of pregnant and parenting teens in the system. A statewide, point in time, data collection (one day count) should be conducted. Once the point in time data is collected and analyzed, data should be collected on an annual basis utilizing the advisory group recommendations set forth in Appendix J.
2. Teen parents (mothers and fathers) and their child(ren) should have the opportunity to live together when possible and should have access to appropriate housing options that meet the needs of the teen parent(s), as well as their children.
3. Require cross-system training specific to pregnant and parenting teens to all child welfare professionals (including the judiciary and attorneys), foster parents, and service providers.
4. Expand the *My Services* survey to include follow-up questions that can assist with service planning and programming.
5. Ensure that parents aging out, like their non-parenting counterparts, have access to services that will help them meet their goals in various aspects of their lives (i.e. education and employment).
6. Independent living skills for parents aging out need to prioritize the well-being of the parent and the child; thus the skills may be different than the independent living skills for other (non-parenting) youth aging out.
7. Child welfare professionals should conduct trauma-informed risk assessments for all pregnant and parenting teens to assess parent/guardian protective capacities.
8. A continuum of culturally and linguistically competent and trauma-informed interventions, including parenting, should be provided to address the needs of teen parents and their children.
9. Parent education training for youth aging out of the system are needed to address the specialized needs of young parents and their children.
10. The cases of a teen parent and his or her children should be connected with a single case manager.
11. The Department should create a workgroup to examine challenges and best practices related to pregnant and parenting teens in group care.

Commercially Sexually Exploited Children

1. Universally screen for commercial sexual exploitation as part of the investigative and case management process when there is a history of runaway behavior or sexual abuse (self-report or verified).
2. Ensure that FSFN has a required field specific to commercial sexual exploitation.

3. Revamp the training requirements to include all of the topics in the "specialized topics" list and eliminate the grandfather clause to ensure that "specialists" are up to date on approaches.
4. Mandate cross-systems training specific to commercial sexual exploitation of minors for all child welfare professionals (including the judiciary and attorneys), foster parents, and service providers.
5. Establish policies and procedures that actively involve the parents/caregivers of victims who have reunification as their goal or have identified permanency plans.
6. Ensure that there are qualified supervisors who can monitor and manage the staff who have CSE victims on their caseloads.
7. Placements should be very rigorously vetted to ensure that the CSE victim is protected from her perpetrator; has ready access to support and services; and has an after-care plan that includes continued therapy, housing, and educational and employment options.
8. Foster parents and house parents should be adequately informed as to the CSE history of the child prior to placement and should receive specialized training regarding the needs and approaches that are needed to keep the child safely in the placement and ensure the safety of the other children in the home.

DJJ-DCF Crossover Youth

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

Section VII – Residential Group Care

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

Section VIII – Workforce Issues

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

Section IX – Critical Incident Rapid Response Team (CIRRT)

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

SECTION II - FLORIDA INSTITUTE FOR CHILD WELFARE

Background

In 2014, the Florida Legislature passed comprehensive child welfare legislation (Senate Bill 1666), which established the Florida Institute for Child Welfare (Institute) at the Florida State University College of Social Work under s. 1004.615, Florida Statutes. The purpose of the Institute is to advance the well-being of children and families by improving the performance of child protection and child welfare services through research, policy analysis, evaluation, and leadership development. The Institute is a consortium of accredited public and private universities throughout Florida offering social work degrees. The statute requires the Institute to work with the Department of Children and Families (DCF), sheriffs' offices providing child protective investigative services, community-based care lead agencies (CBC), community-based care provider organizations, the court system, the Department of Juvenile Justice (DJJ), the Florida Coalition Against Domestic Violence (FCADV), and other stakeholders who contribute to and participate in providing child protection and child welfare services.

The Institute is statutorily required to:

- Maintain a program of research contributing to the scientific knowledge related to child safety, permanency, and child and family well-being.
- Advise DCF and other organizations about the scientific evidence regarding child welfare practice.
- Provide advice regarding management practices and administrative processes.
- Assess the performance of child welfare services based on specified outcome measures.
- Evaluate the educational/training requirements for the child welfare workforce and the effectiveness of training.
- Develop a program of training/consulting to assist organizations with employee retention.
- Identify and communicate effective policies and promising practices.
- Develop a definition of a child or family at high risk of abuse or neglect.
- Evaluate the provisions of Senate Bill 1666 and recommend improvements.
- Recommend improvements in the state's child welfare system.
- Submit an annual report to the Governor and legislature outlining activities, significant research findings, and recommendations for improving child welfare practice.

Beyond funds appropriated directly to the Institute, these tasks will be funded through contracts with DCF, public and private grants, and/or other funding resources obtained directly by the Institute.

Yearly Activities/Information Sources

The Interim Director has traveled extensively throughout the state and has participated in formal statewide and national child welfare meetings, workgroups, interviews, and conferences to gain a better understanding of the state of child welfare in Florida and to set priorities for the Institute (Appendices B and C). Through these mechanisms, the Institute gained invaluable insight as to the strengths and needs of Florida's child welfare system as well as the leadership and expertise required from the Institute regarding practice research, policy analysis, and technical assistance.

Budget Allocation Plan

The 2014 Legislature appropriated $1 million in recurring general revenue funds to the Florida State University specifically for the Institute. The expenditure categories, descriptions, and allocations submitted to the Governor's office were as follows.

Institute Administration

Responsible for strategic planning, fiscal and personnel management, compliance, deliverables, and liaison activities with the State of Florida government offices.

On-Going Research & Evaluation Activities

Focuses on projects that inform policy and practice related to child safety, permanency, and child and family well- being. This research will be housed permanently at the Institute and will include longitudinal and cross-sectional studies on 1) children that come into contact with Florida's child welfare system; 2) the child welfare workforce; and 3) evaluation of training and education.

Subcontracts to Social Work Programs

Focuses on research and evaluation on the efficacy of child welfare interventions using partnerships between universities and community-based agencies through a competitive application process.

The expenditures for FY 2014-2015 are presented in Table 1.

Table 1 - FY 2014-2015 Budget

	Original Budget	Adjusted Budget	Expenses July-June	Obligated Funds	Available Balance
Institute Administration					
Salaries			156,824.16		
Expenses			4,371.53		
Computer Equipment and Software			7,641.03		
Affiliate Agreements			32,500	2,500[1]	
Total Administration	**200,000**	**205,000**	**201,336.72**	**2,500**	**1,163.28**
Ongoing Research and Evaluation Activities					
FSU Faculty Salaries			60,842.36		
Graduate Assistants			9,455.88		
Travel			12,773.09		
Total Ongoing	**175,000**	**136,500**	**83,071.33**		**53,428.67**
Subcontracts	**625,000**	**658,500**	**222,500**	**436,000[2]**	
Total Institute	**1,000,000**	**1,000,000**	**506,908.05**	**43,8500**	**54,591.95[3]**

[1] MOU with FSU College of Social Work has been signed. Expenses are being charged to the College of Social Work budget. At the end of the fiscal year those expenditures will be transferred to the FICW budget via journal transfer.

[2] Projects awarded to researchers external to FSU. Funds are being encumbered via purchase order.

[3] Includes carry forward from FSU fringe pool.

Staffing Plan

Two mechanisms are utilized to staff the Institute: Florida State University (FSU) employees and public/private university social work faculty affiliations. FSU employees will be hired through the College of Social Work (CSW) in designated faculty, non-faculty, or Other Personnel Services (OPS) positions. The Institute has secured Memoranda of Understanding (MOU) with each of the 14 accredited universities offering social work degrees. Each participating program receives an annual stipend of $2500 to offset incurred costs associated with faculty travel to Institute meetings and to attend child welfare conferences. Currently, the Institute has 54 faculty affiliates across the state that have identified themselves as child welfare researchers or child welfare faculty (Appendix D).

Research Priorities

The Institute's priority is to partner in building an informed and integrated child welfare system through collaborative research that can be translated into effective and efficient practice. The Institute utilized the 2014-2015 fiscal year legislative appropriation to prioritize three research areas:

1. Enhancing collaborative relationships in child welfare practice
2. Child welfare evidence-based practice (EBP) replication projects
3. Innovative/promising child welfare practices

The goal of focusing on these areas is to emphasize the need to move toward evidence-based/evidence-informed child welfare practice through replication of existing EBP programs and/or utilizing innovative ideas to develop practices that can be validated through program evaluation and intervention research. To this end, the Institute made ten $60,000 research awards. For a complete list of the awardees, see Appendix E. Researchers from the Florida State University College of Social Work were funded to develop a work plan for a large scale five-year longitudinal workforce study. The prospectus is presented in Appendix F. Additionally, the Institute funded eight technical reports designed to assist in decision-making and inform stakeholders of current research and effective practices (see Appendix G). These reports are currently being edited and formatted and will be made available to the Governor's office, the Senate President, Speaker of the House, and key stakeholders once they are finalized.

Strategic Plan

The Institute's goals and priorities were specified in Senate Bill 1666 with an overarching mandate to make practice and policy recommendations to improve Florida's child welfare system. In maintaining alignment with legislative intent and priorities, the Institute proposes "Four Pillars" to target mandated outcomes in the following research priority areas:

1. Collaborative partnerships
2. Practice research
3. Policy analysis
4. Technical assistance and training

The Institute's 5-year strategic plan is presented in Appendix H.

The remainder of this report updates the Interim Report submitted on February 1, 2015 and makes additional recommendations for improving the Florida's child welfare system for consideration by the Governor, legislature, and Department of Children and Families. The recommendations in this report are grounded in available research and serve as points of departure for further discussion and analysis as to where investments should be made to improve the child welfare system. The prioritization and mechanics to achieve these

recommendations remains to be developed; however, the Institute intends to be a dedicated partner toward their assessment and prospective implementation.

SECTION III - NEED FOR A CHILD WELFARE STRATEGIC PLAN

The Interim Report presented an argument for a statewide, system-wide strategic plan based on the child welfare system model presented in the Interim Report (Appendix A, Figure 3, Page 13). As suggested in the Interim Report, system integration is difficult to attain because each entity has their own mission, strategic plan, outcome measures, and resource allocation plans that may or may not be aligned with those of child welfare. Senate Bill 1666 set the stage for a forward-thinking child welfare agenda that embraces a child-centric systems approach; however, getting everyone to the table to agree on a sustainable model of collaboration, cooperation, and shared responsibility has been difficult even though there is overwhelming support for a plan. The Institute is committed to continue advocating for a unified strategic plan for children and families in the child welfare system, but now has a better appreciation for the magnitude of effort that is needed to bring this plan to fruition. We will continue to work with entities that provide services to children and families in the child welfare system to identify opportunities for strategic collaboration and planning.

Moving forward, the Institute will convene and meet with significant organizations and actors across multiple, relevant fields in the public and private sectors that help shape the lives of Florida's families and children, and especially those who significantly affect and intervene with child welfare clients at practice and policy levels. The Institute will develop and use convening-and-designing processes that help "smooth the path" for translational research and consultation by establishing and clarifying the actual geographies, contours, and boundaries of the child welfare environment. These efforts can help meet a number of objectives including: 1) invite committed persons already working on children's issues to develop approaches that are coordinated and collaborative with others engaged in such work; 2) develop a usable "catalogue" of statewide assets across sectors that can be employed in the service of children and families more effectively and efficiently; 3) communicate important issues, questions, and findings among stakeholders and across sectors; 4) move forward the design of action plans and scalable "proof of concept" designs that will help address the unique and long-term needs of children in the child welfare system; and 5) enhance the probability of successful "translation" of validated child welfare knowledge and interventions into Florida's system of care.

Although the Institute has not yet made forward movement on a unified strategic plan, there are examples of opportunities to capitalize on that should be noted. The Department is in the early stages of developing a model for integrating behavioral health (substance abuse and mental health) services with child welfare services. The integration plan's success will be highly dependent on the ability of the two systems to a) accurately assess current policies and practices to identify the commonalities and gaps; b) establish an exchange of information and referral system; c) map existing resources against existing need; and d) identify desired conjoint outcomes. Once the model is developed, it will require cross-system strategic planning for successful implementation and sustainability. The Institute can help inform and facilitate this process.

A second opportunity is to unify the statewide, state-level, multiagency groups that are currently addressing children's issues. In June 2015, the Office of the State Courts Administrator took the first step in identifying the groups and their purpose/goals and the agencies participating in the workgroup (Appendix A). The inventory identified 26 workgroups across the state. A review of the purpose and goals of each group revealed that the state does not have a mechanism for communication between the various workgroups, which results in overlap and ineffective dissemination of information regarding programs, policies, and practices.

Recommendation

1. Establish an oversight mechanism for the multiagency workgroups that are working on children's issues to ensure that statewide efforts: 1) are coordinated and collaborative; 2) communicate findings among stakeholders; and 3) have action plans that address the unique needs of children in the child welfare system.

SECTION IV - DATA DRIVEN DECISION-MAKING

System accountability was the primary focus of the sweeping child welfare reforms during the 2014 legislative session. The Results-Oriented Accountability Program (ROAP) was legislatively mandated in s. 409.997, Florida Statutes. The statute specifies that DCF, CBC agencies, and the lead agencies' subcontractors share the responsibility for achieving the outcome goals specified in s. 409.986(2), Florida Statutes. The DCF submitted its ROAP plan and budget recommendations in February 2015. During the 2015 legislative session, the legislature appropriated $500,000, well below DCF's submitted budget projections.

During the 2014 legislative session, there also was a focus on data analytics, specifically predictive risk modeling (PRM). North Highland Consulting and the SAS Institute completed the "discovery phase" of the project and will continue the project in FY 2015-2016.

The Institute was actively involved in an advisory capacity with the development of the ROAP and predictive analytics plan. The Interim Report supported the need for a co-located (Institute and DCF) "Results Lab" in which the Institute would be responsible for the research and data analysis process of the plan. As suggested in the report, it would be a logical extension of the PRM plan to include the expertise of the Institute to run predictive risk models. Co-location will also provide researchers across the state access to data. It will also cultivate a new generation of child welfare researchers by encouraging access to Ph.D. students and post-doctoral fellows.

Since the Interim Report was submitted, the Department has formed the *Child Welfare Performance and Quality Management Unit* within the Office of Child Welfare (OCW). The OCW has hired a researcher/statistician specifically for the unit. The Institute and the director of the unit have been working closely and the Institute readily offering advice and guidance regarding research design and data collection. The Institute and the OCW are in continuous dialogue regarding the possibility of a co-located results lab.

The ROAP and data analytics plans provide the blueprint for moving Florida's child welfare system to the forefront of quality child welfare service delivery on a national level; however, the plans are only as good as the data that is entered. The Florida Safe Families Network (FSFN) system needs to be upgraded to ensure that functionality and capability is maximized. Significant improvements to the quality of data entry could be made if timeframe policies were consistently applied and the data was reviewed by supervisors for accuracy and completeness.

Recommendations

1. Increase funding for the Results Oriented Accountability Program (s. 409.997, Florida Statutes).
2. Prioritize data system upgrades that maximize functionality, capability, and data quality assurances with input from the Institute to ensure that effective intramural and extramural program evaluation and useful secondary data analysis is possible in the future. The goal of the partnership is to produce high-quality data that can be analyzed and utilized for decision-making.

SECTION V - SAFETY, PERMANENCY, AND WELL-BEING

Florida's Practice Model

Florida's child welfare practice model is the driving force behind meeting the safety, permanency, and well-being outcomes specified in s. 409.986 Florida Statutes. The integrated model is intended to control for safety through present and impending danger assessments, safety planning, Family Functioning Assessment (FFA), and assessing risk with an actuarial risk assessment. As stated in the Institute's Interim Report, the model was implemented without a critical literature review on the two approaches and without evidence that they were valid and reliable (Appendix A, page 17).

To date, the model has not been fully implemented across the state; however, there has been considerable progress towards implementation since the Interim Report. Currently 95% of the investigators are utilizing the practice model whereas only 25% of case managers have been trained. These rates indicate that there are still areas of the state where only CPIs are trained and utilize the practice model; yet cases are given to case managers who have not yet had the necessary training or have the capacity to continue services based on the model. The Institute continues to have concerns that child safety, permanency, and well-being remain at risk because the same framework/model for controlling for safety and making risk assessments is not being universally utilized. The "full" model is dependent on both investigations and case management staff being fully trained and working in tandem. Additionally, it is unknown what fidelity issues exist and if they are consistent across geographic areas where the model has been fully implemented in both investigations and case management.

Additionally, the practice model tools have not been validated. The OCW's Performance and Quality Management Unit is in the process of validating the FFA and continues to contract with ACTION and the Children's Resource Center for quality/fidelity assurance reviews and compliance on the CPI components of the model. The CBC agencies are not uniformly providing the same fidelity reviews in the Circuits where the model has been implemented.

An evaluation of the utilization of the practice model in geographic areas with full implementation would provide insight on best practices for adhering to and ensuring fidelity to the model. These lessons learned could better provide guidance to other areas new to implementation. In June 2015, a DCF report entitled, *Community Based Case Care Lead Agency Trends and Comparisons: Caseloads and Use of Placement Resources*, documented that the out-of-home care (OHC) rate had significantly increased while at the same time there was a decrease in discharge rates. These rates varied across Circuits. The Office of Child Welfare has partnered with Casey Family Programs and the Ounce of Prevention to identify the root causes and systemic factors contributing to the increased numbers of out- of-home care. The Institute is represented on the advisory committee.

Recommendation

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

Evidence-based and Innovative/Promising Practices

In the Interim Report, the distinction between best practice models and evidence-based practice (EBP) was made. According to Brown (2009), best practice models are "generally accepted, informally-standardized techniques, methods, or processes that have proven themselves over time; however, they lack the independent evaluations needed to validate their effectiveness." Evidence-based programs are programs that have been shown effective by scientifically rigorous evaluations. The recommendation to prioritize evidence-based programs was written into statute in the 2015 legislative session (Appendix A, pages 17-19). This legislation is a

step in the right direction; however, the goal to prioritize evidence-based programs and practices into an existing complex system may prove challenging because a) EBPs will need to be adapted to fit the unique circuit needs; and b) the privatized system does not have a mechanism for disseminating innovative models that are effective. Such challenges are not unique to Florida; the entire nation is struggling with these tasks.

Since the legislation was passed, efforts have been made by the Department to identify the current array of available services and how they fit into the best practices to evidence-based continuum. There has also been a notable positive shift by the Department from "availability of and access to services" to one that prioritizes "service quality and effectiveness". The Department has collected initial data on the current service array and is in the process of collecting additional data. The Institute has made recommendations regarding survey design to maximize response rates and results. As the shift moves toward quality and effectiveness of programs, quality standards or a quality rating system will need to be identified and/or developed. Additionally, as new evidence-informed or innovative practices are implemented in other settings, it will be critical for evaluation studies to be in place to ensure that the practices meet quality standard thresholds and are effective. Lastly, practices that are found to be effective should be replicated and adapted to meet community level needs.

Recommendations

1. Complete the statewide services analysis and provide a plan for filling the gaps with a priority on evidence-based practices.
2. Develop quality standards for all aspects of the child welfare system that are contractually required (from abuse hotline to permanency).
3. Align quality standards with the Results Oriented Accountability Program Plan.
4. Build a centralized repository of quality programs specific to Florida so that effective programs can be accessed and replicated across the state.

Importance of Well-being and Trauma-informed Care

Although Florida's child welfare outcomes are safety, permanency, and well-being, Florida's child welfare model prioritizes safety. As the Department moves toward integrating behavioral health and child welfare services, the practice model will need to place a greater emphasis on well-being. In an integrated service model, child and family well-being assessments will need to prioritize and analyze the interactions of parental behavioral health status and child maltreatment with a trauma-informed perspective.

Trauma-informed practice reflects the following six key principles:

1. **Safety -** Ensuring physical and emotional safety.
2. **Trustworthiness and Transparency -** Maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries.
3. **Peer Support** - Increasing positive peer support.
4. **Collaboration and Mutuality** - Maximizing collaboration and sharing of power with clients.
5. **Empowerment, Voice, and Choice** - Prioritizing client empowerment and skill-building, hearing client desires and concerns, and prioritizing client choice.
6. **Cultural, Historical, and Gender Issues -** Being sensitive to a variety of cultural, historical, and gender issues that affect service access, delivery, and client decision-making.

As Florida moves toward a trauma-informed child welfare system, there will also need to be a shift in how families in the system are viewed and valued. Trauma-informed systems:

1. Recognize that coercive interventions can be both traumatizing and re-traumatizing for clients;
2. Routinely assess for trauma and common traumatic stress related mental health conditions;

3. Solicit and value client opinions;
4. Include clients in treatment and case decision making processes;
5. Envision client success; and
6. Help clients make different and more success-oriented choices moving forward.

In the 2015 legislative session, language was written into statute requiring the prioritization of trauma-informed care (TIC); however, there were not policy changes to reflect how TIC is translated into practice. For example, s. 39.4085(15-16), Florida Statutes requires sibling visitation at least once a week and visitation with parents at least once a month, unless a judge orders otherwise. Although these visitation goals are not the standard across the state, they illustrate the need to align policies with the best practice of frequent visitation, especially for infants and toddlers. The National Child Traumatic Stress Network (NCTSN) has developed a trauma toolkit that has provided guidance and/or has been successfully integrated in other states that could be used as a model for Florida.

The Department's desire to develop a trauma-informed service delivery model that integrates behavioral health and child welfare services will require consideration of Medicaid eligibility, funding mechanisms, and require assurances that the Agency for Health Care Administration (AHCA) will support the shift. Child welfare families coming into the system have a unique set of treatment issues that are directly related to their Medicaid benefits.

Currently, DCF's eligibility criteria require that parents/caretaker relatives must have at least one minor child in the home, or be pregnant, to receive Medicaid if they otherwise meet the program's eligibility criteria. On the federal level, parents/caretaker relatives in low-income families with dependent children are eligible for coverage if their income meets minimum eligibility levels. The federal guideline does not define "dependent" as residing in the home; this is a criterion specific to Florida. The "in-home" criterion can be a detriment for the family that is willing to work a case plan with reunification as a goal. If a family comes into the child welfare system already receiving Medicaid benefits and the child is removed from the home, the parent is no longer eligible to receive Medicaid benefits. If the child is placed in out-of-home care, they may be moved to another Medicaid health plan, specifically Sunshine Health, and the parents will no longer have access to their primary and/or behavioral health care provider. Essentially, the family unit loses their "medical home." If the child is reunified, the family will have to reestablish a medical home which can take 45 days. This causes undue stress on the family and may actually inhibit the child and the parent's ability to get timely and necessary services such as substance abuse and or mental health treatment for the maltreating parent.

