Florida Department of Children and Families

CHILD SERVICE ARRAY REPORT

PHASE 1

June 2018

ACKNOWLEDGEMENTS

The Florida Department of Children and Families (DCF) extends our deepest appreciation to the *Child Service Array Workgroup* whose fierce determination and countless hours of work created this report to improve outcomes for children and families in Florida's child welfare system.

The Workgroup members from the agencies listed below represented a cross section of expertise and experience. A roster of Workgroup members is included in **Appendix A.**

- DCF Office of Child Welfare
- DCF Office of Substance Abuse and Mental Health
- DCF Regional Representatives
- Community Based Case Lead Agencies
- Community Based Care Integrated Health
- Managing Entities
- Sunshine Health
- The Agency for Health Care Administration
- Florida Guardian ad Litem Program
- Florida Institute for Child Welfare
- DCF Children's Legal Services
- Florida State Foster/Adoptive Parent Association

A special thanks to the following individuals for their service on the Planning Team that led the coordination of the work and completed the final review of the Workgroup Report:

Cori Bauserman, Big Bend Community Based Care
Jennifer Behnam, BRITE Consulting, Inc.
Chrissy Curtis, Community Based Care Integrated Health
Valery Dambreville, Florida Department of Children and Families
Shannen Davis, Our Kids
Monique Myers, Safe Children Coalition/Sarasota Family YMCA, Inc.
Gordy Pyper, Big Bend Community Based Care
Cheri Sheffer, Devereux Community Based Care

Lastly, our sincere gratitude to the **Florida Institute for Child Welfare** (FICW) and **Casey Family Programs** (CFP), Linda Jewell Morgan and Peter Pecora, for lending their national expertise and wisdom to the Workgroup's efforts and findings.

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I. PURPOSE

The *Child Service Array Workgroup* was assembled as part of Florida **DCF's and the Florida Children's Coalition (FCC) Strategic Initiative 1 (SI1**). The objective of Strategic Initiative 1 was to identify a full array of services for children in the state's child welfare system. Strategic Initiative 1 also directed the Office of Child Welfare (OCW) to establish a workgroup comprised of Community Based Care Lead Agencies and stakeholders to **(1)** inform the assessment and expansion of treatment and well-being services for children, and **(2)** enhance the availability of evidence-based and promising interventions within the service array continuum.

The Child Service Array Workgroup's charge was to map evidence-based and promising interventions that addressed specific conditions present within the lives of vulnerable children and their families. The Workgroup was also tasked with developing a *Gap Analysis Tool* to assess Community-Based Care Lead Agencies' treatment and well-being services for children.

II. PROCESS

Florida DCF and Casey Family Programs co-led the Child Service Array Workgroup from October, 2017 through June, 2018. Workgroup members met monthly in person and via teleconference as needed. Lead facilitators were Valery Dambreville and Jennifer Behnam.

See **Appendix B** for *Child Service Array Workgroup Charter* detailing frequency of meetings, communication protocol and member composition. A *Workgroup Workplan and Timeline* outlining the Workgroup process, activities and timeframes for completion can be found in **Appendix C.**

III. IDENTIFICATION OF CHILD NEEDS AND POPULATION GROUPS

In order to accurately identify the needs of children served in Florida's child welfare system, the Workgroup began by identifying common characteristics among the state's foster care children. The Workgroup implemented the following methodology to identify population groups of children served:

1) **Leveraged an Expert Panel:** The Child Service Array Workgroup, consisting of recognized national and state experts in child welfare and behavioral health, leveraged their expertise and existing data and research knowledge to inform grouping populations of children served in Florida. The Workgroup identified over twenty-five (25) groups of children with service needs. Data was requested for all groups to support the selection but was not available for the majority of groups selected.

2) **Conducted a Latent Class Analysis**: Casey Family Programs conducted a Latent Class Analysis (LCA) to better identify population *clusters* of children through statistical methodology. A random sample of twenty-seven Child and Adolescent Needs and Strengths (CANS) assessments was requested from the seventeen Florida CBC agencies. However, the variation in CANS forms used across CBCs resulted in a very small sample size and raised concerns regarding the validity of the LCA. A discussion of the LCA's limitations can be found in **Appendix D:** Casey Family Programs *"A Frequency and Latent Class Analysis of Children Served in Florida Using the Child and Adolescent Needs and Strength's Assessment – Executive Summary".*

3) **Reviewed Existing State Data Sets and Child Profiles:** Florida DCF extrapolated data sets from the Florida Safe Families Network (FSFN) database of all child removals in FY 2015-2017 to create "child profiles" of children served. The Workgroup aligned the Family Functioning Assessment-Ongoing (FFA-O) child needs with population groups identified by the Workgroup. Although instructive, the FFA-O was limited in accurately identifying children's behavioral health needs because **(a)** the brief 45-day timeframe for completion per DCF policy precludes an in-depth assessment of children served and context of child functioning and **(b)** the non-clinical point in time assessment is not an adequate determination of the child's behavioral health needs.