Second, Medicaid reimburses a maximum of 104 quarter-hour units (26 hours) of individual and family therapy services, per recipient, per state fiscal year. There is also a maximum daily limit of four quarter-hour units (one hour). This is especially troublesome given that families that come into the system often have complex trauma histories as well as myriad behavioral health issues that may routinely need more than 26 hours of individual or family therapy and/or more than one hour of services per day. Additionally, the session length and unit limits set forth by AHCA do not support trauma-focused evidence-based interventions, such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and/or is not conducive to system constraints (i.e. transportation).

Recommendations

1. Amend Chapter 39 to reflect evidence-based and trauma-informed practices (i.e., visitation frequency).
2. Integrate resources from the National Child Traumatic Stress Network (NCTSN) Child Welfare Trauma Training Toolkit to ground evidence-based and trauma-informed trainings in research and promote standardization across the state.
3. Ensure trauma-informed care is integrated throughout the pre-service training curriculum.

4. Statutorily require trauma-informed care training for all child welfare professionals and subcontracted service providers.
5. Explore options that allow families to retain their existing Medicaid coverage whenever reunification is the goal in an effort to achieve medical and behavioral health stability while children are in the system and post-discharge.
6. The Agency for Health Care Administration should reimburse behavioral health interventions that require greater than one hour a day and/or more than 26 hours of therapy for children and families.

SECTION VI – SPECIAL POPULATIONS

This section of the report is designed to address the unique needs of four subsets of the child welfare population, specifically: 1) children ages birth to three; 2) pregnant and parenting teens; 3) commercially sexually exploited children; and 4) crossover youth. Each subsection will provide a high level overview of the issues with associated recommendations. Technical reports will be provided for the first three populations once they have been edited and formatted.

Children Birth to Three

The Interim Report presented the importance of specialized services for families with children birth to three in the child welfare system (Appendix A, pages 21-22). Infants and toddlers are disproportionately represented in Florida's child welfare system and are at greatest risk of death due to abuse or neglect. This is also the critical period for brain development and for establishing secure attachments to a primary caregiver. As discussed in the Interim Report, the child welfare system can unintentionally re-traumatize young children and disrupt secure attachments. Because infants and toddlers have typically been a low priority for behavioral health intervention and funding in the United States, child welfare approaches have focused exclusively on the parent without adequate focus on the parent-child relationship.

To help address this deficiency, advocates, judges, and other stakeholders have made concerted efforts to implement early childhood courts around the state. In March 2015, Florida's Court Improvement Program was chosen as one of six ZERO TO THREE (ZTT) Quality Improvement Center for Research-Based Infant-Toddler Court Team demonstration sites. Currently, there are 20 circuits receiving technical assistance from ZTT. The set of core components of Florida's Early Childhood Courts are as follows:

1. Judicial leadership
2. Trauma lens
3. Central role of infant mental health specialists and child-parent psychotherapy
4. Continuum of behavioral health services
5. Collaborative court team
6. Community coordinator
7. Cross agency training
8. Developmental support for the child
9. Parent education and support
10. Placement stability and concurrent planning
11. Monthly family team meetings
12. Parent-child contact (family time visitation)
13. Co-parenting
14. Evaluation
15. Funding and sustainability

What makes this approach unique is the use of frequent judicial oversight; up-front assessment and planning; the use of infant mental health therapeutic approaches; and multi-disciplinary teams. What is not known, is whether the totality of the 15 components drives positive outcomes or if different combinations of specific components impact child maltreatment rates. What is known is that infants and toddlers in the child welfare system simply cannot wait for services because of access and availability limitations. Delays in providing services

for the birth to three segment of the child welfare population will continue to have long-term developmental and societal implications.

The DCF Secretary announced at the 2015 Dependency Summit that policy requirements, fiscal resources, and services for children three years of age and younger will be a priority in the upcoming year. The Institute is prepared to work with the Department to develop a research agenda that will help move this initiative forward.

The impact of maltreatment on infants and toddler development is well documented, as is the importance of addressing the parent's trauma history; however, frontline professionals, foster parents, and service providers are not typically trained to address the impact of trauma on young children, nor are they trained on the unique needs of infants and toddlers in the child welfare system. Screening for trauma history and symptoms is not a policy or practice standard for CPIs, case managers, or service providers. Such screening would enhance the Family Functioning Assessment, case plans, and assist with identifying appropriate treatment interventions for the parent as well as the parent-child relationship. Additionally, referrals to Early Steps (Part C), as required by the Child Abuse and Prevention Treatment Act (CAPTA), are not made on all children three years of age and younger who are involved in a verified incident of abuse or neglect.

Therapeutic interventions for children birth to three are Medicaid reimbursable. Currently, the *DC: 0-3R* can be cross walked to the Diagnostic and Statistical Manual of Mental Disorders (*DSM-IV-TR*), and the International Statistical Classification of Diseases and Related Health Problems (ICD-9) for billing purposes. However, the child, not the parent, must have a diagnosis, which is sometimes difficult to make in children ages birth to three. The DC: 0-3R is a multi-axial system with Axis II assessing the parent-child relationship through the use of the Parent-Infant Relationship Global Assessment Scale (PIR-GAS). The PIR-GAS is a parent-child relationship rating instrument to describe the strengths of a relationship as well as the severity of a disorder. Currently, there are not any alternatives for billing for a low PIR-GAS score without an identified Axis I clinical disorder. Given that child safety, permanency, and well-being outcomes are contingent on healthy and stable parent-child relationships, low PIR-GAS scores should be considered as reimbursable. It should be noted that the Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes a PIR-GAS score of 40 or below (which indicates a Relationship Disorder in the "Disturbed" Category) as an indicator of imminent risk for maltreatment.

Recommendations

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

Pregnant and Parenting Teens

Pregnant and parenting teens involved in the child welfare system present a unique set of complex, multidimensional challenges. Unfortunately, we do not have the data to precisely know the magnitude of the problem in Florida. Nationally, it is estimated that between 16-50% of females in foster care or recently aged out become pregnant by age 22. FSFN has the capability to capture this data; however, the field is not universally utilized.

Currently, the Department gathers data via the *My Services* survey which is designed to provide insight into the foster care experience from the perspective of Florida's foster youth. The survey also helps depict the degree to which foster care and independent living services are achieving their intended objectives. The survey is administered twice a year to youths age 13-17. There are two yes/no items specific to teen pregnancy and parenting: 1) Are you pregnant? and 2) I have a child or children. However, there are not any follow-up items related to these two areas. DCF also utilizes an expanded version of the National Youth in Transition Database (NYTD) survey of young people ages 18-22 that have aged out of Florida's foster care system. The survey is administered on an annual basis. There is one question related to parenthood on the survey, "Have you ever given birth or fathered any children that were born?" Neither of these surveys allow for further opportunity to gather richer data regarding the teens' circumstances. The lack of available data makes it extremely difficult to adequately identify the correct service array that is needed for these youth and their children.

There is universal agreement that being a teen parent is a risk factor for not providing a healthy, safe, and nurturing environment for infants and toddlers. From a developmental perspective, the teen years are often difficult to maneuver and successfully emerge from as a healthy young adult. For pregnant and parenting teens in the child welfare system, this developmental stage can be even more tumultuous, because they have their own maltreatment and trauma histories to address as well as the added stressor of pregnancy and/or a child. Pregnant and parenting teens are also more likely to perform below grade level and have lower graduation rates than their non-pregnant/parenting peers. Lastly, they do not readily access healthcare and are more likely to rapidly become pregnant again.

The cumulative effect of these problems often makes it difficult to successfully navigate the teen years especially for those pregnant and parenting teens with a backdrop of involvement in the child welfare system. Preexisting involvement in the child welfare system can result in the teen voluntarily relinquishing custody of their child to a relative or their children becoming involved in the child welfare system because of maltreatment; thus the multi-generational impact of maltreatment continues. If the teen decides to keep her child, she is often faced with challenges related to housing, employment, educational opportunities, childcare, transportation and access to support services. These challenges require a sophisticated understanding of systems and bureaucracies that is typically unavailable to teenagers. Additionally, teen fathers are often overlooked and/or undervalued, yet they may be experiencing the same barriers that the teen mother is experiencing.

Finding appropriate placements for pregnant and parenting teens is difficult because there already is a shortage of placements for teens. Teen parents in the system are often separated from their children because there is not an adequate number of placements available that will accept pregnant teens or teens with their infants. Residential group homes are often utilized to fill the gap; however, they are often ill-equipped to meet the complex needs of these youth.

In 2014, the Independent Living Advisory Council Related to Pregnant and Parenting Teens in Florida made recommendations to the Department regarding data collection, training and safety (Appendix J). This year the Institute contracted with researchers from Florida State University to write a technical report on parents aging out of the child welfare system. The recommendations set forth in this report encompass both of these resources.

Recommendations

1. Obtain an accurate count of the number of pregnant and parenting teens in the system. A statewide, point in time, data collection (one day count) should be conducted. Once the point in time data is collected and analyzed, data should be collected on an annual basis utilizing the advisory group recommendations set forth in Appendix J.

2. Teen parents (mothers and fathers) and their child(ren) should have the opportunity to live together when possible and should have access to appropriate housing options that meet the needs of the parent(s), as well as their children.
3. Require cross-system training specific to pregnant and parenting teens to all child welfare professionals (including the judiciary and attorneys), foster parents, and service providers.
4. Expand the *My Services* survey to include additional items that can assist with service planning and programming.
5. Ensure that parents aging out, like their non-parenting counterparts, have access to services that will help them meet their goals in various aspects of their lives (i.e. education and employment).
6. Independent living skills for parents aging out need to prioritize the well-being of the parent and the child; thus the skills may be different than the independent living skills for other (non-parenting) youth aging out.
7. Child welfare professionals should conduct trauma-informed risk assessments for all pregnant and parenting teens to assess parent/guardian protective capacities.
8. A continuum of culturally and linguistically competent and trauma-informed interventions, including parenting, should be provided to address the needs of teen parents and their children.
9. Parent education training for youth aging out of the system are needed to address the specialized needs of young parents and their children.
10. The cases of a teen parent and his or her children should be connected with a single case manager.
11. The Department should create a workgroup to examine challenges and best practices related to pregnant and parenting teens in group care.

Commercially Sexually Exploited Children

Section 787.06, Florida Statutes, defines "human trafficking" as "transporting, soliciting, recruiting, harboring, providing, or obtaining another person for transport." Unfortunately, we do not know the number of children in the child welfare system that have a current or past history of sexual exploitation. These children require a highly specialized screening, assessment, and treatment model to ensure that the system is protecting them from further exploitation and needlessly re-traumatizing them.

In 2014, the legislature recognized the need for legislation related to screening and assessing children who are victims of commercial sexual exploitation (CSE) by creating s. 409.1754 Florida Statutes. The statute outlines the legislatively mandated requirements for screening and assessment, training, case management and task forces for sexually exploited children. The statute requires that initial screening and assessment instruments be developed to assess the appropriate placement of a sexually exploited child, including whether placement in a safe house or safe foster home is appropriate, and validation of the initial screening and assessment instruments. The Department developed a screening tool in conjunction with the Department of Juvenile Justice. The Institute is working with DCF to refine the tool so that it can be validated.

Additionally, the statute requires the Department and community-based care lead agencies ensure that cases with alleged, suspected, or known commercial sexual exploitation have child protective investigators and case managers who have received specialized intensive training in handling these types of cases. Regular multidisciplinary staffings relating to services provided for sexually exploited children must be conducted to ensure that all parties possess relevant information and services are coordinated across systems. Each region of the department and each community-based care lead agency must establish local protocols and procedures for working with sexually exploited children. The protocols and procedures should take into account: a) the varying types and levels of trauma endured; b) whether the sexual exploitation is actively occurring, occurred in the past, or inactive but likely to recur; and c) the differing community resources and degrees of familial support

that are available. Child protective investigators and case managers must use these protocols and procedures when working with a sexually exploited child.

Lastly, the statute stipulates:

> *"to the extent that funds are available, the local regional director may provide training to local law enforcement officials who are likely to encounter sexually exploited children in the course of their law enforcement duties. Training shall address the provisions of this section and how to identify and obtain appropriate services for sexually exploited children."*

It was reported in the DCF presentation to the House Children, Families, and Seniors subcommittee in September 2015 that over 930 protective investigators, case managers, and hotline staff have received specialized training. The initial training required of agency personnel before accepting cases with human trafficking victims includes a three-hour "Human Trafficking 101" course, a one-hour course on HB 7141, and two more hours of additional live training on topics related to human trafficking (i.e., gangs, complex trauma, motivational interviewing, etc). Ongoing training is required 12 months after the initial training: one hour per quarter for a total of four hours each fiscal year. The Department has also stipulated a grandfather clause for training that allows staff who have had 10 hours of Human Trafficking in the last 24 months to only complete the HB 7141 training.

The Institute has concerns that this training approach is inadequate. While these requirements are commendable as a strong effort to meet the legislative mandate, the training curricula should include all of the specialized topic areas and should not be self-selective in nature nor based on previous training requirements. The long-term consequences of missing or not appropriately addressing CSE issues early are dire.

Sexually exploited children have a unique set of risk factors. Research shows that vulnerability increases the younger the age of the child. Exploiters target younger children because they are easier to manipulate and deceive than adults. CSE victims typically come from minority populations, have experienced poverty, have a history of emotional, physical, or sexual abuse and have faced significant familial and school disruptions. Among CSE girls, two risk factors transcend demographic differences — a history of child sexual abuse and/or a history of runaway behavior. Several studies indicate that between 70-90% of exploited children have experienced child sexual abuse before they are first commercially exploited. Additionally, many victims run away or are 'thrown out' of their homes leaving them extremely vulnerable to exploitation in the streets. The National Center for Missing and Exploited Children (NCMEC) reports that in 2014, 1 in every 6 endangered runaways reported to NCMEC was likely a victim of child sex trafficking. Children who run away from home, foster care placements, or treatment facilities are common targets for commercial exploitation. Once on the streets, these youth are frequently approached by exploiters within as few as 48 hours.

Studies estimate that between 50-85% of the victims of CSE have a history with the child welfare system. The similarities among the risk factors associated with CSE and child maltreatment explain, in part, why many children who have been involved with child welfare are also victims of sexual exploitation. Children who are being exploited, even when known to the child welfare system, may go unnoticed until they are arrested by law enforcement for prostitution, typically years after they were first exploited. The child welfare system offers an opportunity to intervene and prevent commercial sexual exploitation. Additionally, the child welfare system's focus on addressing abuse, neglect, and more recently, trauma, seems especially relevant to efforts to meet the needs of victims of trafficking.

Appropriate placement and treatment for children with a history of CSE may be difficult because we know that most children who are CSE victims have their own history of maltreatment and family issues. We also know that victims do not typically disclose that their family was involved in trafficking. Placement in foster or group homes can be problematic because foster parents are not equipped to manage sexualized language and behaviors,

relationship issues, substance abuse issues, and trauma-related responses to care. Additionally, the victim's history of runaway behavior is not precluded simply because they are in foster care. Foster parents and group homes that are not designated as "specialized" may find it problematic to have these children in their care.

The *Safe Harbor Act* went into effect January 1, 2013 to help ensure the safety of child victims who have been trafficked for sex to receive assistance from child welfare professionals instead of being placed in juvenile delinquency. Safe harbor homes are designed to deliver intensive treatment in residential settings, however treatment is often impeded because: a) the runaway histories of CSE victims make it difficult to engage the victims; b) the victims often have a "trauma bond" with their perpetrator that is difficult to break; and c) victims often perceive that "systems" have failed them in the past. Specialized trauma-informed therapy approaches are needed that provide for rapid engagement as well as a strengths-based, victim-centric multidisciplinary response.

In 2014, the Florida Legislature appropriated $3 million to provide services to youth who have been identified as victims of sex trafficking and have been adjudicated dependent or are the subject of an ongoing child welfare investigation. These funds are administered through the Department of Children Services to regional community-based care agencies which are responsible for licensing service providers and assessing juvenile sex trafficking victims for appropriate placement referrals in specialized foster homes or safe houses.

Recommendations

1. Universally screen for commercial sexual exploitation as part of the investigative and case management process when there is a history of runaway behavior or sexual abuse (self-report or verified).
2. Ensure that FSFN has a required field specific to commercial sexual exploitation.
3. Revamp the training requirements to include all of the topics in the "specialized topics" list and eliminate the grandfather clause to ensure that "specialists" are up to date on approaches.
4. Mandate cross-systems training specific to commercial sexual exploitation of children for all child welfare professionals (including the judiciary and attorneys), foster parents and service providers.
5. Establish policy and procedures that actively involve the parents/caregivers of victims who have reunification as their goal or have identified permanency plans.
6. Ensure that there are qualified supervisors who can monitor and manage the staff who have CSE victims on their caseloads.
7. Placements should be rigorously vetted to ensure that the CSE victim is protected from her perpetrator; has ready access to support and services; and has an after-care plan that includes continued therapy, housing, and educational and employment options.
8. Foster parents and house parents should be adequately informed as to the CSE history of the child prior to placement and should receive specialized training regarding the needs and approaches that are needed to keep the child safely in the placement and ensure the safety of the other children in the home.

DJJ-DCF Crossover Youth

In FY 2014-2015, there were 1,424 youth who simultaneously had open cases with the DJJ and DCF. The Department of Children and Families in collaboration with the Florida Coalition for Children (FCC) created the Crossover Youth Workgroup to address the growing concerns surrounding the limited and inadequate resources available to serve youth dually involved with the dependency and delinquency system—also known as crossover youth. The Institute has had limited involvement with this workgroup but will work with the Department to research and identify the components of successful crossover youth program models and translate them into quality standards for incorporation into policy.

It is known that:

- The interface between DCF and DJJ data systems is not adequate to fully capture an accurate accounting of the actual number of crossover children and their behavioral health and services needs in FSFN.
- There is not a statewide protocol for multiagency communication/response specifically as it relates to lock-outs (Department of Juvenile Justice and State Inpatient Placement).
- Blended funding streams are not utilized to maximize services for these children.
- Civil citations and diversion programs are underutilized.
- Appropriate placements are difficult to find.
- Permanency is often not achieved because of the perception that their issues are too complex.
- There is not a statewide model of practice for these youth.
- Family-based intervention approaches are underutilized.

Recommendations

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

SECTION VII – RESIDENTIAL GROUP CARE

In FY 2013-2014 there were 18,152 dependent children in out-of-home care, with approximately 11% (*n* = 1,997) of those children placed in residential group care (RGC). There are two RGC models in Florida, *shift care models* (58%) with staff who work in shifts and *family group homes* (42%) with live-in staff. There has been considerable legislative attention and debate over the last two years regarding the appropriate use of RGC in Florida. The debate will most likely continue in the 2016 legislative session. The Institute is aware of the scrutiny and stands with the majority of child welfare researchers, practitioners, and advocacy groups that believe that *high quality* group care is an essential continuum of care intervention for some children in the child welfare system. RGC facilities should not be the first placement option for the vast majority of children; however, there is a subset of the foster care population-primarily older youth—who have known behavioral health issues that are so severe that they warrant more intensive or structured services than traditional foster homes can provide. The system has an obligation to ensure that initial placements are the best placement for the child and that a full continuum of wrap-around services is readily available to those who need them. Research findings support that for some children and youth, RGC is an effective intervention while for others, including juvenile justice involved adolescents and younger children entering out-of-home care for the first time due to substantiated child abuse, treatment foster care, and family foster care may be better options.

Traditionally, RGC providers have not had to meet standards of practice above the minimum licensing requirements. With the increased scrutiny of the legislature, a workgroup was established to build a set of group care quality standards. The Institute has actively participated in the Group Care Quality Standards Workgroup established by the Department of Children and Families (DCF) and the Florida Coalition for Children (FCC). The 25-member workgroup is comprised of DCF representatives, CBC lead agency staff members, and group care provider agency experts. The workgroup developed draft research-informed quality standards to present to DCF leadership. The Institute also recommended the standards to be cross walked to existing Commission on Accreditation of Rehabilitation Facilities (CARF) and Council on Accreditation (COA) standards as well as Rule 65C-14 to ensure the quality standards are consistent across these domains and their associated documents. The Institute completed the CARF and COA crosswalk and submitted our findings to DCF in August 2015.

Recommendations

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

SECTION VIII – WORKFORCE ISSUES

Recruitment and Retention

Recruitment and retention issues continue to be widespread for DCF, CBC agencies, and service providers. High staff turnover puts vulnerable children at greater risk for recurrence of maltreatment and impedes timely intervention and ultimately permanency. Workforce attrition estimates across the state continue to range between 25-60%. In an effort to address the retention issues, the Institute will lead a five-year longitudinal study of 1,000 newly hired CPIs and case managers to study the individual conduct and organizational influences on child welfare employee retention, and ultimately, child and family outcomes. This intramural research project was launched in September 2015.

The Title IV-E stipend program was established in the 2015 legislative session with the University of Central Florida (UCF) as the lead institution for the program. The program is designed to attract social work students to the child welfare career field by providing stipends — $6,000 for up to two years of full-time enrollment and $4,000 for up to three years of part-time enrollment — in exchange for one year of employment per stipend awarded. Employment can be with DCF, a CBC agency, or a sheriff's investigation unit. There will be 200 stipends statewide in FY 2015-16 and a projected 300 stipends in FY 2016-2017. Students receiving the stipend will be required to take two child welfare courses and complete a child welfare field placement. The Department has prioritized undergraduate students for this round of funding.

Training

The Institute participated in a statewide workgroup to assist the Florida Certification Board with revamping the core competencies to align with the practice model. DCF's pre-service curricula have undergone substantial revision. There has been an internal review of the Core Curriculum and DCF has recommendations for improvement. The Institute is currently reviewing the Core Curriculum and will provide the Department with additional recommendations once the review is completed.

The Department received $16.6 million for training this legislative session that has been allocated across DCF regions, CBC agencies, and the sheriffs' offices. The allocation of funds does not include a targeted statewide training plan. Training plans are supposed to be developed at the regional and circuit level. The Institute believes that this was a missed opportunity to prioritize statewide training needs, identify deficiencies in current training, and to develop a system wide, synchronized training plan that is consistent across the state.

Supervisory Models and Case Consultation

One of the key factors driving the practice model is the assumption that there will be appropriate supervision and timely feedback; however, this is not happening consistently across the state primarily because of the high turnover rate of investigators and case managers. It was reported that the average length of time on the job for supervisors is about a year and a half. The Florida Certification Board is currently rewriting the competencies to align with the practice model with the assumption that it will take a full year for a new investigator or case manager to become proficient in the practice model. This translates to supervisors essentially being deemed proficient in the practice model for six months, on average, before they become a supervisor. More importantly, because there is a limited number of investigators and case managers with longevity, the supervisors are not receiving the supervisory support that they need to be effective managers. Additionally, as noted in the Interim Report there is not a supervisory or peer case review model in place across the state because of the turnover rate and the caseload issues due to inadequate staffing numbers (Appendix A, page 20).