Figure 1 below shows the most prominent needs identified in the FSFN child profiles. These needs informed the Workgroup's selection of population groups.

FIGURE 1: NEEDS OF 21,674 CHILDREN IN FOSTER CARE

Child Needs	# Children	% Children
Emotional Trauma	**8,207**	**37.87%**
Family Relationships	**5,408**	**24.95%**
Behavioral	**4,057**	**18.72%**
Substance Awareness	**3,389**	**15.64%**
Peer Adult Relationships	**3,372**	**15.56%**
Physical Health Disability	2,911	13.43%
Education	2,769	12.78%
Development	2,361	10.89%
Cultural Identity	1,359	6.27%
Like Skills Development	864	3.99%
Total	**34,697**	

**This is a duplicated list. A child will be counted once for every child need he/she is determined to have.*
Source: FSFN (OCWDRU ad hoc #1760)

Given the limitations of the data and the LCA, the Workgroup relied heavily on the expert panel and their own experience and clinical skills in selecting the groups. After

thoughtful review and deliberation, the Workgroup identified the following 15 population groups of children most served in the Florida foster care system:

1. Children with severe emotional and behavioral needs
    a. Behavioral/emotional health needs
    b. Severe mental illness
    c. Attachment issues
2. Children with significant physical health needs
3. Children with educational needs
4. Children with developmental disabilities
5. Children who are ages 0-5
6. Children exposed to family, intimate partner, and/or domestic violence
7. Children with a substance use disorder
8. Children with delinquency involvement
9. Youth who identify as LGBTQ+
10. Children who are victims of human trafficking-CSEC/Labor
11. Children who are victims of sexual abuse
12. Children who have sexually reactive and sexually aggressive behaviors
13. Young adults in extended foster care
14. Youth who are pregnant and/or parenting
15. Children with few caring adults or other relationships necessary for permanency in their life (Relational Permanency)

IV. SELECTION OF EVIDENCE-BASED & PROMISING INTERVENTIONS

After the Workgroup identified population groups of children served, five sub-groups identified evidence-based and promising interventions for the 15 groups. The sub-groups completed spreadsheets of needs and services for each population in order to appropriately identify interventions that would meet the identified needs.

The Workgroup reviewed the following researched-based literature and content to select evidence-based and promising interventions.

- Casey Family Programs (CFP) Catalog, *Interventions for Special Relevance for Child Welfare with Age Range, Duration, Effectiveness Rating, Effect Sizes and Cost*

- Florida Institute for Child Welfare, *Interventions Suited for Child Welfare with Age Range, Skill Area Addressed, Treatment Duration, Effectiveness Rating, Cost of Treatment, and Cost of Implementation*, May 2018

- The California Evidence-Based Clearinghouse for Child Welfare (CEBC), http://www.cebc4cw.org

The following criteria were used for selection of evidence-based and promising interventions:

- Identified need of one or more population groups;
- CEBC Rating of 1, 2 or 3 classifications of evidence-based or promising intervention;
- Educational requirements of staff required to provide intervention;
- Applicability to multiple groups or highly specialized treatment need;
- Inclusion of a "Train the Trainer" component;
- Implementation time and complexity, including start-up cost and time to implement; and
- Ability to serve a broad age range.

A total of 29 interventions were selected with 24 of the interventions rated by the CEBC as evidence-based or promising. The following are the Workgroup's selected interventions. Additional information on each intervention can be found in **Appendix E***: Selected Evidence-Based and Promising Interventions.*

INTERVENTIONS
ACT Raising Safe Kids
Attachment and Biobehavioral Catch-Up (ABC)
Big Brothers Big Sisters
Child and Family Traumatic Stress Intervention (CFTSI)
Child Parent Psychotherapy (CPP)
Cognitive-Behavioral Intervention for Trauma in School (CBITS)
Combined Parent-Child Cognitive-Behavioral Therapy
Coping Cat
Coping Power Program
Eye Movement Desensitization and Reprocessing (EMDR)
Functional Family Therapy (FFT)
Homebuilders
Motivational Interviewing
Multisystemic Therapy (MST)
Parent-Child Interaction Therapy (PCIT)
Positive Peer Culture (PPC)
Safecare
Safe Environment for Every Kid (SEEK)
Theraplay
Together Facing the Challenge (TFTC)
Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
Treatment Foster Care Oregon (TFCO)
Trust Based Relational Intervention (TBRI)
Wraparound

The Workgroup also selected the five interventions listed below even though they were not rated as evidence-based or promising. A summary of each intervention and a rationale for its selection is listed below.

Applied Behavior Analysis (ABA) is the practice of empirically assessing target behaviors and applying interventions that have shown effectiveness in similar scenarios, using data to track results and inform adjustments as necessary. The field has an extensive internal research history and will draw from other disciplines when evidence supports doing so. Because ABA inherently incorporates research-supported principles and tailors interventions to individual needs, the practice was strongly recommended by the sub-group with clinical experience as being highly effective and an important component of a complete service array.