The Department has acknowledged the need for an integrated system that taps into mental health, substance abuse, and domestic violence expertise because of the increased complexity of the cases coming into the

system. However, the standard current practice is to rely on external expertise rather than internal expertise for case consultation. This type of approach can have unintended negative consequences because the "typical" mental health, substance abuse, trauma and/or domestic violence services provider does not necessarily have a child welfare lens for use in consultation. Service providers, especially those who are licensed, are not required to have any prior child welfare experience to deliver services. This means that they may not have the requisite sense of urgency and understanding of the child welfare system when accepting referrals, making assessments, and treating the child and the parents/caregivers. Additionally, their practice orientation may not be one that supports family preservation and/or reunification. External consultation that is not child welfare system focused, coupled with the lack of consistent internal supervision further exacerbates the frontline child welfare professionals' ability to make the best safety, permanency, and well-being decisions for the families that they are working with.

Recommendations

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

SECTION IX - CRITICAL INCIDENT RAPID RESPONSE TEAM (CIRRT)

The Florida Legislature mandated the creation of a multiagency Critical Incident Rapid Response Team (CIRRT) to perform a root-cause analysis in child fatality cases with a verified report of abuse or neglect within the preceding 12 months. Further, the CIRRT is to determine the need for change to organizational policies and practices related to child protection and child welfare (s. 39.2015, Florida Statutes). The legislation also stipulates that the Secretary may direct an immediate investigation for other cases involving serious injury to a child. In the 2015 legislative session, the statutory language was modified to require the CIRRT advisory committee to meet at least once each quarter rather than annually. The Institute has participated in two quarterly meetings. What has been abundantly clear through these meetings is that the Secretary and OCW staff are committed to collecting data on the CIRRT cases, as well as all child death cases, to utilize for sound policy and practice decision-making. The OCW has developed a quality assurance tool that will allow them to capture child welfare practice, service array, and organizational data on each child fatality case.

The Child Fatality Prevention website was created to raise public awareness about child fatalities throughout the state and assist communities with identifying where additional resources or efforts are needed to assist struggling families. The website is a great resource; however, there is still not a process in place for raising awareness of important safety practice issues associated with child fatalities across regions and at the frontline level. Information about the circumstances of each child death is not disseminated within and between DCF regions, CBC case management agencies and/or service providers. The Interim Report recommended the use of *safety stand downs* or case reviews with each fatality to: 1) prioritize child safety and well-being; 2) emphasize the importance of fidelity to the child welfare practice model and procedures; 3) give supervisors the opportunity to review protocol with their staff; and 4) give staff the opportunity to ask questions about specific case issues that may be similar to the case being reviewed. Each child fatality should be viewed as an opportunity to learn and to improve system policies and practices. Preventable and duplicative errors may occur because there is no mechanism in place for disseminating the CIRRT findings within and between regions.

Recommendations

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

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SECTION III - NEED FOR A CHILD WELFARE STRATEGIC PLAN

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Appendix A

FLORIDA INSTITUTE
for CHILD WELFARE

INTERIM REPORT

Submitted to:
Governor Rick Scott
Senate President, Andy Gardiner
House Speaker, Steve Crisafulli

January 2015

College of Social Work
Florida State University
Tallahassee, FL

MISSION

The Florida Institute for Child Welfare seeks to promote safety, permanency, and well-being among the children and families of Florida involved with the child welfare system. To accomplish this mission, the Institute will engage in interdisciplinary research and evaluation and will collaborate with community agencies and statewide training resources to translate knowledge generated through research, policy analysis, and evaluation into practical, developmentally appropriate strategies for children and families.

FLORIDA INSTITUTE
for CHILD WELFARE

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

Dear Governor Scott:

The Florida State University College of Social Work is honored to have been selected to house the Florida Institute for Child Welfare. On behalf of the Institute, we submit the Interim Report for your consideration. In accordance with state law, the Institute has prepared recommendations for improving the child welfare system in our state.

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

The child welfare bill you signed into law last year will have a lasting impact on our children and families. There is no doubt that effective public-private collaboration at state and local levels, combined with strong community participation, is key to ensuring that Florida's children are safe and thriving in homes that support their life-long well-being.

Sincerely,

Nicholas F. Mazza, Ph.D., LCSW, LMFT
Dean and Professor
College of Social Work

Patricia Babcock, PhD, LCSW
Interim Director
Florida Institute for Child Welfare

Cc: The Honorable Andy Gardiner, Senate President
The Honorable Steve Crisafulli, House Speaker

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SECTION I - EXECUTIVE SUMMARY

The sweeping child welfare reforms passed in the 2014 legislative session paved the way for making Florida's children safer by mandating research supported policy and practice standards that prioritize safety, permanency and well-being outcomes. The Florida Institute for Child Welfare at the Florida State University College of Social Work was appropriated $1,000,000 and tasked with forming a consortium of child welfare researchers who will provide scientifically based recommendations for preventing child maltreatment fatalities and improving child safety, permanency and well-being.

In the last six months, the Institute's Interim Director has met with national child welfare experts and statewide stakeholders. Without exception, all of the experts and stakeholders acknowledged the need to improve state and national child welfare outcomes and want to be part of the solution by working in partnership with the Institute.

In accordance with s. 1004.615, Florida Statutes, the Florida Institute for Child Welfare submits its interim report to the Governor and Florida Legislature. The recommendations set forth in this report are intended to show the Institute's commitment to improving Florida's child welfare system and changing the life trajectory of the children and families that are served by it.

The recommendations are intended to address the specific mandates outlined in the legislation and focus on five key areas:

- The need for a statewide, system-wide child welfare strategic plan;
- A unified accountability plan that encompasses the Results-Oriented Accountability Program (ROAP) and the Data Analytics Project plans;
- Safety, permanency and well-being factors;
- Workforce issues; and
- Critical Incident Rapid Response Team (CIRRT) process

The annual report due on October 1, 2015, will further expound on these areas and will include recommendations related to:

- Group Homes
- Pregnant and Parenting Teens in the Child Welfare System
- Human Trafficking
- DJJ-DCF Crossover Youth

REPORT RECOMMENDATIONS

1. Legislative support for a statewide, system-wide child welfare strategic plan that includes cost projections through FY 2020. The plan should be aligned with the Governor's Office for Adoption and Child Protection state plan, which is focused on the promotion of adoption, support of adoptive families, and prevention of abuse, abandonment, and neglect of children (s. 39.001 (10)(a), Florida Statutes). The plan should also be aligned with the Results-Oriented Accountability Program requirements in s. 409.997, Florida Statutes, presented in Section IV of this report.
2. The Institute should be the conduit for coordination in developing and implementing the plan, and should utilize it for prioritizing its research and evaluation agenda.
3. Combine and fund the research and evaluation components of the ROAP plan and the data analytics program through the Institute.
4. DCF should continue discussions with the Institute and Casey Family Programs to establish and implement an evaluation plan of the practice model.
5. The Legislature should provide additional funding for the known EBP gaps identified in the Casey report: Safe at Home, CPP, and CBT.
6. Establish quality standards for the service categories identified in the Casey report and ensure that fidelity and timeliness measures are included in the standards.
7. Complete a statewide service gap analysis that includes quality standards and provides a plan for filling the gaps with a priority on EBP.
8. Resource allocation should prioritize programs that are EBP or promising/innovative (evidence-informed) practices with a robust evaluative process/plan that is directly tied to the safety, permanency and well-being outcomes specified in s. 409.986(2), Florida Statutes.
9. DCF and CBCs currently utilizing RSF and/or Field Support Consultants should build an evaluative component into the practice model quality assurance and fidelity review process.
10. DCF should mandate that innovative models for improving outcomes be required to have an evaluative component.
11. The Institute, DCF, CBCs, public/private social work programs and NASW-FL should work together to develop a supervisory model and curriculum.
12. Fund Institute-led DCF and CBC pilot sites with embedded (full-time, onsite) Licensed Clinical Social Workers to model a holistic supervisory approach (i.e., incorporating mental health, substance abuse and domestic violence consultation and peer review).
13. Develop ROAP well-being measures that utilize multi-dimensional, strengths-based measures that focus on protective factors, trauma, and development.
14. Preservice and in-service training should ensure that there is an emphasis on building protective capacities of the parents, the child, and ultimately in the parent/child relationship.
15. Contractually require trauma and developmental screens for all children and their caregivers.
16. Amend Chapter 39, Florida Statutes, by inserting provisions for trauma-informed care that includes mandated 1) system-wide trauma-informed care training; 2) trauma and developmental assessments for children and their parents; and 3) trauma-informed services.
17. DCF should ensure that Early Steps referrals are made for all children birth to three with verified findings of abuse and neglect.
18. Fund CPP for all verified cases of abuse and neglect involving children ages birth to three, regardless of any diagnosis or lack thereof.
19. Increase the childcare subsidy rate for young children in foster care.

20. Preservice and in-service training should have a supplementary checklist, including question prompts to enhance critical thinking skills and minimize procedural errors.
21. Fund additional case managers and require a goal for half of all case managers and supervisors to have a degree in social work by July 1, 2020.
22. Establish a statewide workgroup that includes social work educators to optimize recruitment and retention strategies and solutions, as well as formulate a plan for reaching the 50% workforce requirement.
23. DCF and CBCs should work with the Institute to establish strategies for evaluating caseload severity and variables to include in caseload capacity calculations.
24. Fund an Institute-led, large-scale, longitudinal workforce study of newly hired CPIs and Case Managers.
25. Fund the Title IV-E Stipend Program.
26. DCF, the FADD and the Florida Certification Board should work with the Institute in developing a plan to crosswalk the pre-service curricula with the social work educational experience (academics and field placement).
27. DCF should work with the Institute to construct a rigorous pre-service curricula evaluative plan prior to statewide implementation.
28. The CIRRT advisory committee should be required to submit reports to the Secretary on a quarterly basis, in addition to the annual report required in statute. This is necessary to ensure that DCF is made aware of trends or protocol issues on an ongoing basis.
29. Due to the high visibility of cases where a CIRRT is activated, the process-from notification to report submission-should be standardized to ensure it is not subject to external influences or input.
30. DCF and the CBC's should utilize "Safety Stand Downs" whenever there is a child death or serious injury case. The Institute will educate DCF, CBCs and Statewide Child Fatality Prevention Specialist on the value of a "safety stand down" protocol and implementation plan. Safety stand down data can then be collected and the process can be added to the legislatively mandated review of the CIRRT.

SECTION II - FLORIDA INSTITUTE FOR CHILD WELFARE

Background

In 2014, the Florida Legislature passed comprehensive child welfare legislation (Senate Bill 1666) in response to media reports of almost 500 children known to Florida's child welfare system who had died in the previous five years. This legislation established the Florida Institute for Child Welfare (Institute) at the Florida State University College of Social Work under s.1004.615, Florida Statutes.

The purpose of the Institute is to advance the well-being of children and families by improving the performance of child protection and child welfare services through research, policy analysis, evaluation, and leadership development. The Institute consists of a consortium of public and private universities throughout Florida that offer degrees in social work. The statute also requires the Institute to work with the Department of Children and Families (DCF), sheriffs providing child protective investigative services, community-based care lead agencies (CBC), community-based care provider organizations, the court system, the Department of Juvenile Justice (DJJ), the Florida Coalition Against Domestic Violence (FCADV), and other partners who contribute to and participate in providing child protection and child welfare services.

By statute, the Institute is required to:

- Maintain a program of research contributing to the scientific knowledge related to child safety, permanency, and child and family well-being
- Advise DCF and other organizations about the scientific evidence regarding child welfare practice
- Provide advice regarding management practices and administrative processes
- Assess the performance of child welfare services based on specified outcome measures
- Evaluate the educational/training requirements for the child welfare workforce and the effectiveness of training
- Develop a program of training/consulting to assist organizations with employee retention
- Identify and communicate effective policies and promising practices
- Develop a definition of a child or family at high risk of abuse or neglect
- Evaluate the provisions of Senate Bill 1666 and recommend improvements
- Recommend improvements in the state's child welfare system
- Submit an annual report to the Governor and Legislature outlining activities, significant research findings, and recommendations for improving child welfare practice

Beyond funds appropriated directly to the Institute, these tasks will be funded through contracts with DCF, public and private grants, and/or other funding resources obtained directly by the Institute.

Budget Allocation Plan

The 2014 Legislature appropriated $1 million in recurring general revenue funds to the Florida State University specifically for the Institute. The detailed proposed budget submitted to the Governor is presented in Appendix A. The expenditure categories, descriptions and allocations submitted are as follows:

Institute Administration **$ 282,353**

Responsible for strategic planning, fiscal and personnel management, compliance, deliverables, and liaison activities with the State of Florida government offices.

On-Going Research & Evaluation Activities **$ 417,647**

Focuses on projects that inform policy and practice related to child safety, permanency, and child and family well-being. This research will be housed permanently at the Institute and will include longitudinal and cross-sectional studies on 1) children that come into contact with Florida's child welfare system; 2) the child welfare workforce; and 3) evaluation of training and education.

Subcontracts to Social Work Programs **$ 300,000**
Focuses on research and evaluation on the efficacy of child welfare interventions using partnerships between universities and community-based agencies through a competitive application process.

The Interim Director was hired in mid-August and immediately began meeting with key stakeholders throughout the state. The information derived from these meetings will be used to ensure that the Institute allocates funds for research, evaluation, and technical assistance to maximize the benefit of this funding. Table 1 represents the actual (through December 31, 2014) and projected expenditures for the current fiscal year.

Table 1 – FY 2014-2015 Budget Projection

	Original Budget	Adjusted Budget	Expenses July-Dec	Obligated Funds	Available Balance
Institute Administration					
Salaries			$48,774	$104,465	
Expenses			$2,763		
Computer Equipment and Software			$6,316		
Affiliate Agreements				$35,000	
Total Administration	**$282,353**	**$200,000**	**$57,853**	**$139,465**	**$2,682**
Ongoing Research and Evaluation Activities					
FSU Faculty Salaries			$21,770	$114,632[1]	
Graduate Assistants			$1,164	$8,100	
Travel			$8,471		
Total Ongoing	$417,647	$175,000	$31,405	$122,732	$20,863
Subcontracts	$300,000	$625,000[2]		$120,000	$505,000
Total Institute	**$1,000,000**	**$1,000,000**	**$89,258**	**$382,197**	**$528,545**

Notes:
[1] Effective January 2015, a senior faculty member was funded to work on research related to the issues surrounding workforce concerns throughout the child welfare system. In addition, the Institute plans to hire an additional researcher effective March 1.
[2] The Institute will engage researchers around the state to conduct child welfare research. In total, the Institute will award 10 contracts, each for $60,000. Additionally, the Institute will contract for 5 technical reports, each estimated to cost $5,000.

Staffing Plan
Two mechanisms will be utilized for Institute staffing: Florida State University (FSU) employees and public/private university social work affiliations. FSU employees will be hired through the College of Social Work (CSW) in designated Faculty, non-faculty or Other Personnel Services (OPS) positions. By statute, the Institute must consist of a consortium of the 14 public and private universities offering degrees in social work (Figure 1).

Figure 1: Florida's Public and Private Social Work Programs

The Institute and the Florida Association of Deans and Directors of the Schools of Social Work (FADD) are in the process of working on an affiliate Memoranda of Understanding (MOU). Each participating program will receive a $2500 stipend to offset costs such as faculty travel to Institute meetings.

Activities to Date/Information Sources

The Interim Director has traveled throughout the state and participated in 19 formal statewide/national child welfare conferences and meetings as well as numerous individual/consultation meetings to gain a better understanding of the state of child welfare in Florida and to set priorities for the Institute (see Appendices B and C).

Through these meetings and conferences, the Institute gained invaluable insight as to the strengths and needs of Florida's child welfare system and the leadership required from the Institute regarding research and technical assistance. The Conceptual Model for moving forward is illustrated in Figure 2:

Figure 2 – Conceptual Model for the Institute

Research Priorities Areas

The Institute will utilize the 2014-2015 fiscal year legislative appropriation to prioritize three research areas:

1. Enhancing Collaborative Relationships in Child Welfare Practice
2. Child Welfare Evidence-Based Practice (EBP) Replication Projects
3. Innovative/Promising Child Welfare Practices

The goal of focusing on these areas is to bring awareness of the need to move toward evidence-based child welfare practice through replication of existing EBP programs and/or utilizing innovative ideas to develop evidence informed practices that can withstand rigorous evaluation. The Institute places a high premium on building a fully integrated child welfare system through collaborative research between statewide public/private social work programs and community stakeholders. To this end, the Institute will make ten $60,000 academic/community awards through an invitation for research proposal process. The proposals must fall into one of the three priority areas noted above and must be directed towards one of the following practice categories:

- Evidence-Based Services For Children Birth To Three
- Group Home Quality
- Youth-specific Issues - Pregnant and Parenting Teens, DJJ "Lock-Outs" and Crossovers
- Human Trafficking
- Diversion Services for Safe but at High Risk or Very High Risk Children
- Integration/Co-location of Mental Health, Substance Abuse, and/or Domestic Violence Services with Protective Investigations and/or Case Management
- Evidence-based Services for Medically Complex Children

Researchers from the Florida State University College of Social Work will take the lead on assessing the impact of:

- Workforce Recruitment and Retention Strategies
- Pre-service Training and Social Work Curriculum Alignment
- Results-Oriented Accountability Program-Related Research (see Section IV)

Research will be funded using fixed-price performance-based contracts requiring regular status and expenditure reports as well as an evaluation and sustainability plan. The goal of using this type of approach is three-pronged: 1) accountability; 2) moving toward developing evaluation plans for addressing outcomes specified in s. 409.986(2) Florida Statutes on a prospective basis rather than after implementation; and 3) utilizing evaluations to make programmatic and practice decisions.

Strategic Planning

The Institute's 5-year strategic plan will be presented in the annual report due on October 1, 2015.

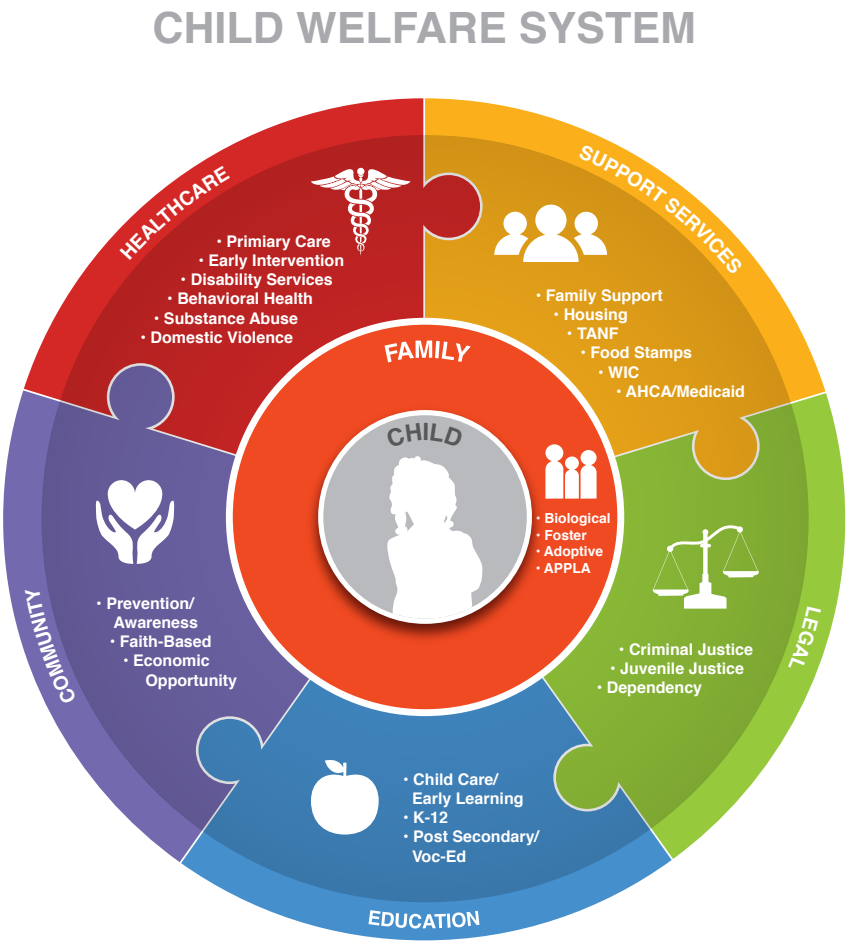
The remainder of this report outlines recommendations for improving the Florida's child welfare system for consideration by the Governor, the Legislature and the Department of Children and Families.

SECTION III - NEED FOR A CHILD WELFARE STRATEGIC PLAN

Florida's child welfare system is unique in that case management services have been privatized. The Department of Children and Families (DCF) staffs the Abuse Hotline and conducts child protective investigations in 61 of Florida's 67 counties. Sheriff's Offices conduct child protective investigations in the remaining six counties under agreements with DCF. DCF contracts with 17 Community Based Care (CBC) entities to provide ongoing case management services. Each of the CBCs is responsible for providing an array of services to meet the identified needs of the child and family.

Florida's child welfare system is typically thought of as only DCF and the CBCs; however, the *system* is much more complex and intricate. The Child Welfare *System* Model, as presented in Figure 3, reflects the many subsystems responsible for meeting the varied needs of children and families.

Figure 3 – Child Welfare System Model



The graphic reflects the need for the *system* to be child centric while at the same time acknowledging that the relationship with the family is critical to ensuring that the child's safety, permanency and well-being needs are met. More importantly, the graphic underscores the need for integration, cooperation, and commitment among and between the entities that make up the entire child welfare *system*. This approach utilizes system theory which acknowledges and respects the complexities and intricacies of each subsystem, while at the same time recognizes that one subsystem cannot be isolated from the others without negatively impacting the ability to meet the needs of the

children and families it serves. There are three underlying assumptions of this type of approach.

1. The "whole" is greater than the sum of its parts
2. Relationship patterns and/or components within the "whole" impact the flow of events between each subsystem
3. Outcomes in the "whole" will impact all of the parts

Over the past decade, Florida's child welfare *system* has been plagued with significant changes, challenges, and choices. There has been an unprecedented increase and dynamic shift in the complexity of child welfare cases involving substance abuse, mental health, and family violence issues. Out of necessity, DCF and the CBCs have become more dependent on *system*-wide expertise, coordination and integration to achieve safety, permanency, and well-being outcomes, while accountability for meeting these outcomes continues to be the sole responsibility of DCF. This type of approach puts the burden on DCF for ensuring that entities not under the jurisdiction of child welfare statutory requirements and/or court orders prioritize children and families who are in need of child welfare related services. Unfortunately, children are "falling through the cracks" because this approach does not hold the entire *system* accountable. DCF has the burden of accountability without the authority to meet that responsibility.

In practice, *system* integration is difficult to attain because each entity has their own mission statement, outcome measures, and resource allocation plans that may or may not be aligned with those of child welfare. Additionally, funding for programs is more often than not competitive rather than cooperative, which further inhibits the ability to successfully implement and sustain networks and collaborative relationships. Lastly, sustainable and quality *system* integration requires significant vision, foresight, and planning which is not compatible with the historical climate of reactionary responses and/or planning from one legislative budget request to the next.