Mentors were identified as a key intervention for youth and young adults in foster care. Although there are rated interventions for young children, there are a lack of quality interventions for youth aging out of care and into adulthood. Interventions researched were limited in their studies, findings and/or follow-up. The workgroup recommends

that all youth and young adults would benefit from a strong mentor that would make a commitment for no less than a year. This is especially needed for the young adult population in extended foster care.

The Modular Approach to Therapy for Children (MATCH-ADTC) is a scientifically proven therapy program housed in *Judge Baker's Children's Center* at Harvard Medical School. The intervention helps children with anxiety, depression, post-traumatic stress and disruptive behavior. Although the intervention is not rated, it encompasses the principles of 5 evidence-based programs including: Coping Cat, Primary and Secondary Control Enhancement Training, Trauma-Focused Behavior Therapy, Helping the Non-Compliant Child and the Incredible Years. The intervention has a web-based tracking system that allows clinicians to adjust treatment and track individual progress as well as administrative reporting for leadership.

Opportunity Passport is a matched savings program for youth that improves their financial status. Florida's 2017 National Youth in Transition Database (NYTD) results, that surveyed 887 young adults shows that at 18 years of age 53% of these young adults are on food stamps. Opportunity Passport helps youth be less reliant on government assistance by teaching them how to build wealth, obtain assets and manage finances before aging out of foster care.

Real Life Heroes (RLH): Resiliency Focused Treatment for Children and Families with Traumatic Stress is an intervention treatment used for school-age children who have experienced trauma, have had broken supportive relationships and show symptoms of complex trauma. The intervention can be used for both caregivers and children, including those with developmental delays. This intervention was specifically selected for children who are developmentally delayed since there are a lack of interventions for this population.

Figure 2 below is an example of the matrix showing data, needs, services and interventions that subgroups completed for each child population group.

FIGURE 2: Subgroup Matrix Example

Population Group	Data	Needs	Services	Evidence-Based and Promising Interventions
Children who are ages 0-5	51.5% of all children removed are age 4 or younger	• nurturing caregiver • emotional regulation • protective environment • quality pediatric car, • well-informed caregiver on needs of child (substance exposed)	• development screening & assessment • thorough assessment of attachment and bonding • medical evaluation • school readiness • socialization • protective environment • counseling • school support • other supportive caregivers • play therapy • art therapy • behavior management services	• Applied Behavior Analysis • ACT • Raising Safe Kids • Attachment and Bio-Behavioral Catch Up • Child Parent Psychotherapy • Combined Parent-Child • Cognitive Behavioral Therapy • Homebuilders • Parent-Child Interaction Therapy • Safecare • Safe Environment for Every Kid • Trauma-Focused Cognitive Behavioral Therapy • Theraplay

V. GAP ANALYSIS TOOL

The Workgroup was also tasked to create a *Gap Analysis Tool* to assess existing services for children in foster care in communities throughout Florida and to identify gaps in evidence-based and promising interventions. The University of South Florida developed the tool based upon the Workgroup's findings and feedback.

VI. WORKGROUP RECOMMENDATIONS

The charge to the Workgroup was to identify groups of children served in Florida and select evidence-based and promising interventions to meet the needs of each group. In addition, Workgroup members are making the following recommendations based on what they learned and limitations they encountered throughout the process. The Workgroup believes that implementation of the following four recommendations will significantly improve the service array available to children in foster care in Florida.

Recommendation 1: Identify and Employ a Statewide, Standardized Behavioral Assessment Tool

The Workgroup found that Florida's child welfare system lacks a statewide standardized behavioral health assessment for foster children. Consequently, the Florida Coalition for Children's Clinical Workgroup has agreed to complete the following tasks:

1) Revisit the viability of the CANS tool, as it informs the CBHA, to determine its relevancy and effectiveness to address critical needs of the foster care population;
2) Examine the feasibility of addressing all other existing assessments in one tool to minimize trauma to children. A unified tool would also allow the state to better identify emerging trends and the needs of children in the foster care system;
3) Address concerns regarding inconsistent training on the administration of the tool by clinicians, resulting in questionable interrater reliability. An inability to interpret and understand assessment tool findings is another area of concern. Case managers and other service providers do not understand the rating scale and tend to rely solely on the narrative report;
4) Partner with the CBCs to establish common language that address training requirements and quality of CBHA assessments; and
5) Ensure providers have access to the completed assessment tool.

Recommendation 2: Fidelity & Efficacy Considerations Implementing Evidence-Based and Promising Interventions

The selected evidence-based and promising interventions identified in this report are likely to improve services and outcomes for Florida's foster care children. There are however, critical considerations in system and organizational capacity that must be in place to ensure fidelity, efficacy and sustainability of selected interventions. The following are key components for consideration when implementing EBPs[i].

1) Child welfare systems need to focus on finding connections for children to caring, loving adults and integrate this essential component of building relationships into every program, service and intervention.[ii]

2) Child welfare systems must provide caregivers the tools and skills necessary to care for both foster children and themselves. The Trust Based Relational Intervention (http://www.cebc4cw.org/program/trust-based-relational-intervention-tbri-caregiver-training/) is recommended as it is designed for parents and caregivers to help them with connecting, empowering and correcting. This not only educates caregivers on children's need but also offers them proactive strategies for caregiving.