Senate Bill 1666 sets the stage for a forward-thinking child welfare agenda that embraces a child-centric *system* approach and places a priority on ensuring that children and families receive the services they need. The 2014 child welfare legislative reforms provide the impetus to make the cultural mindset shift of working in silos or free-standing entities to one of collaboration, cooperation, and shared responsibility. The only way to keep the momentum moving forward is with a strategic plan that embraces the whole *system*, puts resources in place to sustain it, and holds every part of the *system* accountable.

Recommendations

1. Legislative support for a statewide, *system*-wide child welfare strategic plan that includes cost projections through FY 2020. The plan should be aligned with the Governor's Office for Adoption and Child Protection state plan, which is focused on the promotion of adoption, support of adoptive families, and prevention of abuse, abandonment, and neglect of children (s. 39.001(10)(a), Florida Statutes). The plan should also be aligned with the Results-Oriented Accountability Program requirements in s. 409.997, Florida Statutes, presented in Section IV of this report.
2. The Institute should be the conduit for coordination in developing and implementing the plan, and should utilize it for prioritizing its research and evaluation agenda.

SECTION IV - RESULTS-ORIENTED ACCOUNTABILITY PROGRAM (ROAP) AND DATA ANALYTICS

System accountability was the primary focus of the sweeping child welfare reforms during the 2014 Legislative session. From this, the Results-Oriented Accountability Program (ROAP) was legislatively mandated in s. 409.997, Florida Statutes. The statute is based in large part on the recommendations set forth in *Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy* (Testa & Poertner, 2010). The purpose of the ROAP is to:

- Monitor and measure the use of resources, the quality and amount of services provided, and child and family outcomes through data analysis, research review, and evaluation
- Produce an assessment of individual entities' performance, as well as the performance of groups of entities working together on a local, regional, and statewide basis to provide an integrated system of care
- Inform DCF's development and maintenance of an inclusive, interactive, and evidence-supported program of quality improvement, which promotes individual skill building as well as organizational learning
- Act as the basis for payment of performance incentives if funds for such payments are made available through the General Appropriations Act

The statute specifies that DCF, CBCs, and the lead agencies' subcontractors share the responsibility for achieving the outcome goals specified in s. 409.986(2), Florida Statutes.

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

Additionally, the ROAP must incorporate:

- A limited number of valid and reliable outcome measures for each of the goals specified in the subsection
- Regular and periodic monitoring activities that track the identified outcome measures on a statewide, regional, and provider-specific basis
- An analytical framework that builds on the results of the outcome monitoring procedures and assesses the statistical validity of observed associations between child welfare interventions and the measured outcomes
- A program of research review to identify interventions that are supported by evidence as causally linked to improved outcomes
- An ongoing process of evaluation to determine the efficacy and effectiveness of various interventions
- Procedures for making the results of the accountability program transparent for all parties involved in the child welfare system as well as policymakers and the public.

DCF contracted with North Highland to develop the ROAP plan and established a technical advisory panel to advise DCF on the implementation of the ROAP plan. The Institute was represented on the advisory panel and participated in reviewing the draft plan and cost projections. The ROAP plan is to be submitted by DCF by February 1, 2015.

During the 2014 Legislative session, there was also a focus on data analytics, specifically predictive risk modeling (PRM). In child welfare, PRM, or risk stratification, is used as a decision-making tool to assist child welfare professionals with identifying the level and intensity of services that a case may need. The Legislature mandated that DCF advance the work of the *Child Fatality Data Discovery and Analytics* project conducted by North Highland and the SAS Institute. DCF also requested PRM regarding the re-maltreatment of children and returning a child to a safe, permanent environment. The multi-year project is designed to:

- Understand and quantify the risks that children face
- Understand how the agency can make policy to mitigate, and where possible, remove those risks
- Explore permanency and the many inputs that drive the process
- Incorporate analytics to provide data-driven insights to the agency
- Develop a comprehensive 3-year plan for the Office of Child Welfare on how to continue forward through the data analytics life cycle, with the goal of improving the policies and practices based on outcomes
- Gain additional insights on child welfare that can drive DCF policy and programming for improved services

North Highland and the SAS Institute are currently in the "discovery phase" of the project, and will provide a plan for the continued integration of data analytics to be carried out in the fiscal year beginning July 1, 2015.

The use of PRM in child welfare has been limited. In the past few years there has been an increased interest in utilizing routinely collected cross-system administrative data to identify children at risk for maltreatment. The cross-system approach is perfectly aligned with the Institute's recommendation that a statewide, system-wide child welfare strategic plan be developed (Section III). There are significant ethical considerations that should be addressed prior to adopting a PRM plan; cross-system approaches require integrated data systems that allow access to information that is typically not in child welfare databases such as Protected Health Information (PHI) and Family Educational Rights and Privacy Act (FERPA) information.

As previously noted, the child welfare legislation clearly recognized the need for systemic accountability. However, the ROAP and Data Analytics (PRM) projects were not mandated as a unified accountability project. One of the basic tenets of PRM, or any data analytic approach, is the need for domain expertise. Inherent in the legislation establishing the Institute (s. 1004.615, Florida Statutes) is the recognition that the Institute is tasked with providing child welfare expertise "to advance the well-being of children and families by improving the performance of child protection and child welfare services through research, policy analysis, evaluation, and leadership development… Identify effective policies and promising practices, including, but not limited to, innovations in coordination between entities participating in the child protection and child welfare system, data analytics…" . If the onus for providing expertise for improving performance is placed on the Institute, it would make logical and fiscal sense that the projects should be synchronous, mutually aligned, and run in tandem under one entity rather than parallel to one another. The Institute can ensure that PRM ethical considerations such as confidentiality/privacy rights and disproportionate representation/stigmatization of vulnerable populations are appropriately addressed.

The ROAP plan includes a co-located (Institute and DCF) "Results Lab". The Institute will be responsible for the data analysis process of the plan. It would be a logical extension of the PRM plan to include the "Result Lab" expertise of the Institute to run predictive risk models. Co-location will also provide access to data for researchers across the state and will cultivate a new generation of researchers through access to Ph.D. students and post-doctoral fellows who are interested in child welfare.

The Florida child welfare model is unique in that it is a hybrid model that utilizes the ACTION for Child Protection and the Children's Research Center (CRC) assessment formats and tools. The Institute can ensure that the ROAP outcome measures and PRM findings are aligned with and/or inform Florida's practice model.

Recommendations

3. Combine and fund the research and evaluation components of the ROAP plan and the data analytics program through the Institute.

SECTION V - SAFETY, PERMANENCY AND WELL-BEING

Florida's Practice Model

The outcomes specified in s. 409.986(2), Florida Statutes, are the foundation of the proposed Results-Oriented Accountability Program (ROAP). Florida's child welfare practice model is the driving force behind meeting the safety, permanency, and well-being outcomes specified in statute. DCF developed the practice model as part of the Child Protection Transformation Project introduced in late 2012. The "hybrid" model was designed to:

- Provide a common methodology for interacting with families, teaming with experts and making critical decisions from initial removal to reunification
- Incorporate safety information standards and constructs into the hotline, investigation and ongoing case management processes
- Integrate two national *best practice models* supported by ACTION for Child Protection and the Children's Research Center (CRC)

The main focus of the ACTION model is controlling for safety through present and impending danger assessments, safety planning and the Family Functioning Assessment (FFA). The CRC component of the model is the utilization of the Structured Decision Making (SDM) actuarial risk assessment.

During the initial implementation phase, the Casey Family Programs *Review of the Safety Model and Front-End Assessment Tools* (2013) report made 33 recommendations regarding implementation and improvements to the model. The report was requested by DCF Interim Secretary Esther Jacobo and was intended to provide feedback and suggestions for possible improvements on both the safety framework and the CPI assessment tools. It is not clear if all the Casey recommendations were considered prior to the model being implemented. In addition, a critical review of the literature on the ACTION and/or SDM assessments was not performed by DCF.

To date, the model has not been fully implemented across the state, but is projected to be in late Spring 2015. Currently, there are areas of the state where only CPIs are trained and utilizing the practice model, yet cases are being passed for ongoing case management without the necessary training or capacity to continue services based on the model.

Additionally, the practice model has not been evaluated due to the delay in implementation. DCF is contracting with ACTION and the CRC for quality/fidelity assurance reviews and compliance on the CPI components of the model. The Institute's concern is that the CBCs are not uniformly providing the same fidelity reviews in the Circuits where the model has been implemented. There was a discussion between DCF, the Casey Foundation and the Institute to perform an evaluation of the SDM component of the model. This evaluation was postponed until the model was fully implemented. The Assistant Secretary for Child Welfare understands the importance of an evaluation of the practice model and has been in ongoing discussions with Casey Family Programs and the Institute about evaluating the model once it has been fully implemented.

The current child welfare practice model is superior to what was previously utilized in Florida. However, child safety, permanency, and well-being remain at risk without a deliberate, methodical plan for implementation and evaluation. It is critical that investigators and case managers are trained and utilizing the same framework/model for controlling for safety and making risk assessments as soon as possible. To implement the model only on the investigations side or the case management side puts children at risk as well as nullifies fidelity to the model.

Recommendations:

4. DCF should continue discussions with the Institute and Casey Family Programs to establish and implement an evaluation plan of the practice model.

Evidence-based Practice

The terms *best practice* models and *evidence-based* practice are often used interchangeably, however they are not

synonymous. According to Brown (2009), *best practice models* are "generally accepted, informally-standardized techniques, methods, or processes that have proven themselves over time, however they lack the independent evaluations needed to validate their effectiveness." *Evidence-based programs* are programs that have been shown effective by scientifically rigorous evaluations.

In child welfare, evidence-based practice (EBP) has not been a top priority. The focus has been on ensuring the availability of and accessibility to programs and services rather than on assessment of quality and effectiveness. There is not a universal system in Florida for assessing quality and effectiveness. Programs continue to be funded without contractual requirements for routine or on-going evaluation. The Office of Child Welfare recognizes the need for a quality rating system and has assigned a project manager to build a system that has clearly defined measures of quality. If the state is going to move toward a ROAP that places a premium on safety, permanency and well-being outcomes, there has to be a parallel requirement of linking outcomes to EBP and/or innovative practices that are effective but have not yet met the threshold of EBP classification (i.e., evidence-informed practices).

In April 2014, the University of South Florida College of Behavioral and Community Services and Casey Family Programs completed *The Florida Child Welfare Services Gap Analysis*. The survey gathered information from 1128 child welfare system related respondents regarding their perceptions of the need, availability, and accessibility of 115 unduplicated services. These services were organized into the following five categories:

- Safety management
- Prevention and early intervention
- Assessment
- Treatment
- Innovative or evidence-based practices

For this study, EBP was defined as a combination of the following three factors:

- Best research evidence
- Best clinical experience
- Consistent with family/client values

Of the 115 services identified in the report, only 13 (11%) were classified as "innovative or evidence-based practices." It should be alarming to any decision-maker that three of the 13 evidence-based interventions (Safe at Home In-Home Services, Child-Parent Psychotherapy (CPP) and Cognitive Behavioral Therapy (CBT)) were identified as "critical unmet [service] needs that affect child safety" given the following:

- The current practice model places a priority on keeping children safely in the home. Although the Safe at Home model could not be located by name on any of the national EBP databases, it was classified as an EBP in the Services Gap Analysis. The program "provides an in-home haven for children who suffer at the hands of abuse and neglect though intensive intervention and 24/7 case management …the family is then monitored for an additional six months to ensure that the home environment remains stable, healthy and without future threat to the children's safety."
- Almost 50% of the children entering the child welfare system are between ages birth and five. CPP is a treatment for trauma-exposed children in this age range that examines how trauma and relational histories negatively impact the caregiver-child relationship and the child's developmental trajectory. The California Evidence-Based Clearinghouse (CEBC) for Child Welfare rated CPP as a "5" indicating a high child welfare relevance.
- Issues with parental substance abuse, mental health, and domestic violence are the three main reasons that children come into the system. CBT is one of the most recognized EBP therapies for a multitude conditions including mood disorders, anxiety disorders, personality disorders, eating disorders, substance abuse disorders, sleep disorders and psychotic disorders. These disorders account for the vast majority of the issues that are the impetus for involvement in the child welfare system.

Technology has made it possible to readily access evidence-based programs through sources such as:

- California Evidence-Based Clearinghouse for Child Welfare (CEBC)
- SAMSHA's National Registry of Evidence-based Programs and Practices (NREPP)
- Promising Practice Network
- Social Programs That Work
- Guide to Community Prevention Services

Recommendations:

5. The Legislature should provide additional funding for the known EBP gaps identified in the Casey report: Safe at Home, CPP, and CBT.
6. Establish quality standards for the service categories identified in the Casey report and ensure that fidelity and timeliness measures are included in the standards.
7. Complete a statewide service gap analysis that includes quality standards and provides a plan for filling the gaps with a priority on EBP.
8. Resource allocation should prioritize programs that are EBP or promising/innovative (evidence-informed) practices with a robust evaluative process/plan that is directly tied to the safety, permanency and well-being outcomes specified in s. 409.986(2), Florida Statutes.

Innovative/Promising Practices

Although there is a national movement for increased utilization for EBP in child welfare, the focus should not be so narrow that it inhibits innovation. During the course of travel and interviews, the Institute learned of three innovative/promising safety and permanency initiatives taking place in Florida: Rapid Safety Feedback, Casey Family Program Safety and Permanency Roundtables, and Field Support Consultants.

Rapid Safety Feedback

Rapid Safety Feedback (RSF) is mandatory for all active in-home investigations that involve children under age three and is optional for case management. RSF is designed to flag key risk factors in open child welfare cases that could gravely impact a child's safety. Cases are prioritized by age, allegation, and number of prior reports. Eckerd Community Alliance has taken the lead on instituting RSF as part of their protocol. The President's Commission to Eliminate Child Abuse and Neglect Fatalities praised Eckerd for implementing an RSF protocol.

Field Support Consultants

DCF has identified 37 investigators with practice model expertise to assume the role of Field Support Consultants. Field support consultants and DCF's Quality Assurance (QA) staff are referred to as the Critical Safety Team and are responsible for ensuring fidelity to the practice model.

Casey Family Programs Roundtables

Casey Family Programs Safety and Permanency Roundtables are currently taking place in Polk, Broward, and Palm Beach counties. Implementation of the Roundtables in Circuit 1 (Escambia, Santa Rosa, Okaloosa, and Walton counties) will begin in February 2015. Roundtables are a DCF-CBC collaborative effort. Case eligibility criteria are determined by the jurisdiction in consultation with Casey. The goal of the roundtable is to develop an action plan to ensure that child safety or permanency is achieved and maintained. Although the roundtable approach can be applied to a range of cases, currently the typical case has a history of 10 or more prior calls to the hotline, a child age birth to four in the home and an underlying parental mental health, substance abuse and/or domestic violence issue. Casey Family Programs reported that they will begin collecting data and requiring a summary report for each roundtable detailing systemic barriers as they move forward with expansion.

While it is commendable that there are processes in place for safety and permanency reviews, it is critical that an evaluative process be put in place to ensure that the review practices are effective, and if found to be effective, are implemented as a practice standard throughout the state.

Recommendations:

9. DCF and CBCs currently utilizing RSF and/or Field Support Consultants should build an evaluative component into the practice model quality assurance and fidelity review process.
10. DCF should mandate that innovative models for improving outcomes be required to have an evaluative component.

Supervisory Models and Peer Reviews

Rapid Safety Feedback, Field Support Consultant and Safety Roundtables underscore the need for strong supervisors and supervisory models, as well as the need for a tiered process for case review. The Social Work Policy Institute's *Supervision: The Safety Net for Front-Line Child Welfare Practice* (2009) outlines a model and framework for child welfare supervision that reinforces the on-going validity and relevance of three supervisory functions: administrative supervision, educational supervision, and supportive supervision.

Stakeholders readily acknowledge that there are deficiencies in supervisory practices. The following key issues were noted by the Institute:

- Supervisors did not have the requisite time to supervise cases because of workload issues (i.e. carrying their own caseload and/or paperwork requirements)
- There was not a model used for supervision nor does there appear to be adequate training of supervisors
- Peer case reviews are not utilized because of workload and time constraints

Rapid Safety Feedback, Field Support Consultants and Safety Roundtables also underscore the need for embedded mental health, substance abuse, and domestic violence expertise. Each one of these initiatives was developed in response to the increased complexity of the cases coming into the system. The assumption that front-line child welfare professionals and supervisors can make the best safety, permanency and well-being decisions regarding cases with persistent mental health issues, polysubstance abuse issues and/or family violence issues puts children at greater risk. It also cannot be assumed that front-line professionals and supervisors fully utilize mental health, substance abuse and domestic violence consultation given the acknowledgment that workload and time constraints are significant impediments.

Recommendations:

11. The Institute, DCF, CBCs, public/private social work programs and NASW-FL should work together to develop a supervisory model and curriculum.
12. Fund Institute-led DCF and CBC pilot sites with embedded (full-time, onsite) Licensed Clinical Social Workers to model a holistic supervisory approach (i.e., incorporating mental health, substance abuse and domestic violence consultation and peer review).

The Importance of Well-Being

The primary focus of Florida's child welfare model is safety. Recently, there has been a national call to shift the focus to well-being, which is difficult to define and measure. The literature is varied and inconsistent with regard to how to encompass all of the dimensions of well-being. The Child and Family Services Reviews (CFSR) requires states meet the following well-being outcomes:

- Families have enhanced capacity to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.
- Children receive services to meet their physical and mental health needs.

Florida has added an additional well-being outcome:

- Children develop the capacity for independent living and competence as an adult.

The Center for the Study of Social Policy 2013 report, *Raising the Bar: Child Welfare's Shift Toward Well-being* argues for prioritizing child development, the impact of trauma (toxic stress), and healthy relationships in child welfare practice. The report states, "well-being means the healthy functioning of children and youth that allows them to be successful throughout childhood and into adulthood… the definition goes beyond the cognitive functioning; physical health and development; emotional/behavioral functioning and social functioning domains and explicitly takes into account the interplay between a child's well-being and the parenting or caregiving environment around them. The well-being of families and caregivers is a defining pathway to a child's well-being; thus healthy family relationships and attachment to a caring and reliable adult must also be included as part of the concept and recommended actions to promote well-being." The report emphasizes the importance of a protective factor framework being incorporated into practice models.

The impact of trauma on children has been minimized in child welfare. The system does not require the use of trauma or developmental screens as standardized practice protocol. There are areas throughout the state where screens are being utilized but trauma-informed and/or developmental services are not available, or if they are available, are not being accessed. The Center for Advanced Studies in Child Welfare at the University of Minnesota School of Social Work Spring 2014 issue of CW 360º *Attending to Well-Being in Child Welfare* states, "Understanding trauma's impact on children's social and emotional functioning and health is an important place to start when considering how best to intervene and get children back on track developmentally."

Recommendations:

13. Develop ROAP well-being measures that utilize multi-dimensional, strengths-based measures that focus on protective factors, trauma, and development.
14. Preservice and in-service training should ensure that there is an emphasis on building protective capacities of the parents, the child, and ultimately in the parent/child relationship.
15. Contractually require trauma and developmental screens for all children and their caregivers.

Children Birth to Three

Children between the ages of birth and three are disproportionately represented in Florida's child welfare system. Infants and toddlers are at the greatest risk of death due to abuse or neglect. Approximately 37% of the children in Florida's child welfare system are between the ages of birth to three and children under the age of 1 represent the largest risk group (20%). Child welfare policy and practice standards do not consistently, if at all, consider the impact of early maltreatment and trauma on development, attachment and early childhood mental health.

Birth to three is the developmental period when the domains of physical, language, social, emotional and cognitive development are exponential. This is also the critical period for brain development, which according to the Harvard University *Center on the Developing Child*, is "inextricably intertwined" with social, emotional, and cognitive development. With advances in neuroscientific research, we know that the architecture of the brain (i.e. neural and synaptic connections) is built through an ongoing process that is dependent on genetics *and* early experiences, specifically the interactions between the parent or caregiver and the child. If early experiences are nurturing and positive, the brain will form as expected. In contrast, if early experiences are negative, the brain does not form as expected which can lead to developmental delays and lifelong consequences. The research has also shown that prolonged exposure to traumatic events such as abuse, chronic neglect and domestic violence activates stress responses (i.e. increased cortisol levels). Without deliberate intervention and mediation, the heightened stress response becomes toxic (*toxic stress*) and impairs the formation of neural connections.

A secure attachment to a parent or primary caregiver is imperative for healthy development in all domains. Environments that provide consistent and loving care foster secure attachments and set the foundation for all future relationships. Infants and toddlers must develop a sense of trust that their needs will be met and their cues will be appropriately and consistently attended to. Although well-intentioned, the child welfare system can unwittingly disrupt secure attachments through:

- Removals
- Inadequate or multiple placements
- Infrequent or inconsistent visitation
- Placing the child in poor quality childcare

Infants and toddlers who experience trauma through abuse, neglect or witnessing domestic violence can experience mental health issues related to attachment and emotional/behavioral regulation. Traumatized young children may experience signs and symptoms of sleep impairment, diminished capacity to self-soothe or self-regulate, hyperarousal and regression in language and toileting skills. These issues can make it difficult to form and maintain secure attachments.

One of the key characteristics of a secure attachment is reciprocity or the ability and desire to reciprocate emotional responses by both the parent/caregiver and the child. Parents/caregivers who have experienced traumatic events, as children or adults, may have difficulty reciprocating appropriate or consistent emotional support to their children. A parent/caregiver's trauma history may increase the risk of maltreatment and negatively impact the child's ability to overcome their own trauma symptoms.

Traditionally, child welfare approaches have focused on what was wrong with the parent or child rather than what happened to the parent or child. Florida's child welfare system recognizes the need for a paradigm shift to trauma-informed policies and practices but the implementation process has been slow to follow. For example:

- Trauma assessments are not a policy or practice requirement for CPIs or case managers.
- Referrals to Early Steps (Part C) as required by the Child Abuse and Prevention Treatment Act (CAPTA) are not made on all children under age three who are involved in a verified incident of abuse or neglect.
- Child-Parent Pyschotherapy (CPP) is a Medicaid reimbursable therapeutic intervention but it requires that the child, not the parent, have a diagnosis, which is sometimes difficult to make in children ages birth to three.
- Quality daycare for children in the system is not adequately funded.
- Foster parents are not trained on the impact of trauma on young children nor are they trained on the unique needs of infants and toddlers in the child welfare system.

Recommendations:

16. Amend Chapter 39, Florida Statutes, by inserting provisions for trauma-informed care that includes mandated 1) system-wide trauma-informed care training; 2) trauma and developmental assessments for children and their parents; and 3) trauma-informed services.
17. DCF should ensure that Early Steps referrals are made for all children birth to three with verified findings of abuse and neglect.
18. Fund CPP for all verified cases of abuse and neglect involving children ages birth to three, regardless of any diagnosis or lack thereof.
19. Increase the childcare subsidy rate for young children in foster care.

Critical Thinking and Checklists

New child protective investigators and case managers, regardless of their college major, currently receive approximately 10 weeks of preservice training prior to going into the field. Once in the field, they are required to make safety decisions regarding present and impending danger, safety planning, and assessment of family functioning. Supervisory consultation is required at different phases of the investigation or on-going case management. Safety decisions are multi-faceted and often require critical thinking skills on the part of the new employee and their supervisor. It is assumed that each new employee and his/her supervisor have the requisite critical thinking skills and knowledge of the practice model to make quality decisions without the use of checklists or prompts.

Stakeholders raised concerns that checklists would discourage child protective investigators and case managers from critically thinking about their cases. In contrast, the medical and aviation fields are also in the business of making safety decisions. However, these fields have recognized that possessing a high level of critical thinking skills and very lengthy training (in comparison to child welfare) is, in and of itself, insufficient to make the best decisions and minimize error. Both of these professions rely heavily on checklists to ensure protocols are adhered to and the risk of error is managed.

Recommendations:

20. Preservice and in-service training should have a supplementary checklist, including question prompts to enhance critical thinking skills and minimize procedural errors.

SECTION VI - WORKFORCE

Recruitment and Retention

Recruitment and retention issues are widespread for both DCF and the CBCs. High staff turnover puts vulnerable children at greater risk for recurrence of maltreatment and impedes timely intervention referrals and ultimately permanency. Attrition estimates across the state were reported to range between 25%-60%.

The Florida Coalition for Children (FCC) represents the collective interests of the CBCs. DCF and the FCC each contracted with consulting firms (North Highland and GOLD & Associates, respectively) to assist with strategically identifying CPI and case manager recruitment profiles, retention barriers, and marketing solutions.

In 2014, the Legislature funded 191 new CPI positions in an effort to lower caseload ratios. Approximately 100 positions reportedly have been filled. It is the Institute's understanding that DCF will request funding for additional case managers to lower their caseload ratio in an equitable manner. The 2014 legislation also mandates a five-year goal that 50% of all CPIs and supervisors have degrees in social work. This does not appear to apply to case managers and their supervisors.

While staffing levels and qualifications are an issue, the attrition rate has to be addressed through programmatic change or the net gain of additional positions will be marginal. One known factor contributing to attrition is related to workload. While there are child welfare models for workforce estimation, the models typically do not account for caseload complexity. The National Association for Social Workers (NASW) recently launched the Caseload Capacity Calculator (CLC). A model such as this would allow managers and supervisors to triage and distribute cases based on case complexity rather than on a rotational assignment.

Low salaries and salary disparity is also a key factor in attrition rates. Florida does not have a standardized salary schedule for child welfare professionals. There are salary disparities between CPIs and case managers as well as variation between CBCs. Case managers are moving from one CBC to a neighboring CBC because of these salary differentials. Additionally, there is not a standard of "step" or merit increases.

DCF reports that the beginning salary for CPIs is $39,600. The Bureau of Labor Statistics 2013 State Occupational Employment and Wage Estimates for Florida does not specify child welfare social worker as an occupational group, but there are three categories that are closely aligned. The job title and mean annual wage is represented in the table below:

Table 2 – Comparable Salaries

Code	Social Worker Title	Mean Annual Wage
21-1021	Child, Family and School	$46,060
21-1023	Mental Health and Substance Abuse	$44,420
21-1029	Social Workers, All Other	$56,060

One tool available to recruit more social work students to careers in child welfare is the Title IV-E stipend program. While this program would be available through all accredited social work programs, the Institute would be responsible for evaluating its effectiveness.

Recommendations:

21. Fund additional case managers and require a goal for half of all case managers and supervisors to have a degree in social work by July 1, 2020.
22. Establish a statewide workgroup that includes social work educators to optimize recruitment and retention strategies and solutions, as well as formulate a plan for reaching the 50% workforce requirement.

23. DCF and CBCs should work with the Institute to establish strategies for evaluating caseload severity and variables to include in caseload capacity calculations.
24. Fund an Institute-led, large-scale, longitudinal workforce study of newly hired CPIs and Case Managers.
25. Fund the Title IV-E Stipend Program.

Moving Toward a Social Work Workforce and Philosophical Approach

Section 402.40(5), Florida Statutes, requires DCF to "approve core competencies and related preservice curricula that ensures that each person delivering child welfare services obtains the knowledge, skills, and abilities to competently carry out his or her work responsibilities." As Florida's child welfare system moves toward a workforce of 50% social workers, considerations will need to be made in terms of aligning Florida's practice model competencies with those of the National Association of Social Workers (NASW) and the Council on Social Work Education (CSWE). Dr. Mary Hart from Florida Gulf Coast University has begun the alignment process and has crosswalked the current CPI and case manager competencies with those of NASW and CSWE (see Appendix D). Dr. Hart's work reinforces the importance of recruiting and retaining social workers in child welfare. By virtue of their educational experience, BSW or MSW graduates come to the child welfare profession with exposure to the vast majority of the essential child welfare competencies required by DCF.

DCF's preservice curricula have undergone a substantial revision. The Core curriculum preliminary launch date was January 2015. The Institute has not received a copy of this curriculum but is knowledgeable of the module topic areas. It is the Institute's understanding that the current plan is to use the initial release of the Core Curriculum as a "pilot" to make adjustments before the mandatory roll-out.

Recommendations:

26. DCF, the FADD and the Florida Certification Board should work with the Institute in developing a plan to crosswalk the pre-service curricula with the social work educational experience (academics and field placement).
27. DCF should work with the Institute to construct a rigorous pre-service curricula evaluative plan prior to statewide implementation.

SECTION VII - CRITICAL INCIDENT RAPID RESPONSE TEAM (CIRRT)

The Florida Legislature mandated the creation of a multiagency Critical Incident Rapid Response Team (CIRRT) to perform a root-cause analysis in child fatality cases with a verified report of abuse or neglect within the preceding 12 months. Further, the CIRRT is to determine the need for change to policies and practices related to child protection and child welfare (s. 39.2015, Florida State). The legislation also stipulates that the Secretary may direct an immediate investigation for other cases involving serious injury to a child.

By statute, a multiagency team of at least five professionals with expertise in child protection, child welfare, and organizational management conducts the CIRRT investigation. The investigation must be initiated no later than 2 business days after the case is reported to DCF. A preliminary report on each case is provided to the Secretary no later than 30 days after the investigation begins.

The Interim Director of the Institute participated in the September 2014 Gilchrist County murder-suicide CIRRT. This was the first CIRRT activated by the Secretary. At the time, there was not a protocol in place for the CIRRT team. The CIRRT process was developed during the case review, which proved to be an invaluable learning experience for establishing protocol for the January 1, 2015, mandatory implementation. The Institute also reviewed the training material and attended the CIRRT training in November 2014.

As a result of participating on the Gilchrest County CIRRT, the Institute made process, practice and report writing recommendations. In response to the Institute's recommendations, as well as the recommendations from other members of the Gilchrist team, the Statewide Child Fatality Prevention Specialist developed a statewide CIRRT protocol.

Section 39.2015(3), Florida Statutes, specifies that a CIRRT *may* consist of employees of DCF, CBCs, Children's Medical Services, and community-based care provider organizations; faculty from the Institute; or any other person with the required expertise. Section 39.2015(11), Florida Statutes, states the Secretary *shall* appoint an advisory committee made up of experts in child protection and child welfare, including the Statewide Medical Director for Child Protection under the Department of Health, a representative from the Institute, an expert in organizational management, and an attorney with experience in child welfare, to conduct an independent review of investigative reports from the CIRRTs and to make recommendations to improve policies and practices related to child protection and child welfare services. Further, the advisory committee is required to submit a report to DCF each year by October 1.

The Institute has interpreted s. 39.2015(3), Florida Statutes, to mean that serving as a member of the CIRRT is optional. The Institute can best serve the intent of the CIRRT legislation by participating only on the advisory committee, which is mandated to conduct an independent review of the investigative reports. This ensures that there truly is an independent review process by eliminating any type of conflict or bias that could potentially occur from being part of the CIRRT.

The CIRRT legislation was put in place as a means of informing organizational practices and policies. If the CIRRT is utilized as mandated, the process will be an invaluable tool for identifying, classifying, and attributing responsibility for cases that involve a child death or other serious incident. However, given the media's oversight and public perception of how death cases are reported, reviewed, and released, there is a risk that the external process will impede the internal dissemination of findings and learning from practice errors.

The concept of "safety stand downs" is regularly used in the fields of aviation, medicine and construction as a means of internally raising awareness of important safety practice issues in a timely manner. Safety stand downs in child welfare are intended to 1) prioritize child safety and well-being; 2) emphasize the importance of fidelity to the child welfare practice model and procedures; 3) give supervisors the opportunity to review protocol with their staff; and 4) give staff the opportunity to ask questions about specific case issues that may be similar to the case that initiated the safety stand down.

Recommendations:

28. The CIRRT advisory committee should be required to submit reports to the Secretary on a quarterly basis, in addition to the annual report required in statute. This is necessary to ensure that DCF is made aware of trends or protocol issues on an ongoing basis.
29. Due to the high visibility of cases where a CIRRT is activated, the process-from notification to report submission-should be standardized to ensure it is not subject to external influences or input.
30. DCF and the CBC's should utilize "Safety Stand Downs" whenever there is a child death or serious injury case. The Institute will educate DCF, CBCs and Statewide Child Fatality Prevention Specialist on the value of a "safety stand down" protocol and implementation plan. Safety stand down data can then be collected and the process can be added to the legislatively mandated review of the CIRRT.

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Apendix A - Institute Proposed Budget

Florida Institute for Child Welfare (FICW)

INSTITUTE ADMINISTRATION

Institute administrators have responsibility for strategic planning, fiscal and personnel management, compliance, deliverables, and liaison activities with the State of Florida government offices.

Personnel	Type Appt	FTE	Base Salary	Fringe Rate	Salary	Fringe	Total
FICW Director	12	1	$125,000	26.90%	$125,000	$33,625	$158,625
Financial Specialist	12	0.5	$35,000	26.90%	$17,500	$4,708	$22,208
Database/Network Manager	12	1	$50,000	26.90%	$50,000	$13,450	$63,450
Program Assistant/ Communication	12	1	$30,000	26.90%	$30,000	$8,070	$38,070
						TOTAL ADMINISTRATION	**$282,353**

ON-GOING RESEARCH & EVALUATION ACTIVITIES

Focuses on projects that inform policy and practice related to child safety, permanency, and child and family well-being which are housed permanently at the FICW. Will include longitudinal and cross-sectional studies on 1) children that come into contact with Florida's child welfare system; 2) the child welfare workforce; and 3) evaluation of training and education.

1) DATA COLLECTION & ANALYSIS

Faculty Salary - course release, summer salary/fringe for up to 5 faculty est. @ 40K/yr	$200,000
Graduate Research Assistants - 4 including salary, fringe, tuition, insurance est. @ 8K/yr	$40,000
Primary data collection	$50,000
Consultants	$15,000
DATA COLLECTION & ANALYSIS	**$305,000**

2) TRAVEL

Includes: conference presentations, regional meetings	TRAVEL	$38,147

3) COMPUTER EQUIPMENT & NETWORK

Includes: server, security, maintenance	COMPUTER EQUIPMENT & NETWORK	$15,000

4) DISSEMINATION

Includes: printing, website maintenance for policy briefs, white papers, webinars, etc.	DISSEMINATION	$10,000

5) OPERATING EXPENSES

Space est. @ $2,500/month	$30,000
Start up costs (furniture, copy machines, etc.)	$30,000
Recurring supplies	$9,500

OPERATING EXPENSES $49,500

TOTAL ON-GOING RESEARCH & EVALUATION ACTIVITIES $417,647

SUBCONTRACTS TO THE CONSORTIUM OF PUBLIC & PRIVATE SOCIAL WORK PROGRAMS IN FLORIDA

Focuses on research and evaluation on the efficacy of child welfare interventions using partnerships between universities and community-based agencies through a competitive application process.

1) RESEARCH & EVALUATION

Est. 5 projects @ average of $60,000 each for university/community collaborations	SUBCONTRACTS	$300,000

TOTAL RESEARCH & EVALUATION SUBCONTRACTS $300,000

FLORIDA INSTITUTE FOR CHILD WELFARE

TOTAL COSTS $1,000,000

Appendix B – Statewide and National Child Welfare Meetings/Conferences Attended

MEETING/CONFERENCE	LOCATION
Casey Family Programs Child Safety Forum	Philadelphia, Pennsylvania
Casey Family Programs Safety and Permanency Roundtables	West Palm Beach
Child Protective Investigations Scorecard Revision Meeting	Tampa, Florida
Child Welfare Dependency Summit	Orlando, Florida
Children's Home Society 8th Annual Innovation Symposium	Orlando, Florida
Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF Roundtable)	Philadelphia, Pennsylvania
Council on Social Work Education (CSWE Annual Program Meeting)	Tampa, Florida
Critical Incident Rapid Response Team (CIRRT Training)	Orlando, Florida
Critical Incident Rapid Response Team (Member)	Gilchrest County, Florida
DCF Data Analytics Advisory Committee Meetings	Tallahassee, Florida
DCF Results-Oriented Accountability Advisory Committee Meetings	Tallahassee, Florida
Florida Association of Deans and Directors of the Schools of Social Work (FADD)	Tampa, Florida
Florida Coalition Against Domestic Violence Meeting	Tallahassee, Florida
Florida Coalition For Children Board Meeting	Orlando, Florida
National Association of Social Workers (NASW Florida Chapter Consortium Meeting)	Orlando, Florida
Zero To Three National Training Institute	Fort Lauderdale, Florida
Florida State University, College of Medicine Center for Integrated Health	Tallahassee, Florida
Florida Children and Youth Cabinet	Tallahassee, Florida

Apendix C - Meetings with Stakeholders

Name	Title/Role	Agency
State Agency Representatives		
Mike Carroll	Secretary	Department of Children and Families (DCF)
Janice Thomas	Assistant Secretary for Child Welfare	DCF
Traci Levine	Director, Child Welfare Practice	DCF
Kellie Sweat	Director, Child Welfare Operations	DCF
JoShonda Guerrier	Director, Planning & Strategic Projects	DCF
Keith Perlman	Manager, Performance Management Unit	DCF
Zandra T. Odum	Project Management Consultant	DCF
Valerie Carnett	Training	DCF
Various Staff	Office of Child Welfare	DCF
Zackary Gibson	Chief Child Advocate/ Dir. of Adoption and Child Protection	Executive Office of the Governor
Amy Farrington	Director of Certification	Florida Certification Board
CBCs and Service Providers		
Amy Simpson	Executive Director	Boys Town
Shelley Katz	Chief Operating Officer	Children's Home Society
Andry Sweet	Chief Strategy Officer	Children's Home Society
Shawn Salamida	Director	Circuit 1 CBC
Kathleen Cowan	Executive Director	Circuit 13 CBC
Larry Rein	Executive Director	Circuit 15 CBC
Emilio Benitez	CEO	Circuit 17 CBC
John Cooper	CEO	Circuit 5

Name	Title/Role	Agency
CBCs and Service Providers		
Jackie Gonzalez	CEO/President	Circuits 11/16 CBC
Mike Watkins	CEO	Circuits 2/14 CBC
Stephen Pennypacker	CEO/President	Circuits 3/8 CBC
Glen Casel	CEO/President	Circuits 9/18 CBC
Brad Gregory	Vice President Programs	Florida Sheriffs Youth Ranches, Inc.
Justin Crymes	Supervisor Intake Coordination	Florida Sheriffs Youth Ranches, Inc.
Dr. Christopher Card	Chief Operation Officer	Lutheran Services Florida
Advocates		
Jack Levine	Founder	4 Generations Institute
Monica Figueroa King	Executive Director	Child Net
Michael Hansen ty Mental Health	President/CEO	Florida Council for Communi-
Kurt Kelly	CEO & President	Florida Coalition for Children
Victoria Zepp	Executive Director, Government and Community Affairs	Florida Coalition for Children
Linda Alexionok	Executive Director	The Children's Campaign
Roy Miller	President and Founder	The Children's Campaign
Christina Spudeas	Executive Director	Florida's Children First
Florida Universities Colleges of Social Work		
Dr. Robin Perry	Associate Professor	FAMU/Chair, State Child Abuse Death Review Committee
Dr. John Graham	Director	FAU School of Social Work

Name	Title/Role	Agency
Florida Universities Colleges of Social Work		
Dr. Nicholas F. Mazza	Dean/Patricia V. Vance Professor of Social Work	FSU College of Social Work
Dr. Karen A. Randolph	Associate Professor/Agnes Flaherty Stoops Professor in Child Welfare	FSU College of Social Work
Dr. Dina J. Wilke	Associate Professor	FSU College of Social Work
Dr. Bonnie Yegidis	Chair, FADD/Director	UCF School of Social Work
Dr. Daniel Durkin	Assistant Chair	UWF School of Social Work
Other Researchers		
Linda Jewell Morgan	Sr. Dir., Strategic Consulting	Casey Family Programs
Dr. Mimi Graham	Director	FSU Center for Prevention and Early Intervention
Dr. Mary Kay Falconer	Senior Evaluator	Ounce for Prevention Fund of Florida
Terry Rhodes	Director of Research, Evaluation and Systems	Ounce for Prevention Fund of Florida
Dr. Tim Dare	Associate Professor	University of Auckland, New Zealand
Dr. Terry V. Shaw	Director, Ruth Young Center for Families and Children/ Associate Professor	University of Maryland School of Social Work
Dr. Richard Barth	Dean and Professor and President of the American Academy of Social Work and Social Welfare	University of Maryland School of Social Work
Dr. Peter Pecora	Managing Director, Casey Family Programs/ Professor	University of Washington
Judicial		
Judge Lynn Tepper	Circuit Judge	Sixth Judicial Circuit

Appendix D - Cross Walk of Florida's practice model competencies with those of the National Association of Social Workers (NASW) and the Council on Social Work Education (CSWE)

NASW Standards for Child Welfare

1. Social workers in child welfare shall demonstrate a commitment to the values and ethics of the social work profession and shall use NASW's Code of Ethics as a guide to ethical decision making while understanding the unique aspects of child welfare practice.

CSWE Competencies/Behaviors

Identify as a professional social worker and conduct oneself accordingly.(1)
Apply social work ethical principles to guide professional practice.(2)

DCF Competencies CWPI

Use judgment and demonstrate ethical conduct representative of exemplary professions standards. (1.1)

DCF Competencies CWCM

Implement ethical standards of the profession while conducing CW services. (1.1)

NASW Standards for Child Welfare

2. Social workers practicing in child welfare shall hold a BSW or MSW degree from an accredited school of social work. All social workers in child welfare shall demonstrate a working knowledge of current theory and practice in child welfare and general knowledge of state and federal child welfare laws.

CSWE Competencies/Behaviors

Practice: Engagement, Assessment, Intervention, and evaluation with individuals, families, groups, organizations, and institutions.(10) Engage in policy practice to advance social and economic well-being and to deliver effective social work services.(8)

DCF Competencies CWPI

Conduct child protective investigations in accordance with state/federal law. (1/2)
Make mandatory notifications to law enforcement , CPT, licensing, SAO/AG, and others as required. (2.4)
Refer Special Condition reports (i.e., foster care licensing issues, etc.) to appropriate parties for handing. (3.4) Use the dependency court injunction process to ensure child safety as appropriate. (6.6)

DCF Competencies CWCM

Recognize and operate within the legal obligations and limitations that state and federal laws place on case managers. (1.3) Provide factual information through reports and testimony to the courts.(1.8)
Demonstrate an understanding of child and human growth and development norms and expectations by conducting age and state appropriate case management interviews, observations, and activities. 2.5)

NASW Standards for Child Welfare
3. Social workers in child welfare shall continuously build their knowledge and skills to provide the most current ,beneficial, and culturally appropriate services to children, youths, and families involved in child welfare.

CSWE Competencies/Behaviors
Practice: Engagement, Assessment, Intervention, and evaluation with individuals, families, groups, organizations, and institutions.(10) Engage diversity and difference in practice. (4) Respond to contexts that shape practice.(9)

DCF Competencies CWPI
Perform child protective investigations in the least adversarial, most constructive and supportive manner possible. (1.3) Use a family centered and trauma informed practice approach while performing investigative activities with families. (3.1) Use safety skills and techniques to avoid dangerous situations in the workplace and field (i.e., aware of all egress points from the home, never facing away from a closed door, choice of vehicle parking location outside home, etc.). (3.5)

DCF Competencies CWCM
Effectively communicate information about agency programs and services to clients, agency staff, or other service providers. (1.15) Demonstrate an awareness of and respect for clients' background and current life circumstances when performing case management activities. (2.3) Refer individuals and families for further assessment as need. (3.6) Coordinate a comprehensive, team approach to the delivery of community-based services specific to remediate abuse and neglect and provide long-term support to families. (4.4) Arrange services and ensure ongoing collaboration to meet the specific needs of the children(ren), family, and caregivers. (4.10) Facilitate placement and promote joint planning and delivery of services in collaboration with primary, foster kinship and adoptive families. (4. 13) Ensure age-appropriate treatment strategies and services are provided that are essential to the physical, mental, and emotional development of the child. (4.14) Plan and provide foster an adoptive children with supportive serves to reduce the trauma of major life transitions, including transitions related to separation and placement to enhance their adjustment and meet their needs. (4.17) For any dependent child on psychotropic medication, ensure that appropriate consent has been obtained, the reason for the medication are known, and that the child's team is involved in ongoing coordination of other treatment modalities and assessment of medication benefits. (4.20)

NASW Standards for Child Welfare
4. Social workers in child welfare shall seek to advocate for resources and system reforms that will improve services for children, youths, and families.

CSWE Competencies/Behaviors
Advance human rights and social and economic justice.(5)

DCF Competencies CWCM
Advocate for co-parenting of children in care (parents and substitute caregiver/foster parent) including coordination of family-time visits and parent participation in other activities (medical appointment, school activities, family member birthday parties, holidays, etc.) in ways that can ensure safety and well-being. (4.15) Advocate with school personnel for dependent children to achieve academic success through appropriate placement and educational programming; to alleviate barriers to participation in school activities; and to solve school related problems. (4.16)

NASW Standards for Child Welfare

5. Social workers in child welfare shall promote interdisciplinary and interorganizational collaboration to support, enhance, and deliver effective services to children, youths, and families.