3) Child welfare systems should focus on placement stability for children, recognizing the loss and trauma that are caused each time a child moves. Many evidence-based and promising interventions recommend or require a stable, consistent adult, who's connected to the child, for the child to benefit fully from the intervention.

4) Child welfare systems should seek to develop the nationally recognized Strengthening Families Protective Factors with every program, service and intervention. The Protective Factors "promote wellbeing and reduce the risk for negative outcomes", and include: self-regulation skills, relational skills, academic skills, parental competencies, the presence of a caring adult and living with family members.[iii]

5) Child welfare systems should ensure a skilled, supported and competent workforce is available to deliver evidence-based and promising interventions effectively and that secondary trauma issues are attended to throughout their work.[iv]

Recommendation 3: Ensure High Quality Relationships for Traumatized Children

Most notably, regardless of how well-funded or well supported systems implement evidence-based and promising interventions, they cannot substitute for high-quality relationships in the lives of traumatized children. Dr. Bruce Perry, the leading expert on trauma and human development, argues that strong social programs and countless hours with a therapist cannot stand in for supportive relationships that help heal a child's past trauma.

It is imperative that child welfare systems incorporate the latest findings and research on trauma and neuroscience to effectively address how children heal and how the child welfare system can avoid further traumatization of children as result of separation from their families and their experience in the foster care system.

Recommendation 4: Create a Repository of Evidence-Based and Promising Programs

The Workgroup recommends that a repository of evidence-based and promising programs be developed for DCF and stakeholders. A repository enables all providers access to consistent, reliable information about available EBP interventions throughout the state and to connect with their counterparts for technical assistance before implementation. Additionally, a central repository informs providers of available services for children with specific needs; particularly those placed outside their county service system.

VII. NEXT STEPS

This report is considered Phase 1 of the two-phase Child Service Array project. Phase 2 will include the following action items.

1) DCF Regional staff and the CBCs will be responsible for completing the *Gap Analysis Tool* by August 31st, 2018.

2) USF and the Child Service Array Workgroup will analyze data from the survey and identify gaps in system to identify service capacity within each community;

3) DCF and CBCs will partner to assess results and decide which interventions to implement in their community. The Workgroup recommends that selected interventions be implemented on a small-scale basis, for possible replication in other areas of the state. Although evidence-based and promising interventions have shown to be effective, it is best to test interventions and assess the implementation process for quality and continuous improvement before taking to scale. Furthermore, the Workgroup will discuss a fidelity oversight structure of evidence-based and promising interventions that should be in place for both pilot and replication sites.

VIII. CONCLUSION

Despite the complexity and challenges in Florida's child welfare system, the relentless commitment of numerous stakeholders across the state to collaborate on how to best serve its most vulnerable children so that they are safe, healed and connected is impressive. The Child Services Array Workgroup's charge to identify evidence-based and promising interventions that ensure the highest standard of care and outcomes for children also speaks to the state's dedication to and pursuit of excellence in improving its system.

The Workgroup hopes the selected interventions will serve as a viable starting point and guide for DCF Regions and CBCs as they implement Phase 2 to expand Florida's service array. It is paramount, however, that we remain vigilant about the ever evolving as well as emerging research and innovations related to trauma and the critical importance of relationship and connections for children in foster care.[v]

It is also imperative that we support and equip our child welfare workforce, caregivers and stakeholders with the knowledge, skills and competencies required to effectively implement interventions that ensure foster children thrive and heal in the context of their individualized needs, culture and trauma.[vi]

[i] See Aaron & Palinkas *"Implementation of EBP in Child Welfare*"
[ii] See Bruce D. Perry *"*The Neurosequential Model of Therapeutics*: Chapter 3 - Applying Principles of Neurodevelopment & Clinical Work with Maltreated and Traumatized Children"*
[iii] See "Promoting Protective Factors for Children and Youth in Foster Care: A Guide for Practitioners: Fact Sheet,"; Children's Bureau, September 2015, http://www.childwelfare.gov and https://ctf4kids.org/about-prevention/strengthening-families/
[iv] See Dee Wilson "*Sounding Board: Changing Organizational Culture;* Casey Family Programs "*How does turnover affect outcomes and what can be done about retention?* Farber & Munson "*Strengthening the Child Welfare Workforce*"
[v] Ibid see Bruce D. Perry *"*The Neurosequential Model of Therapeutic"
[vi]ibid *University of Minnesota School of Social Work*

APPENDICES

Appendix A: Child Service Array Workgroup Members

Appendix B: Workgroup Charter

Appendix C: Workplan and Timeline

Appendix D: Casey Family Program's "*A Frequency and Latent Class Analysis of Children Served in Florida Using the Child and Adolescent Needs and Strength's Assessment – Executive Summary*"

Appendix E: Tab 1: Selected Evidence-Based and Promising Interventions

Tab 2: Evidence-Based and Promising Interventions by Population Group

Child Service Array Workgroup Members

- Traci Leavine-Department of Children and Families (DCF)
- Valery Dambreville-DCF
- Chrissy Curtis-Community Based Care Integrated Health
- Cori Bauserman-Big Bend Community Based Care
- Gordy Pyper-Big Bend Community Based Care
- Monique Myers-The Sarasota Y/Safe Children Coalition
- Cheri Shaffer-Devereux Community Based Care
- Shannen Davis-Our Kids
- Jennifer Behnam, BRITE Consulting, Consultant for Casey Family Programs
- Courtney Smith- DCF
- Xiomara Turner-DCF
- Celeste Putnam-DCF
- Laurie Blades-Substance Abuse Mental Health Program Office (SAMH)
- Mary Schrenker-SAMH
- Ginger Griffeth-DCF
- Janelle King-DCF
- Bethany Gilot-DCF
- Roderick Harris-Big Bend Community Based Care
- Neiko Shea-Sunshine Health
- Toby Pina-Sunshine Health
- Mimi Graham-Florida State University (FSU) Prevention & Early Intervention Policy
- Carrie Toy-Zero to Three
- Kim DelGaudio-Guardian ad Litem Program
- Diana Cohn-Children's Leal Services
- Mariana Tutwiller-Florida Institute for Child Welfare (FICW)
- Donna Brown-FICW
- Jessica Pryce-FICW
- Fawn Moore-Central Region DCF
- Vanessa Snoddy-Central Region DCF
- Ryan Duke-Central Region DCF
- Tamira Williams-DCF
- Chris Dyer-Heartland for Children
- Angela Stills-Heartland for Children
- Ashley Carraro-Brevard Family Partnerships
- Beth Batten-Community Based Care of Central Florida
- Karen Yatchum-Directions for Living
- Joanne Robertson-Kids First of Florida
- Shinlay Rivera-Partnership for Strong Families (PFSF)
- Christa Barton-PFSF

- Kristin Mosley-Family Support Services of North Florida (FSSNF)
- Heather Lamb-FSSNF
- Jennifer Anan-FSSNF
- Lynnea Maystrick-FSSNF
- Jeremy Cook-Community Partnership for Children
- Christa Pate-Families First Network
- Claudia McArthur-Families First Network
- Josie Kirchner-Devereux
- Dawn Liberta-ChildNet
- Gayle McTighe-ChildNet
- Jennifer Scoff-ChildNet
- Kezia Salmon-ChildNet
- Diane Schofield-Hands of Mercy Everywhere
- Aimee Deen-Hands of Mercy Everywhere
- Robyn Metcalf-Voices for Children
- Linda Alexionok-Voices for Children
- Lashawn Royal-Moore-DCF
- Sue Aboul-Hosn-DCF
- Marina Anderson-DCF
- Angela Murray-Sarasota YMCA
- Robert Brown-DCF
- Alicia Dyer-DCF
- Martin Marmol-DCF
- Erica Wells-DCF
- Shalonda McHenry-Sims-Kids Central
- Tom Greenman-Community Based Care of Central Florida
- Jessica Webster-Kids Central
- Ray Fischer-Children's Network of Southwest Florida
- Mia Jones-Partnership for Strong Families
- Valerie Ray-Starting Point/Nassau County
- Trudy Petkovich-Florida State Foster Adoptive Parent Association
- Melissa Worthen-Substance Abuse and Mental Health
- Jan Widmer-Children's Network of Southwest Florida
- Emily Pritchard-Substance Abuse and Mental Health
- Angela Stills-Heartland for Children
- Areana Cruz-University of South Florida
- Michael Forster-St. Johns County Board of County Commissioner/Family Integrity Program
- Courtney Stanford-DCF
- Randy Fleming-DCF
- Lindsey May-All Star Children's Foundation
- Courtney Burnett-Kids Central
- Jen Widmer-Children's Network of Southwest Florida
- Khalilah Louis-Caine-Saint Leo University

Child Service Array Subgroups

Chair	Clusters	Workgroup Members
Chrissy Curtis	1) Children with Severe Emotional and Behavioral Needs 2) Children with Significant Physical Health Needs 3) Children with Educational Needs	Gordy Pyper Kristen Hopper Courtney Barnett Lindsey May Heather Lamb Laurie Blades Valerie Ray Josie Kirchner
Cori Bauserman	4) Children with Developmental Delay/Disability 5) Children who are ages zero to five	Fawn Moore Celeste Putnam Marianna Tutwiler Areana Cruz
Cheri Sheffer & Monique Myers	6) Children who have been exposed to family, intimate partner and/or domestic violence 7) Children with substance use disorder 8) Children with Delinquency Involvement 9) Youth who identify as LGBTQ	Kim Delgaudio Ashley Carraro Angela Stills Lashawn Royal Angela Murray
Val Dambreville & Shannen Davis	10) Children who are victims of HT-CSEC/Labor 11) Children who are victims of sexual abuse 12) Children who have sexually reactive and sexually aggressive behaviors	Joanne Robertson Sue Aboul-Hosn Jeremy Cook Bethany Gilot Jennifer Anan
Jennifer Behnam	13) Young adults in Extended Foster Care 14) Youth who are Pregnant and Parenting/effect on children 15) Children with few caring adults or other relationships necessary for permanency in their life (Relational Permanency)	Chris Dyer Michael Forster Tom Greenman Courtney Smith Mia Jones