CSWE Competencies/Behaviors

Identify as a professional social worker and conduct oneself accordingly.(1)
Apply social work ethical principles to guide professional practice.(2)

DCF Competencies CWPI

Make mandatory notifications to law enforcement , CPT, licensing, SAO/AG, and others as required. (2.4) Effectively communicate information about agency programs and services to clients, agency staff, or other service providers. (3.4) Use the Child Protection Team to supplement the assessment process through the provision of spyuchosocial assessments, medical exams and diagnoses, and forensic interviews, etc. (6.4) Work with Children's Legal Services, State Attorney's Office, or Attorney General to present factual information and evidence to support decision making and demonstrate legal sufficiency for protective actions/ court involvement. (6.5) Use expert medical, legal, and therapeutic opinion and recommendations to inform the decision making process. (7.3) Develop and promote professional relationships by partnering with law enforcement during criminal investigations and conferring with CPT, DV, GAL, CLS, and substance abuse and mental health advocates for consultative services. (7.4) Work in partnership with various individuals an groups within the child welfare system and community to promote the safety and wellbeing of children and families. (7.6)

DCF Competencies CWCM

Collaborate with other service providers and legal and court personnel in preparing children family members for court activity. (1.7) Work in partnership with various individuals and groups within the child welfare system and community to promote the safety and well-being of children and families. (1.12) Prepare for and participate effectively in case staffings and meetings as a leader and contributor. (1.13) Create and sustain a helping system for clients that includes collaborative child welfare work with all appropriate persons involved in the case. (2.6) Establish and maintain relationships with community partners. (2.7) Serve as a communicator and facilitator of information-sharing among appropriate persons involved in the case. (2.8)Work with the CPI as needed to understand the results of the department's child safety assessment protocol and participate in the development and ongoing management of the safety plan. (3.1) Identify and incorporate the findings of the assessment, case dispositions, and recommendations fo other persons who have a role in case planning. (3.10) Engage in teamwork with the family, children, service providers, and other team members to ensure that all persons are "on the same page" as to current needs, progress, and continued appropriateness for intervention. (3.11) Provide relevant case history and client background to assessors in order to inform assessment strategies and finds. (3.13) Collaborate with family members and other persons involved in the case (i.e., the family team) to develop an individualized, family-centered, strengths-based, assessment-base and outcome driven plan. (4.1) Refer individuals and families for further assessment as need. (3.6) Coordinate a comprehensive, team approach to the delivery of community-based services specific to remediate abuse and neglect and provide long-term support to families. (4.4) Promote teamwork and appropriate information sharing among all persons involved in the case and identified stakeholders, including medical, educational, and mental health providers. (4.5) Obtain feedback from the family and service providers to assist in case planning and assessment. (4.11) Work with the family and team members to plan prioritize and effectively monitor completion of case plan activities and tasks within required timeframes. (4.12) Advocate with school personnel for dependent children to achieve academic success through appropriate placement and educational programming; to alleviate barriers to participation in school activities; and to solve school

related problems. (4.16) Work with appropriate team members to make and support permanency recommendations, i.e., reunification, termination of parental rights, other long-term options, or case closure. (4.18)

NASW Standards for Child Welfare
6. Social workers in child welfare shall maintain the appropriate safeguards for the privacy and confidentiality of client information.

CSWE Competencies/Behaviors
Apply social work ethical principles to guide professional practice.(2) Apply critical thinking to inform and communicate professional judgment.(3)

DCF Competencies CWCM
Apply confidentiality requirements to casework tasks. (1.2)

NASW Standards for Child Welfare
7. Social workers shall ensure that families are provided services within the context of cultural understanding and competence.

CSWE Competencies/Behaviors
Engage diversity and difference in practice.(4) Respond to contexts that shape practice.(9) Apply critical thinking to inform and communicate professional judgment.(3)

DCF Competencies CWPI
Provide culturally competent investigative services by recognizing cultural values and linking families with culturally competent service providers. (3.3)

DCF Competencies CWCM
Provide culturally-competent casework services and like families with culturally-competent service providers. (1.19)

NASW Standards for Child Welfare
8. Social workers in child welfare shall conduct an initial, comprehensive assessment of the child, youth, and family system in an effort to gather important information. The social worker shall also conduct ongoing assessments to develop and amend plans for child welfare services.

CSWE Competencies/Behaviors
Engagement, Assessment, Intervention, and evaluation with individuals, families, groups, organizations, and institutions. (10) Apply critical thinking to inform and communicate professional judgment.(3)

DCF Competencies CWPI
Assess all prior individual and family abuse history, service cases, juvenile justice and adult criminal histories, lcal law enforcement 'call outs', and circuit court injunctive action to determine initial investigative approach. (2.1)

Contact reporter to corroborate allegations in report and seek additional information; advise of notification rights. (2.2) Contact sources identifies in the report, previous or current service providers, and others to gather additional information about the family. (2.3) Make diligent efforts to observe and interview the alleged victim(s) within the required timelines.)4.1) Interview the victim(s), siblings, non-offending caregivers, and any other household member or collateral contacts likely to provide credible evidence or critical information to support or refute the allegations and provide important information about family interaction and dynamics. (4.2) Interview the alleged offender and all appropriate sources to obtain accurate and complete information on alleged offender's adult functioning, parenting, and discipline practices, and assess and determine caregiver protective capacities. (4.3) Interview the alleged victim and all appropriate sources to obtain accurate and complete information on child function and assess and determine child vulnerabilities. (4.4) Assess the nature and extent of maltreatment and accompanying circumstances and determine immediate safety actions needed to ensure child safety. (5.1) Assess impending danger resulting from family conditions that are observable, imminent, out-of-control, and likely to have a severe effect on a child. (5.2) Conduct assessment for child on child sexual abuse. (5.3) Determine implications for child safety by analyzing all present and impending safety factors denoted in the standardized safety assessment instrument to identify immediate safety actions needed. (6.1) Use present danger assessment criteria (safety threshold) to identify the need for a Present danger plan. (6.2) Use family functioning assessment criteria to identify impending danger and the need for a Safety Plan. (6.3) Prepare for and participate in all court hearings. (6.7) Evaluate and synthesize information and evidence gathered during the investigation to determine appropriate investigative findings and disposition. (6.8) Use the Child Maltreatment Index to guide determination of findings. (6.9)

NASW Standards for Child Welfare

9. Social Workers in child welfare shall strive to ensure the safety and well-being of children through evidence-based practices.

CSWE Competencies/Behaviors

Engagement, Assessment, Intervention, and evaluation with individuals, families, groups, organizations, and institutions.(10) Apply critical thinking to inform and communicate professional judgment.(3) Engage in research-informed practice and practice-informed research.(6)

DCF Competencies CWPI

Perform child protective investigations focusing on identification of danger threats, safety planning and safety management. (1.5) Assist individuals and families "in crisis" by responding in a manner that balances the need for personal accountability which promoting positive change, growth, and development to ensure safety for all family members. (3.2) Refer individuals and families for community supports as needed. (5.5) Determine implications for child safety by analyzing all present and impending safety factors denoted in the standardized safety assessment instrument to identify immediate safety actions needed. (6.1) Use the dependency court injunction process to ensure child safety as appropriate. (6.6)

DCF Competencies CWCM

Report CA/N using Abuse Hotline procedures and reporting requirements. (1.2) Perform case management responsibilities in accordance with state and federal laws on CA/N & abandonment within required timeframes. (1.5) Use juvenile court to protect children from maltreatment and assure permanency within legally required timeframes. (1.6) Assure quality of care through a working knowledge of performance standards and best practices.(1.11) Assist individuals and families in responding to a crisis in a manner that promotes

positive change, growth, and development, and assures safety for all family members. (1.18) Demonstrate family-centered, strength-based and trauma-informed approaches to performing case management activities.(2.1) Use evidence-based and best practices when performing case management activities.(2.3) Advocate for co-parenting of children in care (parents and substitute caregiver/foster parent) including coordination of family-time visits and parent participation in other activities (medical appointment, school activities, family member birthday parties, holidays, etc.) in ways that can ensure safety and well-being. (4.15) For dependent children 13 years of age and older, ensure that case plans include developmentally appropriate opportunities for the child to gain skills, education, work experience, relationships, and other necessary capacities for living safely and independently of agency services. (4.19) For any dependent child on psychotropic medication, ensure that appropriate consent has been obtained, the reason for the medication are known, and that the child's team is involved in ongoing coordination of other treatment modalities and assessment of medication benefits. (4.20)

NASW Standards for Child Welfare

10. Social workers in child welfare shall engage families, immediate or extended, as partners in the process of assessment, intervention, and reunification efforts.

CSWE Competencies/Behaviors

Engagement, Assessment, Intervention, and evaluation with individuals, families, groups, organizations, and institutions.(10) Apply critical thinking to inform and communicate professional judgment.(3)

DCF Competencies CWCM

Conduct individual and family interviews. (3.4) Identify and document the family's strengths and needs. (3.5) Ensure that the child(ren) and family members visit as frequently as possible according to statutory requirements, consistent with the developmental needs of the children and in the most natural setting that can ensure safety and well-being. (4.0)

NASW Standards for Child Welfare

11. Social workers in child welfare shall actively engage older youths in addressing their needs while in out-of-home care and as they prepare to transition out of foster care.

CSWE Competencies/Behaviors

Engagement, Assessment, Intervention, and evaluation with individuals, families, groups, organizations, and institutions.(10)

NASW Standards for Child Welfare

12. Social workers in child welfare shall place children and youths in out-of-home care when the children and youths are unable to safely remain in their homes. Social workers shall focus permanency planning efforts on returning children home as soon as possible or placing them with another permanent family.

CSWE Competencies/Behaviors

Engagement, Assessment, Intervention, and evaluation with individuals, families, groups, organizations, and institutions.(10) Apply critical thinking to inform and communicate professional judgment.(3)

DCF Competencies CWCM

Conduct purposeful visits with children and parents and/or caregivers that include the on-going assessment of child safety, permanency, and well-being. (3.8) Evaluate need/readiness for permanency planning. (3.9)

Use safety skills and techniques when faced with dangerous situations in the workplace and field. (1.17)

Build and maintain an up-to-date, organized, and accessible case file. (1.21)

Clearly and accurately document events, information/contacts, reasonable efforts, and actions related to the child and family within required timeframes.(1.22)

Enter all case documentation in the official SACWIS within required timeframes. (1.23)

Monitor and update each child's Child Resource Record and, when applicable, the Life Book, to ensure that each has a life history traced over time in care. (1.24)

Monitor and update each child's Health and Education Passport to ensure that each child has a complete and current medical and educational record. (1.25)

Report Prepared by:
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Judith E. Hefren, PhD, MSW, CPA

FLORIDA INSTITUTE for CHILD WELFARE

For more information, please contact us at
850-645-3429 (FICW) or childwelfare@csw.fsu.edu.

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Appendix B: Statewide and National Child Welfare Meetings and Conferences Attended

Meeting or Conference	Location
Agency for Healthcare Administration Meeting	Tallahassee, Florida
Bethesda All sites Early Childhood Court Conference	Bethesda, Maryland
Capital Women's Group Meeting	Tallahassee, Florida
Casey Family Programs Child Safety Forum	Philadelphia, Pennsylvania
Casey Family Programs Safety and Permanency Roundtables	West Palm Beach, Florida
Child Protective Investigations Scorecard Revision Meeting	Tampa, Florida
Child Welfare Competency Update Planning Meeting	Conference Call
Child Welfare Dependency Summit	Orlando, Florida
Child Welfare Practice Model Task Force	Gainesville, Florida
Child Welfare Practice Model Task Force Quarterly Meeting	Tallahassee, Florida
Children's First Meeting	Tallahassee, Florida
Children's Home Society 8th Annual Innovation Symposium	Orlando, Florida
Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF Roundtable)	Philadelphia, Pennsylvania
Council on Social Work Education (CSWE Annual Program Meeting)	Tampa, Florida
Critical Incident Rapid Response Team (CIRRT Training)	Orlando, Florida
Critical Incident Rapid Response Team (Member)	Bell, Florida
Critical Incident Rapid Response Team (Advisory)	Tampa, Florida
Crossover Youth Workgroup	Tallahassee, Florida
DCF Child Welfare Integration Project Team Meeting	Orlando , Florida
DCF Data Analytics Advisory Committee Meetings	Tallahassee, Florida
DCF Results-Oriented Accountability Advisory Committee Meetings	Tallahassee, Florida
Early Childhood Court Summit	Ft. Lauderdale, Florida
Executive Project Briefing Data Analytics Meeting	Tallahassee, Florida

Meeting or Conference	Location
FCC/DCF Group Care Quality Standards Workgroup Meeting	Tallahassee, Florida
Florida Association of Deans and Directors of the Schools of Social Work (FADD)	Tampa, Florida
Florida Certification Board Meeting	Tallahassee, Florida
Florida Children and Youth Cabinet	Tallahassee, Florida
Florida Coalition Against Domestic Violence Meeting	Tallahassee, Florida
Florida Coalition For Children Board Meeting	Orlando, Florida
Florida Immersive Case Management Training Discussion	Tallahassee, Florida
Florida State University, College of Medicine Center for Integrated Health	Tallahassee, Florida
Florida Workload Study Options	Tallahassee, Florida
National Association of Social Workers (NASW Florida Chapter Consortium Meeting)	Orlando, Florida
Office of Court Improvement Meeting	Tallahassee, Florida
Quality Parenting Initiative	Tallahassee, Florida
Residential Group Care quality Standards Workgroup	Tallahassee, Florida
Results Oriented Accountability Plan Meeting	Tallahassee, Florida
Substance Abuse, Mental Health, and Child Welfare Integration Meeting	Orlando, Florida
Supervisory Model Planning Meeting	Tallahassee, Florida
Teen Foster Homes Meeting	Tallahassee, Florida
Zero To Three National Training Institute	Fort Lauderdale, Florida

Appendix C: Meetings with Stakeholders

State Agency Representatives

Name	Title/Role	Agency
Mike Carroll	Secretary	DCF
Janice Thomas	Assistant Secretary for Child Welfare	DCF
Traci Levine	Director, Child Welfare Practice	DCF
Kellie Sweat	Director, Child Welfare Operations	DCF
JoShonda Guerrier	Director, Planning & Strategic Projects	DCF
Keith Perlman	Manager, Performance Management Unit	DCF
Emily Tupps	Director, Child Welfare Integration	DCF
Tory Wilson	Permanency and Well-being Manager	DCF
Kimberly Grabert	Statewide Human Trafficking Director	DCF
Alan Abramowitz	Executive Director	Statewide Guardian ad Litem Office
Bethany Brimer	Human Trafficking Director	DJJ
Zandra T. Odum	Project Management Consultant	DCF
Valerie Carnett	Training	DCF
Wansley Walters	Chairwoman	Florida Children and Youth Cabinet
Zackary Gibson	Chief Child Advocate/Director of Adoption and Child Protection	Executive Office of the Governor
Neal McGarry	President and CEO	Florida Certification Board
Amy Farrington	Director of Certification	Florida Certification Board

CBCs and Service Providers

Name	**Title/Role**	**Agency**
Amy Simpson	Executive Director	Boystown
Shelley Katz	Chief Operating Officer	Children's Home Society
Andry Sweet	Chief Strategy Officer	Children's Home Society

Name	Title/Role	Agency
Shawn Salamida	Director	Circuit 1 CBC
Kathleen Cowan	Executive Director	Circuit 13 CBC
Larry Rein	Executive Director	Circuit 15 CBC
Emilio Benitez	CEO	Circuit 17 CBC
E. Lee Kaywork	CEO	Circuit 4 CBC
John Cooper	CEO	Circuit 5 CBC
Jackie Gonzalez	CEO/President	Circuits 11/16 CBC
Mike Watkins	CEO	Circuits 2/14 CBC
Stephen Pennypacker	CEO/President	Circuits 3/8 CBC
Glen Casel	CEO/President	Circuits 9/18 CBC
Brad Gregory	Vice President Programs	Florida Sheriffs Youth Ranches, Inc
Justin Crymes	Supervisor Intake Coordination	Florida Sheriffs Youth Ranches, Inc
David Wilkins	Founder and Program Director	Life Connectors
Dr. Christopher Card	Chief Operation Officer	Lutheran Services Florida
Amanda Prater	Director	Youth Villages

Advocates

Name	Title/Role	Agency
Jack Levine	Founder	4 Generations Institute
Monica Figueroa King	Executive Director	Child Net
Michael Hansen	President/CEO	Florida Council for Community Mental Health
Kurt Kelly	CEO & President	Florida Coalition for Children
Victoria Zepp	Executive Director, Government and Community Affairs	Florida Coalition for Children
Linda Alexionok	Executive Director	The Children's Campaign
Roy Miller	President and Founder	The Children's Campaign
Christina Spudeas	Executive Director	Florida's Children First
Guy Spearman	Lobbyist	Tallahassee, Florida

Florida Universities - Colleges of Social Work

Name	Title/Role	Agency
Dr. James Clark	Dean and Professor	FSU College of Social Work
Dr. Robin Perry	Associate Professor Chair, State Child Abuse Death Review Committee	FAMU Department of Social Work
Dr. John Graham	Director	FAU School of Social Work
Dr. Nicholas F. Mazza	Professor & Patricia V. Vance Professor of Social Work	FSU College of Social Work
Dr. Karen A. Randolph	Professor & Agnes Flaherty Stoops Professor in Child Welfare	FSU College of Social Work
Dr. Dina J. Wilke	Associate Professor	FSU College of Social Work
Dr. Bonnie Yegidis	Chair, FADD/Director	UCF School of Social Work
Dr. Daniel Durkin	Assistant Chair	UWF School of Social Work
Other Researchers		
Linda Jewell Morgan	Senior Director, Strategic Consulting	Casey Family Programs
Dr. Mimi Graham	Director	FSU Center for Prevention and Early Intervention
Dr. Mary Armstrong	Executive Director	Louis de la Parte Florida Mental Health Institute
Dr. Mary Kay Falconer	Senior Evaluator	Ounce of Prevention Fund of Florida
Terry Rhodes	Director of Research, Evaluation and Systems	Ounce of Prevention Fund of Florida
Dr. Tim Dare	Associate Professor	University of Auckland, New Zealand
Dr. Terry V. Shaw	Director, Ruth Young Center for Families and Children/ Associate Professor	University of Maryland School of Social Work
Bruce Bryant	Interim Director, Child Welfare Training Consortium	University of South Florida
Dr. Richard Barth	Dean and Professor and President of the American Academy of Social Work and Social Welfare	University of Maryland School of Social Work
Dr .Peter Pecora	Managing Director, Casey Family Programs/ Professor	University of Washington

Name	Title/Role	Agency
Judicial		
Judge Lynn Tepper	Circuit Judge	Sixth Judicial Circuit
Justice Barbara J. Pariente	Florida Supreme Court Justice	Tallahassee, Florida

Appendix D: 2015 Faculty Affiliates

Barry University

Name	Title/Role
Phyllis Scott, Ph.D.	Dean and Associate Professor
Mitchell Rosenwald, Ph.D., LCSW	Associate Professor

Florida Agricultural & Mechanical University

Name	Title/Role
Jenny Jones, Ph.D., ACSW	Chair and Associate Professor
Robin Perry, Ph.D.	Associate Professor
Winnifred Whittaker, Ph.D., MBA	BSW Field Coordinator

Florida Atlantic University

Name	Title/Role
John Graham, Ph.D.	Director and Professor
Marianna Colvin, Ph.D.	Assistant Professor
Heather Farineau, Ph.D., LCSW	Assistant Professor
Bettyanne Hutton, MSW	Instructor
Joy McClellan, MSW, LCSW	Instructor

Florida Gulf Coast University

Name	Title/Role
Mary Hart, Ph.D., MSW	Director & Chair and Assistant Professor

Florida International University

Name	Title/Role
Mary Helen Hayden, Ed.D, LCSW, DCSW	Director
Shanna Burke, Ph.D.	Associate Professor
Nicole Fava, Ph.D.	Assistant Professor
Hui Huang, Ph.D.	Assistant Professor
Elisa Kawam, Ph.D.	Assistant Professor
Barbara Thomlison, Ph.D.	Professor

Florida Memorial University

Name	Title/Role
Sylvia Boynton, Ph.D.	Social Work Program Coordinator and Assistant Professor

Florida State University

Name	Title/Role
James Clark, Ph.D., LCSW	Dean and Professor
Shamra Boel-Studt, Ph.D.	Assistant Professor
Katrina Boone, MSW, LCSW	Director, Field Education and Associate Teaching Professor
Pam Graham, MSW, LCSW, DCSW	Director, BSW & Professional Development Programs, and Associate Teaching Professor
Jeffrey Lacasse, Ph.D.	Assistant Professor
Nicholas Mazza, Ph.D., LCSW, LMHC	Professor and Patricia V. Vance Professor of Social Work
Karen Oehme, JD	Director, Institute for Family Violence Studies, Research Associate
Melissa Radey, Ph.D.	Associate Professor
Karen Randolph, Ph.D.	Agnes Flaherty Stoops Professor in Child Welfare
Sharon Ross-Donaldson, MSW, LCSW,CFSW	Assistant Teaching Professor
Lisa Schelbe, Ph.D.	Assistant Professor
Dina Wilke, Ph.D.	Associate Professor

Southeastern University

Name	Title/Role
Marleen Milner, Ph.D.	Program Director and Professor
Pamela Criss, Ph.D., LCSW	Field Coordinator and Professor

Saint Leo University

Name	Title/Role
Cindy Lee, Ph.D.	Director, MSW Program and Associate Professor
Lisa Rapp-McCall, Ph.D.	Research Lead

University of Central Florida

Name	Title/Role
Bonnie Yegidis, Ph.D.	Director and Professor
Ana Leon, Ph.D., LCSW	Professor
Julie Steen, Ph.D.	Associate Professor

University of North Florida

Name	Title/Role
Jennifer Spaulding-Givens, Ph.D.	Director of Social Welfare and Assistant Professor

University of South Florida

Name	Title/Role
Alison Salloum, Ph.D., LCSW	Interim Director and Associate Professor
LuAnn Conforti-Brown, Ph.D.	Visiting Instructor
S. Ruth Power, MSW, LCSW, CAP	Visiting Instructor
Lori Rogovin, MSW, ACSW	Chair, BSW Program and Instructor
Christopher Simmons, Ph.D., LCSW	Instructor
Teri Simpson, MSW, LCSW	Director of Field Education
Alicia Stinson-Mendoza, Ph.D.	Chair, MSW Program and Instructor

University of West Florida

Name	Title/Role
Daniel Durkin, Ph.D., LMSW	Department Head/Assistant Chair and Assistant Professor
Diane Scott, Ph.D.	Associate Dean/Chair and Professor
Christopher Cotten, Ph.D.	Assistant Professor
Amelia Kazakos, LCSW	Child Welfare Instructor
Dione King, Ph.D.	Assistant Professor
Kellie O'Dare Wilson, Ph.D.	Assistant Professor
Julie Patton, LCSW	Instructor

Warner University

Name	Title/Role
Nancy Anderson, MSW	Program Director and Assistant Professor
Jeff Bachelder, MSW	Field Education Director