DCF Service Array Workgroup Charter

Workgroup: Service Array POE
Owner: Traci Leavine, Director of Child Welfare Practice
OCW Leads: Tory Wilson (Service Array); Courtney Smith (Placement); Xiomara Turner (Data)
Service Array Workgroup Facilitators: Jennifer Behnam, Casey Family Programs; Tory Wilson/Valery Dambreville
Start Date: 7/1/2017 **Target Completion Date:** 6/30/18

Goal
The Department and Community-Based Care Lead Agencies will assure a full array of child welfare services for children served by the child welfare system, to include a quality placement continuum, so that children receive the right services, in the right intensity, at the right time.
Objectives
The workgroup aims to achieve the following objectives: • Identify the needs of children served in Florida's child welfare system; • Identify evidence-based programs and promising practices, supported by research, to address identified needs; • Complete a service array to meet the needs of children in Florida's child welfare system; • Develop a capacity building and gap analysis tool to assess current Community-Based Care Lead Agencies'; and, • Increase the availability and access to quality placement settings that meet the unique needs of children in out-of-home care.
Scope of Work
Workgroup members will be responsible for the following: ▪ Determine outcome measures related to what we hope to impact and how we will know when we achieve it; ▪ Form Placement Continuum subgroup (to combine with Placement Assessment); ▪ Identify characteristics of children in the child welfare system in order to define clusters ("buckets" of children); ▪ Outline the needs of children within each cluster; ▪ Prioritize service needs; ▪ Research evidence-based and promising practices for meeting needs of each subgroup; ▪ Research impact of workforce turnover on Service Array; ▪ Review all research and literature reviews; ▪ Provide feedback and recommendations for best programs to meet needs of children;

- Map evidence-based and promising practices that are supported by research that address specific conditions present within the children and families served; and,
- Design a gap analysis (including cost, if available).

The workgroup will provide feedback and recommendations to OCW leads and facilitators for final service array project report.

Frequency of Meetings

Workgroup members will meet once a month for a minimum of 9 months (October 2017-June 2018). The dates and times of meetings will be determined by OCW leads and facilitators.

Communication

The workgroup facilitators will be responsible for communicating and disseminating information to workgroup members. Meeting minutes will be documented and distributed to members no later than one week from each meeting date.

The workgroup facilitators will be responsible for informing DCF and CBC leadership of progress made and will provide a monthly report on status of key deliverables.

Workgroup members will serve as liaisons to their respective region/CBC/agency. As a liaison, members will answer questions, elicit ongoing feedback from colleagues and provide updates via staff meetings and other forums.

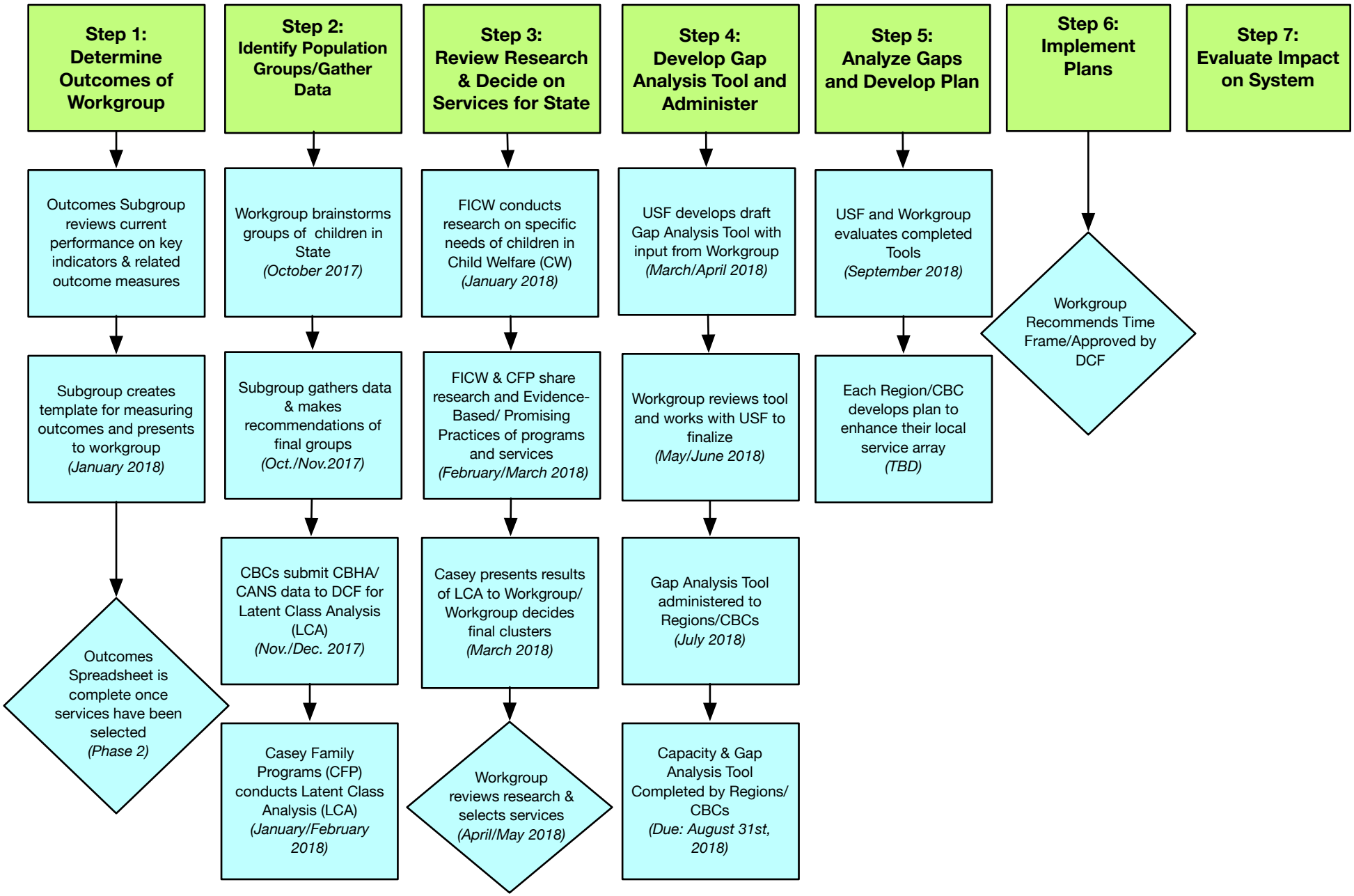
Workgroup Members

Workgroup members are expected to be active members in the workgroup and available for monthly meetings. Consistent attendance is key to ensuring a seamless process where deliverables are met by the established timeframe.

The workgroup will consist of representation from the following:

- OCW and other HQs staff (Data/QM; Human Trafficking; Restorative Practices; Director of Integration; SAMH)
- DCF Regional representatives
- CBC (behavioral health experts, placement staff for subgroup)
- CBCIH
- Sunshine
- AHCA
- FSU Center for Prevention and Early Intervention
- Zero to Three
- FCC Provider Council
- FICW
- DJJ
- GAL

DCF Child Service Array Work Structure & Timeline



*DCF Priority of Effort. Related projects include Adult Service Array, Foster Home Quality, Quality Group Care, Placement Assessment, Placement Stability Black Belt, Super Utilizer/Placement Stability Prediction

A Latent Class Analysis of the Child and Adolescent Needs and Strengths Assessment for Children Served in Florida Child Welfare[1]

Executive Summary

Purpose and Methods:

This study assisted the state of Florida in understanding the needs and strengths of the children served by Department of Children and Families (DCF) and Florida's private service agencies, known as Community-Based Care Organizations (CBCs). Demographic data and Child and Adolescent Needs and Strengths (CANS) information from a randomly selected set of children served by the CBCs across Florida were used to address the following questions:

1. What are the demographic characteristics of a sample of children from 14 CBCs across Florida?
2. What is the overall pattern of children's needs and strengths, as assessed by the CANS?
3. Are there distinct subgroups of children with certain patterns of needs and strengths?
4. Do these needs and strengths clusters vary by age group (0-5, 6-18)?

Findings:

Among Florida children ages 0-5 years, the following items had very high rates of need [20% or more children with ratings of 2 or 3 (actionable needs)]: Family in the *Functioning* domain and Adjustment to Trauma in the *Problems* domain. In the *Risk Factors* domain, high rates of need were noted in Prenatal Care, Substance Exposure, Parent/Sibling Problems, Abuse/Neglect and Mental Availability. The *Caregiver* domain items with a higher proportion of actionable areas were Behavioral health, Supervision, Knowledge of parenting, Residential instability and Safety. The actionable areas of high need in the *Family Strengths* domain were Family and Relationship permanence.

In examining the Florida data, a five-class Latent Class Analysis (LCA) solution was chosen for children ages 0-5:

Group 1: Reasonably healthy children with impaired families. Relatively healthy child functioning with somewhat low levels of family functioning and moderate parent and/or sibling problems (56%)

Group 2: Moderate child behavior problems with moderate caregiver functioning. (14%)

[1] Revised: June 4, 2018. Prepared by Richard Thompson, Ph.D. (Juvenile Protective Association of Chicago) and Peter J. Pecora, Ph.D. (Casey Family Programs). Special thanks to the Florida Department of Children and Families and the Florida Community-Based Care Agencies for providing the data on which these analyses are based. We also thank Dana Goodman and Megha Shaw for constructing the data file and coding the CANS and demographic data.