Appendix E: 2014-2015 Grantees

Trauma Informed Behavioral Parenting: Early Intervention for Child Welfare

Heather Agazzi (Principal Investigator), Ph.D., University of South Florida

Enhancing Caregiving Capacity for Very Young Children: Your Journey Together Home Visiting Intervention

Deborah Alleyne (Principal Investigator), M.S., Devereux Center for Resilient Children

Ana Leon, Ph.D., University of Central Florida

A Randomized Evaluation Examining the Effects of an Incentive-Based Child Welfare Intervention on Strengthening Child and Family Engagement in Services

Shamra Boel-Studt (Principal Investigator), Ph.D., Florida State University

Common Sense Parenting Program for Children 0-5 in the Child Welfare System

Katrina Boone (Principal Investigator), MSW, Florida State University

Kenneth Bender, Executive Director, Boys Town North Florida

Evaluation of Parent Training Services in a Community-Based System of Care

Mary Kay Falconer (Principal Investigator), Ph.D., Ounce of Prevention Fund of Florida

Karen Randolph, Ph.D., Florida State University

The Effectiveness of Service Integration: Studying the Crossover Youth Practice Model

Hui Huang (Principal Investigator), Ph.D., Florida International University

Evaluation of the CriticalThinkRX Educational Curriculum for Child Welfare Workers: A Replication Study
Jeffrey R. Lacasse (Principal Investigator), Ph.D, Florida State University

Preparing Teens and Protecting Futures... Preventing Teen Pregnancies Within the Child Welfare System
Teri Saunders (Principal Investigator), CEO, Heartland for Children
Marleen Milner, Ph.D., Southeastern University

Evidence-based Parenting Intervention for Youth Aging Out of the Child Welfare System
Lisa Schelbe (Principal Investigator), Ph.D., Florida State University

Evidence-Based Parent-Child Relational Intervention for Young Children At-Risk for Abuse and Neglect
Migues Villodas (Principal Investigator), Ph.D., Center for Children and Families, Florida International University

Florida Study of Professionals for Safe Families (FSPSF) Work Plan
Dina Wilke (Principal Investigator), Ph.D., Florida State University
Melissa Radey (Co- Principal Investigator), Ph.D., Florida State University

Appendix F: Florida Study of Professionals for Safe Families (FSPSF)

Purpose

Recruitment and retention for child welfare professionals are widespread issues for the Department of Children and Families (DCF) and the Community-Based Care organizations (CBCs). High staff turnover puts vulnerable children at greater risk for recurrence of maltreatment, impedes timely intervention referrals and, ultimately, delays permanency. Annual attrition estimates across the state range between 25%-60% and the bill analysis submitted in consideration of Senate Bill 1666 indicated $6.2 million in increased annual costs associated with staff training and inexperienced workers.[4]

The proposed project is a 5-year longitudinal study of newly hired employees into child protective investigator (CPI) and case manager (CM) positions to learn about individual and organizational influences on child welfare employee retention, and ultimately, child and family outcomes. This statewide study will examine ***worker personal characteristics*** (e.g., educational background, family history, self-esteem, etc.) ***worker beliefs and behaviors*** (e.g., stress and burnout, work/family balance, social support and coping, etc.), ***organizational characteristics*** (e.g., physical environment, supervisory and management practices, vacancy rate, etc.), and ***work characteristics*** such as caseload size and severity, prevalence of child deaths, and exposure to threats and violence. We will also examine ***community context*** (e.g., unemployment, poverty rates, etc.) recognizing that the local community may impact worker retention and child and family outcomes. A conceptual model is presented in Figure 1, and Tables 1-5 identify the variables used to define each element of the model.

Research Methods & Questions

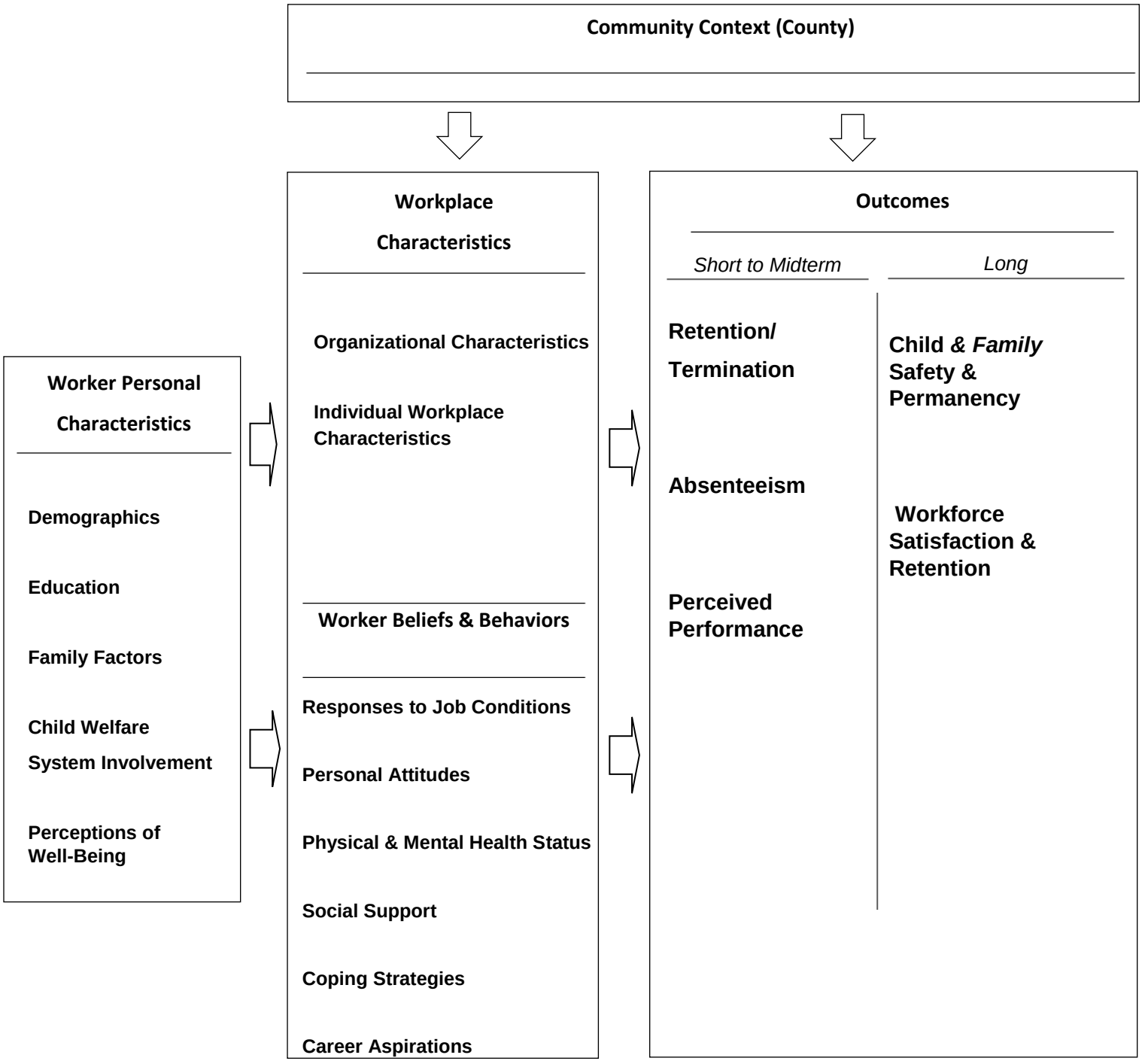
This 5-year longitudinal study will encompass three broad strategies to answer several different research questions based on the conceptual model. First, respondents will be surveyed every 6-7 months for 5 years with a core instrument.

Second, in addition to the core instrument, in-depth modules will be rotated during the data collection period. Each module will be completed twice during the 5-year study. Modules will include: 1) Substance Use, Mental & Physical Health, and Coping Strategies; 2) Work/Personal Life Balance; 3) Supervision; and 4) Organizational Functioning. The intent of this strategy is to gain a deeper understanding of key areas of worker personal or organizational characteristics that may impact job satisfaction and retention. For example, a mental health screening inventory will be part of the core instrument that participants complete during every administration, but on two different occasions, participants will provide in-depth information about mental health and its impact on employment outcomes.

Finally, qualitative interviews will be used to further augment information gathered on the in-depth modules. For example, when the in-depth module focuses on supervision, qualitative interviews will provide greater detail on the role, quality, and depth of supervision for respondents.

[4] https://www.flsenate.gov/Session/Bill/2014/1666/Analyses/2014s1666.ap.PDF

Figure 1. The Florida Study of Professionals for Safe Families Conceptual Model



The Florida Study of Professionals for Safe Families (FSPSF) will seek to answer the following questions:

Individual Attributes

- Do child welfare professionals feel adequately prepared to enter the workforce and do perceptions of the job match work experiences?
- How do worker personal characteristics, including prior educational attainment, impact job satisfaction, retention, and child and family outcomes?
- How do worker beliefs and behaviors, including stress and burnout, impact job satisfaction, retention, and child and family outcomes?
- At what point do workers consider leaving their positions?
    - Among those who stay, what individual attributes contribute to retention?
    - Among those who leave, what individual attributes contribute to departures?

Organizational and Contextual Attributes

- What training practices or structures contribute to readiness, competence in the field, and retention?
- How do organizational characteristics, including supervisory and management practices, influence job satisfaction, retention, and family and child outcomes?
- How do the influences of organizational characteristics change over time?
- What work characteristics, including caseload size and severity, influence job satisfaction and worker retention?
- Among those who leave their jobs for other positions, what are characteristics of their new work environments?
- What organizational and caseload characteristics contribute to an intent to leave or to remain in child welfare?
- What contextual influences impact job satisfaction, retention, and child and family outcomes?

Sample & Recruitment

This study proposes to recruit all Child Protective Investigators (CPIs) and Case Managers (CMs) who are hired between Sept. 1, 2015 and August 31, 2016. To qualify for the study, participants must have completed a 4-year college degree and have received, be eligible for, or have already applied for provisional Florida certification in their respective job category. CPIs are hired by the state of Florida or by one of 6 county sheriffs' offices to conduct investigations. Case managers are hired by agencies sub-contracted with the CBCs to provide case management services. While CPIs and CMs reflect a continuum of care for child welfare cases, CPIs are public employees and CMs are private employees.

Based on previous rates of turnover among CPIs and CMs, we anticipate 1,000 eligible participants throughout the state. We will follow the total sample of new hires for five years, even if they leave their child welfare positions during the study timeframe. This strategy is critical to understanding employment outcomes for those who leave their initial CPI/CM positions.

Participants will be recruited during their pre-service training, a mandatory 12-week training for all new hires not currently holding Florida certification in the job for which they have been hired. DCF staff (or their sub-contractors) provides pre-service training for the CPIs, and CBC staff (or their sub-contractors) provides training on behalf of the case management agencies.

An FSPSF graduate assistant will maintain a database of all pre-service training staff throughout the state and will, on a monthly basis, identify which agencies are beginning a pre-service training class each month. Within the first three weeks of a new training commencing, an FSPSF staff member will physically attend one session in order to seek participation from the entire cohort of trainees. FSPSF staff will use this time to explain the purpose of the study, obtain informed consent, and gather pre-survey demographic and contact information.

Those CMs or CPIs who change jobs within their category of certification are not required to repeat the pre-service training. However, we will recruit these individuals for this study. An FSPSF graduate assistant will contact agency human resource personnel each month to identify any new hires who did not attend training. We will recruit those new hires during the agency orientation.

Data Collection & Variables

We will survey participants twice annually. Demographic and contact information will be gathered during pre-service training followed by electronic administration of Wave 1 baseline data collection. Wave 2 will begin 6 months later. Starting with Wave 3, monthly cohorts will be clustered into quarterly cohorts in order to manage the data collection process. For example, all participants who began the study in September, October, or November 2015 will be clustered together for data collection beginning with Wave 3 (scheduled for October 2016). This same pattern will repeat in subsequent months, and Wave 4 data collection will follow 6 months after Wave 3. In an effort to learn more about potential seasonal influences on caseload satisfaction, job satisfaction, and retention outcomes, Wave 5 will be collected 7 months after Wave 4, and Wave 6 will be collected 6 months after Wave 5. This pattern will repeat each year. As a result, each group of participants will be surveyed during 9 different months of the year during the course of the 5-year study.

Survey data will be gathered electronically using Qualtrics. Participants will provide work and personal email addresses during initial data collection at the pre-service training. The baseline data collection protocol consists of two stages:

1. A FSPSF team member will present the study to potential participants during pre-service training and obtain participant consent. The FSPSF team member will give the participant an iPad (or other tablet) with a pre-loaded link to a Qualtrics survey. This initial data collection will request personal contact information including work and personal email addresses, work and personal phone numbers, and language preference for subsequent surveys. In order to increase study retention, respondents will identify two additional collateral contacts they are likely to stay in contact with throughout the course of the study. Data on the collateral contacts will include personal phone numbers and email addresses.
2. Within one week of completion of the pre-survey data collection, respondents will be sent a link to the Wave 1 baseline instrument.

Subsequent data collection will also involve a multi-stage strategy. First, one week prior to data collection, respondents will be sent a text message to their personal phone number informing them of the upcoming data collection and asking them to confirm contact information. Second, respondents will be sent a link from Qualtrics directing them to the survey. Future waves of data collection are expected to take about 45-60 minutes to complete. Reminder messages will be sent at 5 days and at 10 days for those who have not completed the survey. At 14 days, project staff will email participants who have not yet opened the survey link to insure that the Qualtrics generated emails were not sent to a spam folder. If there is no response to the individual email, project staff will telephone the non-respondent. At 21 days, project staff will attempt to email or call the identified contact persons of non-respondents.

Surveys will be optimized for mobile use and respondents will be able to complete the instrument in multiple attempts and on multiple devices. Survey links will remain available for one month. Upon completion of each

survey, respondents will receive financial compensation for participation that will increase with each year of participation ($25 for Waves 1 and 2, increasing incrementally to $75 for Waves 9 and 10).

In an effort to create an identity with the collateral contacts, within one week of receiving the collateral contact's information, FSPSF staff members will send an email explaining the study and the their potential role in it. The participant who identified the collateral contact will also be copied on the message in order to verify participation, if requested. Collateral contacts will be given the opportunity to decline participation. In that event, the study participant will be emailed and asked to provide information on an additional contact.

Incentives

A series of gradually increasing incentives will be utilized to minimize participant attrition. Incentives, primarily in the form of monetary compensation, will be provided upon completion of each survey administration. The incentives will be electronic gift cards to online retailers (e.g., Target) or credit to online accounts like Amazon.com or iTunes. Participants who complete all waves of the study will receive $500.00 in total compensation, distributed as follows:

- Year 1 (Waves 1 & 2): $25.00
- Year 2 (Waves 3 & 4): $40.00
- Year 3 (Waves 5 & 6): $50.00
- Year 4 (Waves 7 & 8): $60.00
- Year 5 (Waves 9 & 10): $75.00

At the end of the survey, participants will be asked to choose their incentive from a list of possible options. When surveys are completed, project staff will send a thank you email that will contains a link to an electronic credit in the appropriate amount.

Beyond compensation for survey completion, other incentives will be used to encourage continuing engagement and identification with the study. At least annually, participants will be asked to verify their phone and email contact information along with the information on their collateral contacts. Respondents who provide this information may elect to participate in a sweepstakes drawing that will include a variety of gifts to be determined.

Finally, beginning in Wave 2, a small subset of respondents will be randomly selected to participate in qualitative interviews. Those who volunteer to engage in a longer interview will receive $50.00 as compensation, in addition to quantitative survey completion incentives. Qualitative survey incentives will be electronically distributed in a similar manner to the quantitative survey incentive plan.

Appendix G: Technical Reports

Improving the Quality of Residential Group Care: A Review of Current Issues, Empirical Evidence, and Recommendations
Shamra Boel-Studt (Principal Investigator), Ph.D., Florida State University

Psychotropic Medications in the Florida Child Welfare System
Jeffrey R. Lacasse (Principal Investigator), Ph.D., Florida State University

Data and Statistics 101: Key Concepts in the Collection, Analysis, and Application of Child Welfare Data
Philip Osteen (Principal Investigator), Ph.D., Florida State University

Parents Aging Out of the Child Welfare System
Lisa Schoborg Schelbe (Principal Investigator), Ph.D., Florida State University

Trauma-Informed Care: Strengths and Opportunities for Florida Child Welfare Professionals
Stephanie Kennedy (Principal Investigator), MSW, Doctoral Candidate, Florida State University

Infant Mental Health and Child Welfare
Mimi Graham (Principal Investigator), Ed.D., Florida State University

Addressing the Needs of Commercially Exploited Children
Claudia Kitchens (Principal Investigator), Executive Director, Kristi House

Evidence-Based Child Welfare Training for Therapists
Heather Farineau (Principal Investigator), Ph.D., LCSW, Florida Atlantic University

Appendix H: The Florida Institute for Child Welfare 2015-2020 Strategic Plan

Message from the Dean

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

The Florida Institute for Child Welfare's proposed strategic plan provides everyone involved with and concerned about its mission with a roadmap for the future. Like most effective plans, this one provides guidance for the careful selection of Institute priorities and ultimately, important decisions. At the same time, we recognize that Florida's child welfare system is complex and emergent. In other words, the service environment is evolving, often unpredictable, and eventful. This environment requires a strategic plan that establishes broad guidelines and yet is open to adapting and changing to advance the organizational mission. The Institute, by its very nature, seeks new ideas and approaches that will continue to inform this plan in the future, thus strengthening and improving it. The "four pillars" of the plan reflect its legislative origin and mandates — all of which require excellence in research, policy analysis, technical assistance, training, and collaboration. We are committed to the Institute's success and at the same time humbled by the many challenges inherent in its mission! We invite everyone who cares about Florida's children and families to support and contribute to our shared purpose to enhance child safety, permanency, and well-being through the development of translational knowledge that will inform effective child welfare practice and policy.

FLORIDA INSTITUTE
for CHILD WELFARE

Contents

Mission

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

Vision

To provide nationally acclaimed child welfare research, training services, and policy and practice implementation guidance with our partner organizations in support of the children and families in Florida's child welfare system.

Guiding Principles

- Strive for Research and Training Excellence – we will continually strive to develop research projects that are based in sound translational scientific research methods and principles.
- Commitment – we will exhibit commitment and dedication to the Institute's mission and always prioritize the needs of children and families in Florida's child welfare system.
- Collaboration – we will collaborate within and across disciplines and professions to identify research priorities, apply evidence-based and evidence-informed solutions, and to translate research findings into effective practice and policy.
- Effective Communication – we will continuously share knowledge and information within the Institute to achieve organizational success.
- Respect – we will value everyone's contribution to the mission, treating everyone with dignity.
- Diversity—we will encourage and support robust and pluralistic approaches to the mission, knowing that intellectual diversity contributes to innovation, creativity, and fresh approaches to difficult problems.
- Integrity—while the Institute exists in a challenging political, economic, and cultural environment, its staff and researchers will work to protect the intellectual independence and integrity of its initiatives.

The Institute's Environment

In 2014, the Florida Legislature passed comprehensive child welfare legislation (Senate Bill 1666) in response to media reports of almost 500 children known to Florida's child welfare system who had died in the previous five years. This legislation established the Florida Institute for Child Welfare (Institute) at the Florida State University College of Social Work under s. 1004.615, Florida Statutes.

> "We must become more adept at articulating the enhanced quality of social work research and the value of our research in the field, not only to the families served by the system and the practitioners who serve them, but also the community and society as a whole."
>
> *Child Welfare for the Twenty-First Century: A Handbook of Practices*

The purpose of the Institute is to advance the well-being of children and families by improving the performance of child protection and child welfare services through research, policy analysis, evaluation, and leadership development. The Institute consists of a consortium of public and private universities throughout Florida that offer accredited degree programs in social work. The statute also requires the Institute to work with the Department of Children and Families (DCF), sheriffs that provide child protective investigative services, Community-Based Care (CBC) lead agencies, CBC provider organizations, the court system, the Department of Juvenile Justice (DJJ), the Florida Coalition Against Domestic Violence (FCADV), and other partners who contribute to and participate in providing child protection and child welfare services.

By statute, the Institute is required to:

- Maintain a program of research contributing to the scientific knowledge related to child safety, permanency, and child and family well-being.
- Advise DCF and other organizations about the scientific evidence regarding child welfare practice.
- Provide advice regarding management practices and administrative processes.
- Assess the performance of child welfare services based on specified outcome measures.
- Evaluate the educational/training requirements for the child welfare workforce and the effectiveness of training.
- Develop a program of training/consulting to assist organizations with employee retention.
- Identify and communicate effective policies and promising practices.
- Develop a definition of a child or family at high risk of abuse or neglect.
- Evaluate the provisions of Senate Bill 1666 and recommend improvements.
- Recommend improvements in the State's child welfare system.
- Submit an annual report to the Governor and Legislature outlining activities, significant research findings, and recommendations for improving child welfare practice.

The Institute will meet these mandates by producing high quality child welfare research that is translational and inform the development of policies that improve safety, permanency and well-being outcomes for the children and families in Florida's child welfare system. This approach requires the development of effective relationships and productive collaborations with government, our community-based stakeholders, and our academic partners. The main objectives of building partner capacity and enhancing collaboration are 1) to develop service interventions that create positive outcomes; 2) to enact policies that enhance effective service delivery of child welfare services; and 3) to contribute to the development of a sustainable and highly trained child welfare professional workforce.

The Institute is prepared to respond to the multiple requests for expertise and guidance at the local, state, and national level through building and maintaining a technical assistance program by connecting topical area experts and research findings to policy decision processes. The Institute's leadership will work to align the research agenda to address stakeholders' needs and to develop relevant translational research priorities. In this light, leadership will work diligently with faculty affiliates across the state to respond to the critical research and technical assistance needs of the Florida Department of Children and Families, as well as the unique requirements of the legislative mandates.

The Institute's vision is to be at the forefront of child welfare practice research, advancing and advocating for changes to state and federal child welfare policies, and providing evidence-informed strategies for effective workforce recruitment, long-term retention, and professional development.

How the Institute Conducts Business

The mandates set forth in the 2014 legislation require that the Institute establish working relationships with the key stakeholders in the Florida's child welfare system, specifically including DCF, CBC agencies, the Judiciary, and the fourteen accredited social work programs across the state.

The Institute is housed in the Florida State University College of Social Work (CSW). The CSW leadership is committed to establishing an environment that encourages team science and facilitates productivity. The Institute will utilize the College's child welfare experts for identified research projects that are best suited for intramural support. The Institute's leadership also recognizes the importance of establishing a statewide and national network of research and policy experts to meet Florida's legislative mandates. The Institute will actively seek to diversify its funding portfolio to supplement recurring state funding with foundation and federal sponsorships that will support its mission.

The Institute will convene and meet with significant organizations and actors across multiple, relevant fields in the public and private sectors that help shape the lives of Florida's families and children, and especially those who significantly affect and intervene with child welfare clients at practice and policy levels. The Institute will develop and use convening-and-designing processes that help "smooth the path" for translational research and consultation by establishing and clarifying the actual geographies, contours, and boundaries of the child welfare environment. These efforts can help meet a number of objectives including: 1) invite committed persons already working on children's issues to develop approaches that are coordinated and collaborative with others engaged in such work; 2) develop a usable "catalogue" of statewide assets across sectors that can be employed in the service of children and families more effectively and efficiently; 3) communicate important issues, questions, and findings among stakeholders and across sectors; 4) move forward the design of action plans and scalable "proof of concept" designs that will help address the unique and long-term needs of children in the child welfare system; and 5) enhance the probability of successful "translation" of validated child welfare knowledge and interventions into Florida systems of care.

The Institute's Desired Outcomes: Foundational Pillars, Goals, and Supporting Objectives

The Institute's goals and priorities were specified in Senate Bill 1666 with an overarching mandate to make practice and policy recommendations to improve Florida's child welfare system. In maintaining alignment with legislative intent and priorities, the Institute proposes "Four Pillars" to target mandated outcomes in the following research priority areas:

- Evidence-Based, Trauma-Informed Services for Children Birth to Three
- Quality Group Homes
- Youth Specific Issues – Pregnancy and Parenting Teens, DJJ "Lock-Outs" and "Crossovers"
- Human Trafficking of Minors
- Trauma-Informed Diversion Services for High Risk or Very High Risk Children
- Integration and Co-location of Mental Health, Substance abuse, and/or Domestic Violence Services with Child Welfare Protective Investigations and Case Management Services
- Evidence-Based and Trauma-Informed Services for Children with Complex Behavioral Health Needs
- Child Welfare Workforce Recruitment and Retention
- Other research identified as crucial for effective child welfare practice

1st Pillar - Collaborative Partnerships

***Goal*:** Establish new partnerships and strengthen existing relationships with researchers and policymakers to improve safety, permanency and well-being outcomes for families in the child welfare system.

Supporting Objectives:

1. Identify and utilize existing state and national networks to strengthen and expand the quality and depth of the partnership pool.
2. Develop collaborations that generate promising research projects and advance social policies that improve child welfare outcomes, while simultaneously extending their impacts to social service, health, and behavioral health sectors.
3. Identify, engage, affiliate, and support promising researchers to advance the Institute's mission.

2nd Pillar - Practice Research

Goal 1: Develop and support translational research projects that contribute to the scientific knowledge base related to child safety, permanency, and child and family well-being.

Supporting Objectives:

1. Recruit and retain researchers qualified to support the mission of the Institute with focus on emergent translational research priorities.
2. Conduct child welfare research in partnership with stakeholders and academic institutions that will advance child welfare scientific knowledge.
3. Develop evidence-informed and evidence-based innovative service delivery models to meet the complex needs of the populations served by the child welfare system.
4. Tailor, adapt, and test promising and validated interventions to optimize child welfare outcomes in local settings.

Goal 2: Establish an institutional culture that enables the Institute to become a national leader in child welfare research.

Supporting Objectives:

1. Develop a culture that encourages intellectual creativity, innovation, and social entrepreneurship.
2. Maintain a culture of accountability within the Institute to assure that supported research is translational, relevant, and high-quality.
3. Recruit and retain qualified faculty and staff who have demonstrated scholarly excellence and advance work in the practice of child welfare.
4. Provide faculty and staff with opportunities to further their research agendas with special emphasis on their contributions to effective child welfare policy and practice.

Goal 3: Support the development of and access to essential resources for relevant and high-quality child welfare research.

Supporting Objectives:

1. Support the development of new research resources and use of innovative technology advances.
2. Facilitate access to research resources and technologies.
3. Maintain a level of fiscal stability that supports initiatives that advance the Institute's mission.
4. Demonstrate success in acquiring extramural funding for research.

3rd Pillar - Policy Analysis

Goal: Advise stakeholder organizations about child welfare research evidence that is related to practice, training, and administrative processes in order to inform effective social policy.

Supporting Objectives:

1. Identify an effective communication strategy regarding dissemination of evidence-based, evidence-informed, and promising child welfare practices and policies.
2. Engage and collaborate with stakeholder organizations and academic institutions to strengthen the statewide child welfare policy-making infrastructure.
3. Participate in statewide and national policy forums, and when indicated develop and convene such forums.
4. Inform stakeholder organizations of emergent evidence–based and evidence-informed practices as a means to influence policy change.

4th Pillar - Technical Assistance and Training

Goal: Develop a program of training/consultation designed to assist organizations with aligning policy with practice.

Supporting Objectives:

1. Deliver relevant and evidence-informed continuing education programming to the child welfare workforce and other partners.
2. Work with key stakeholders to evaluate current technical assistance and training initiatives relative to identify and address current gaps.
3. Identify new and significant technical assistance and training initiatives as the child welfare knowledge base evolves.

4. Develop and implement collaborative solutions for statewide child welfare technical assistance and training needs.
5. Initiate efforts with key stakeholders to improve technical assistance and training integration into the development of effective child welfare policy and practice.

Appendix I: Florida Inventory of Statewide, State-Level, Multiagency Groups Handling Children's Issues

As of August 18, 2015

Agency for Health Care Administration (AHCA)

Agency for Persons with Disabilities (APD)

Department of Children and Families (DCF)

- Office of Child Welfare (OCW)
- Office of Substance Abuse and Mental Health (SAMH)
- Children's Legal Services (CLS)
- Economic Self Sufficiency (ESS)

Department of Education (DOE)

- Division of Vocational Rehabilitation (VR)
- Division of K-12 Public Schools
- Exceptional Student Education (ESE), within Bureau of Exceptional Education and Student Services (BEESS)
- Student Services (SS), within Bureau of Exceptional Education and Student Services (BEESS)
- Homeless Education (HE)
- Multiagency Network for Students with Emotional/Behavioral Disabilities (SEDNET)

Department of Health (DOH)

- Early Steps (ES)
- Children's Medical Services (CMS)
- Child Protection Team (CPT)

Department of Juvenile Justice (DJJ)

- Prevention
- Probation
- Detention
- Residential
- Education
- Office of Health Services

Executive Office of the Governor (EOG)

Guardian ad Litem Statewide Program (GAL)

Office of Early Learning (OEL)

Supreme Court/Office of the State Courts Administrator (SC/OSCA)

NOTE: Many of these workgroups also include other community providers, parents, and youth. This inventory primarily captures state agencies involved.

	Name of Group	Purpose/Primary Goals	Agencies Involved	Primary Contact(s)
1	Center for Coordinated Assistance to States Grant Team	Reviews all current, statewide, state level multiagency children's workgroups to align and streamline them for maximum efficiency and collective impact. Begins to identify dedicated funding for children involved in multiple series/systems and children who "fall through the cracks" of the multiple systems and services.	APD, DCF, DJJ, EOG, SC/OSCA	Jennifer.Prather@myflfamilies.com Nicole.Stookey@myflfamilies.com
2	Child Abuse Death Review Committee	Reviews child fatality cases to: (a) Achieve a greater understanding of the causes and contributing factors of deaths resulting from child abuse. (b) Whenever possible, develop a communitywide approach to address such cases and contributing factors. (c) Identify any gaps, deficiencies, or problems in the delivery of services to children and their families by public and private agencies which may be related to deaths that are the result of child abuse. (d) Make and implement recommendations for changes in law, rules, and policies, as well as develop practice standards that support the safe and healthy development of children and reduce preventable child abuse deaths.	DCF(OCW), DOH(CMS, CPT), EOG, DOE (SS), SC/OSCA, Office of the Attorney General, Florida Department of Law Enforcement	Peggy.Scheuermann@flhealth.gov
3	Child Abuse Prevention and Permanency Advisory Council (includes 20 Circuit Task Forces)	Works for the prevention of child maltreatment, and the promotion of adoption and support for adoptive families. In addition to the Advisory Council, there are 20 Circuit Task Forces in each judicial circuit that mirrors the membership of the Advisory Council to identify local priorities and needs toward the prevention of child maltreatment, promotion of adoption and support for adoptive families.	APD, DCF, DJJ, DOE, DOH, DOC, EOG, FDLE	Zackary.Gibson@eog.myflorida.com
4	Children and Youth Cabinet	Develops and implements: a shared vision; a strategic plan; measurable outcomes; efficiencies in information sharing and service delivery; ways to foster public awareness on children's issues; a child and youth impact statement for evaluating proposed legislation; ways to identify potential funding streams	AHCA, APD, DCF, DJJ, DOE, DOH, EOG, GAL, OEL, SC/OSCA	Nicole.Stookey@myflfamilies.com

	Name of Group	Purpose/Primary Goals	Agencies Involved	Primary Contact(s)
		and resources; and, a children-and-youth-based budget structure.		
5	Children's Multidisciplinary Assessment Team	Assesses all Medicaid eligible and Managed Care clients under 21 years of age who are referred for medically necessary long-term care services. Also conducts staffings for these clients and determines if clients meet the minimum threshold of care required for long-term care clinical services. The long-term care services funded by Medicaid includes: the determination of Level of Care for Nursing Facilities; determination of Level of Reimbursement for Medical Foster Care; and the determination of Level of Care for Model Waiver applicants.	AHCA, APD, DCF, DOH (CMS)	Ariel.McPherson@flhealth.gov Linda.Long-Miller@flhealth.gov
6	Crossover Youth Workgroup	Makes informed recommendations to address service delivery barriers specific to the dually served youth population (served by both DCF and DJJ). (There are a number of subcommittees addressing specific issues pertaining to crossover youth including: Community Diversion, Behavior/Mental Health, Data Sharing, Lock Out/parental abandonment for children released from programs.)	AHCA, DCF, DJJ, GAL, SC/OSCA, State Attorney	Zandra.Odom@myflfamilies.com
7	Florida Interagency Coordinating Council for Infants and Toddlers	Advises Florida's Early Steps Program in the performance of its responsibilities, as a required member representing children's mental health, per 34 C.F.R., Part 303, Subpart G – State Interagency Coordinating Council.	AHCA, DCF(SAMH), DOE(HE), DOE(ESE), DOH, OEL	Laurie.Blades@myflfamilies.com
8	Florida – Learning Community and On-Site Technical Assistance for Youth and Young Adults with Co-Occurring Mental Illness - Developmental Disabilities	The Georgetown University National Technical Assistance Center for Children's Mental Health selected Florida's cross-agency team to provide training and technical assistance focusing on planning and policy development for this population. Monthly webinars and coaching calls are being provided and a one to two day on-site visit. This learning community, coaching and on-site TA will be provided from June through September, 2015.	AHCA, APD, DCF(OCW), DCF(SAMH), DOE	Laurie.Blades@myflfamilies.com

	Name of Group	Purpose/Primary Goals	Agencies Involved	Primary Contact(s)
9	Florida Reach Advisory Board	Improves post-secondary outcomes and career transitions for foster care youth and alumni through resources, support, networking, and determining collective impact.	DCF (OCW), DOE(SS)	Becky.Pengelley@myflfamilies.com
10	Independent Living Services Advisory Council	Reviews and makes recommendations concerning the implementation and operation of the independent living transition services for young adults from foster care. Submits a report to the Florida Legislature on the status of the services being provided, including successes and barriers to these services.	DCF (CLS), DCF(OCW), DJJ, DOE (SS), GAL, SC/OSCA	Becky.Pengelley@myflfamilies.com
11	Missing Person Advisory Board	Develops policy around the functions of the Florida Missing and Endangered Persons Information Clearinghouse and general practice around disseminating information and engaging the public regarding missing persons.	DCF (OCW), DJJ, FDLE	DeborahPayne@fdle.state.fl.us
12	Multiagency Child Welfare Workgroup	Shares information among the partners related to legislation, data, initiatives, and the federal review (Child and Families Services Review).	APD, DCF, DJJ, DOE (SS), DOH (CPT), GAL, OEL, SC/OSCA	Jovasha Lang- langj@flcourts.org
13	Multisystem State Review Team (also local and regional teams)	A State Review Team, twenty Local Review Teams (by circuit), and six Regional Review Teams (by DCF regions) meet to resolve difficult cases and other interagency issues.	AHCA, APD, DCF, DJJ, DOE (SEDNET), DOE (VR), DOH, GAL, OEL, SC/OSCA	Jennifer.Prather@myflfamilies.com
14	Project AWARE State Review Team	Develops a coordination and implementation plan to assist districts in developing safer schools, improving school climate, increasing awareness of mental health issues, and creating a continuum of care for Florida's students.	APD, DCF, DOE (SEDNET) (VR) (SS) DOH, EOG, OEL	Monica.Verra-Tirado@fldoe.org Natalie Romer- romer@usf.edu Donald Kincaid- kincaid@usf.edu
15	Psychotropic Medication Process Workgroup	Reviews, revises, and revamps the current policies and procedures around psychotropic medication consultations and documentation.	DCF (OCW) (CLS) (SAMH), GAL	Christine.Meyer@gal.fl.gov
16	State Advisory Committee for the	Provides policy guidance with respect to the provision of exceptional education and related services for Florida's children	APD, DCF, DOE(VR)(BEESS)	April.Katine@fldoe.org

	Name of Group	Purpose/Primary Goals	Agencies Involved	Primary Contact(s)
	Education of Exceptional Students	with disabilities. Operates under the auspices of the Bureau of Exceptional Education and Student Services, Florida Department of Education (BEESS/DOE).	(School Choice), DJJ (Education) Department of Corrections, DOH	
17	State Agency Healthy Schools Interagency Collaborative	Shares information, resources, and data among the partners related to school health promotion in the 8 areas of the CDC Coordinated School Health Model to maximize resources, reduce duplication, and increase partnerships. ▪ Health Education ▪ Physical Education ▪ Health Services ▪ Nutrition Services and Education ▪ Counseling, Psychological and Social Services ▪ Healthy School Environment ▪ Health Promotion for Staff ▪ Parent and Community Involvement	DCF(ESS), DOE(Bureau of Standards and Instructional Support)(Bureau of Family and Community Outreach)(BEESS), DOH(Bureau of Chronic Disease and Prevention and Healthiest Weight), Department of Agriculture and Consumer Services	Penny.Taylor@fldoe.org Sade.Collins@flhealth.gov Deborah.Bergstrom@freshfromflorida.com
18	Statewide Council on Human Trafficking	Supports human trafficking victims by enhancing care options available. Council duties include: ▪ Develop recommendations for comprehensive programs and services including recommendations for certification of safe houses & safe foster homes. ▪ Make recommendations for apprehending and prosecuting traffickers and enhancing coordination of responses. ▪ Hold an annual statewide policy summit with an institution of higher learning. ▪ Work with the Department of Children and Families to create and maintain an inventory of human trafficking	Attorney General's Office, AHCA, APD, DCF, DJJ, DOE, DOH	Jason.Rodriguez@myfloridalegal.com Kimberly.Grabert@myflfamilies.com

	Name of Group	Purpose/Primary Goals	Agencies Involved	Primary Contact(s)
		programs and services our state. ▪ Develop overall policy recommendations.		
19	Statewide Domestic Violence Fatality Review Team	Looks at children's issues relating to domestic violence deaths and the traumatic impact on children who lose one or both parents, siblings, or other family or household members.	DCF, SC/OSCA	Rubenstein_Cynthia@fcadv.org
20	Statewide Trauma Informed Care Workgroup	Focuses on a commitment to interrupt the trauma cycle and provide treatment services that promote healing in the children, youth, and adults entrusted in the state's care. Meets quarterly to educate one another about various aspects of trauma and trauma interventions.	DCF, DJJ, DOE (SEDNET)(VR)(SS), DOH, EOG, GAL, SC/OSCA	Maureen.Honan@djj.state.fl.us
21	Substance Abuse and Mental Health Planning Council	Reviews the block grant plan and submits any recommendations for modification to the state. Advocates for adults with serious mental illnesses, children with severe emotional disturbances, and other individuals with mental illness or emotional problems. Monitors, reviews, and evaluates not less than once each year, the allocation and adequacy of mental health services within the state.	DCF(SAMH), DOE(VR)(SS), DOH, Department of Corrections, AHCA, DJJ	Dana.Foglesong@myflfamilies.com
22	Supreme Court Steering Committee on Children and Families in the Court	Encourages courts to work with local school boards to implement school-justice partnerships, examines court rules and statutes that impact family courts, monitors statewide progress in implementing the one family/one judge model, and develops a family court tool kit that addresses developmental needs of children and a trauma response.	DCF, DJJ, DOE, GAL, SC/OSCA	John Couch- couchj@flcourts.org
23	Supreme Court Task Force on Substance Abuse and Mental Health Issues in the Courts	Proposes a strategy for participating in a multi-branch effort to update and enhance the Baker Act and Marchman Act in light of current scientific studies, recommends a strategy for ensuring that drug courts, mental health courts, and veterans courts are operating with fidelity to the ten key components, and continues to promote the recommendations in Transforming Florida's Mental Health System.	AHCA, DCF, SC/OSCA, Florida Department of Veterans' Affairs, Department of Corrections	Jennifer Grandal- grandalj@flcourts.org

	Name of Group	Purpose/Primary Goals	Agencies Involved	Primary Contact(s)
24	System of Care Core Interagency Collaboration Subcommittee (may be combined with LAUNCH)	Contacts existing systems of care sites to determine what issues they wish to raise to the various state level interagency workgroups and reports to the systems of care sites significant issues being addressed at the state level that effect childhood and family behavioral health issues.	DCF, DJJ, DOE(VR)(SEDNET)(SS), DOH	Qasimah.Boston@myflfamilies.com
25	Young Child Wellness Council (statewide workgroup for Project LAUNCH)	Uses evaluation data to measure outcomes dealing with the prevention of emotional and behavioral issues (improving family functioning and the quality of the parent-child relationship). Expands success across the state.	AHCA, DCF, DJJ, DOE(SS)(SEDNET), DOH, EOG, GAL	Phyllis.Wells@myflfamilies.com
26	Council on Homelessness	To develop policy and make recommendations on how to reduce homelessness throughout the state. Pursuant to section 420.622(9), F.S., the Council submits an annual report summarizing actions to reduce homelessness plus data concerning those persons currently experiencing homelessness in Florida.	DCF, DEO, DOH, DOC, Dept. of Veteran's Affairs, Career Source FL, DOE, ACHA, and others	Shannon Nazworth-snazworth@abilityhousing.org

NOTE: Interagency groups related; however, not focused on children's issues.

Statewide Sexual Assault Response Team Advisory Committee	Works to assess and improve Florida's response to victims of sexual violence at the state and local level.	DOH, FDLE, and other related partners	Micheala Denny mdenny@fcasv.org

Appendix J: Recommendations of the Independent Living Advisory Council Related to Pregnant and Parenting Teens in Florida

According to the spring 2014 Report of the MyServices survey, 11% of the surveyed 17 year-old youth in foster care reported having a child or children. An additional 2% were pregnant. The state child welfare system is responsible for ensuring that all youth in foster care are safe, healthy, permanently connected to families, and have the skills they need to be successful. There is a growing recognition among child welfare professionals that designing service delivery methods specifically for pregnant and parenting youth in foster care is a critical part of this responsibility. Adolescent parents face multiple obstacles in balancing their own transition to adulthood with raising a child. Below are several recommendations identified during the past year by the Independent Living Services Advisory Council Pregnant and Parenting Teens Workgroup. The workgroup was composed of representatives from the Department of Children and Families, Community-Based Care lead agencies, Florida Coalition for Children, maternity home providers, child advocates, and other stakeholders.

Safety – Research conducted by the Center for Prevention and Early Intervention Policy at Florida State University has found that approximately two-thirds of adolescent parents studied are ready to safely parent their children. *In order to ensure the safety of all children born to teen parents in foster care, this workgroup recommends:*

- Child welfare professionals should conduct risk assessments for all pregnant and parenting teens to assess parent/guardian protective capacities. Information gathered by a risk assessment would be used to determine whether identified dangers or safety threats can be offset or controlled by the protective capacities of one or more adults in the home, and in subsequent safety planning.
- Case plans for pregnant and parenting teens in foster care should include a plan for the care and safety of the teen's child(ren).
- The cases of a teen parent and his or her children should be connected with a single case manager.

Family Engagement – Family relationships, both positive and negative, play a key role in the lives of pregnant and parenting teens. This workgroup recommends for child welfare professionals:

- Changing and broadening perspectives to see the whole family unit. For example, encouraging intergenerational parenting classes, grandparent support groups, sibling groups, etc.
- Assessing and developing healthy relationships between the teen and an extended network of family support.
- Being flexible to accommodate complex family schedules.

Developmental Influences – Current or past experiences of poor mental health, low self-esteem, low levels of education, poverty, trauma, childhood adversity (including abuse and neglect), previous pregnancies, violence, and human trafficking, may deeply impact the youth being served. *This workgroup recommends for child welfare professionals:*

- Using an ecological model when working with youth (family, peers, school, and community).
- Applying a holistic approach – including trauma-informed care, dating/intimate partner violence, cultural/racial/ethnic considerations.
- Incorporating and tailoring messages and activities for diverse groups.
- Recognizing triggers.

Cross-Systems Training – Engaging pregnant and parenting youth in meaningful assessments and service delivery requires qualified staff who have been trained to support these young adults to build, prepare

and maintain their own support teams; identify appropriate placements for themselves and their children; engage in healthy relationships; and ensure their children's healthy development. *Therefore, this workgroup recommends*:

- Additional cross-systems training and sharing between case managers, service providers, and the Department of Children and Families.
- Inclusion in pre-service training for case managers, specialized training on how to best serve pregnant and parenting teens in foster care.

Data Collection and Evaluation – The state information management system must analyze and use the following information about this population, its needs, and outcomes. *Therefore, this workgroup recommends the annual collection and review of the following data:*

- Number and percent of youth in foster care who are pregnant, along with their demographic information (age, race, ethnicity, placement history, educational status).
- Number and percent of young men in foster care who are fathers, along with their demographic information (age, race, ethnicity, placement history, educational status).
- Number and percent of fathers of babies who are actively connected and involved in their baby's growth and development.
- Number and percent of young parents who complete high school, are enrolled in college or postsecondary education program, or have access to meaningful job training or employment opportunities.
- Number and percent of young parents who exit foster care to live with family.
- Number and percent of babies of young parents in foster care who are born full-term and without drug exposure.
- Number and percent of children born to young parents in foster care who are enrolled in a high-quality early care and education program.
- Number and percent of parenting youth who remain in care to age 21 and/or reenter care.

Additionally, this workgroup recommends the creation of a group care workgroup in the upcoming year to examine challenges and best practices related to group care, and to continue to monitor the implementation of the recommendations put forth by the Pregnant and Parenting Teens Workgroup.

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