Group 3: Caregiver behaviors of substance abuse, physical abuse and neglect. Severe caregiver dysfunction across multiple domains, including substance abuse, physical abuse and neglect (13%)

Group 4: Moderately impaired child functioning with poor parent/caregiver functioning. Moderate child developmental/intellectual, communication and physical/medical problems and parent/sibling problems, child abuse/neglect, low caregiver mental availability and a low level of family strength (11%)

Group 5: Underserved and vulnerable child. With residential instability, poor child safety, low caregiver mental availability and poor relationship permanence and very high child and family needs in the service domain (7%)

The mean average CANS score and percentage of Florida children ages 6-18 years with ratings of 2 or 3 was identified**.** The areas with the largest proportion of children with actionable needs are Family, Living situation and School achievement. Areas where the families significantly lack *strengths* were Family and Relationship Permanence, Interpersonal, Optimism, Vocational, Spiritual/Religious, Resiliency and Resourcefulness. Areas with significant limitations in *Caregiver Strengths and Needs* were Supervision, Knowledge, Social resources, Mental health, Substance abuse and Safety. Areas in which 20% or more of the youth had actionable needs in the *Adjustment to Trauma* domain were Adjustment to Trauma – with surprisingly no items in the *Youth Risk Behaviors* domain.

In examining the Florida data, a three-class LCA solution was chosen for children ages 6-18. This may be the best statistical solution, but these results are not as informative as the CANS LCA for the children ages 0-5. Thus, the Florida planning group may want to rely more on the CANS frequency table for intervention planning purposes.

Group 1*:* Adequate functioning and relatively low risk across nearly all CANS items

Group 2: Moderate child problems and elevated caregiver functioning problems and limited strengths

Group 3: Elevated and severe child problems

Limitations and Recommendations:

The Florida planning group reviewed the CANS data and believed that because of the lack of recent attention paid to training staff in the use of the CANS and ongoing quality assurance to help ensure consistent assessment and scoring of the CANS items, that a number of CANS items were not rated accurately. This probably resulted in an undercount of how many children have actionable needs in certain areas. Specific areas of concern are noted below:

1. Based on data in comparable populations, it is likely that more 0-5 year olds should have been marked with an attachment problem, child abuse and neglect victimization, lack of family strengths, failure to thrive, treatment needs - and possibly other treatment needs for themselves or their parents.
2. Even though more CANS items were rated at a 2 or 3, a higher percentage of 6-18 year olds should have been marked with treatment needs for themselves or their parents.
3. While some of the older youth were counted as experiencing child abuse and neglect, some youth may be in foster care because of their behavior and not that of their parents. Yet a much

higher proportion of the older youth should have had a 2-3 rating on the child abuse and neglect victimization item.

4. Because of modest sample size, we could not separate out the 6-18 year old group into two more developmentally coherent groups: 6-12 and 13-18. Age group breakdowns need to be done in all CANS analyses because otherwise, certain adolescent and late adolescent problems will likely be undercounted

The undercount of needs rated at a 2 or 3 may be due to these (and possibly other) factors. The work group also discussed the possible reasons why the proportions of issues may be correct but the severity is undercounted:

- The Florida staff have widely varying degrees of training because in-person training for the CANS stopped some years ago, and little assessment coaching and refresher training have been provided.
- There has been little effort devoted to assessing the fidelity of CANS usage, and it is not clear who is ensuring that CANS re-certification of the Comprehensive Behavioral Health Assessment (CBHA) assessors is taking place. Thus it is impossible to gauge the level of Florida CBHA assessor adherence to the CANS assessment guidelines.
- These CANS assessments were completed about 30 days into the placement. Thus the behavioral specialist may have had widely varying amounts of information about the child's birthparents or original caregivers, as well as about the child's current foster parents.
- It is not always clear from the ratings whether the child's birthparents/original caregivers are the adults being rated OR were the child's current foster parents or relative caregivers being rated? And for some CANS - the adult being rated seems to be one person in one domain and another set of caregivers in another domain.
- It is likely that there are some "high functioning" children in the group -- where the plan is return home and progress is already being made toward that plan. (Those children are often the “short-stayers" and many states are concerned about not having too many of those youth while recognizing that serving a small percentage of these youth indicates that the child welfare system is operating to ensure child safety in acute family situations that then can be addressed fairly quickly - a valid "safety net" approach.)

In terms of adding some value to the Florida planning process, the group recommended that:

- The report demonstrated the potential value of CANS data for Florida Child Welfare and Behavioral Health staff for case planning and measuring child/parent/family change over time (especially if the CANS is repeated at certain intervals, and staff receive the proper training and periodic coaching). But the implementation and sustainability of the CANS needs to be carefully considered, including the relationship between the CANS and two other key assessments being used in Florida DCF: the Caregiver Protective Capacities scale and the Child Strengths and Needs scale.
- Florida should consistently use one CANS form with trauma items for 0-5 year olds and one CANS form with trauma items for children ages 6 and up; or better yet - use one form with

trauma items for children ages 0-26 like Casey Family Programs uses for their foster care program.

- Unpacking the CANS items and domains will help the group add some child situations or treatment need areas to the child cluster list that might have been missed.
- Some of the suggested interventions in the needs and interventions tables in the report may help the Florida work group jump start their interventions selection process -- keeping in mind the research evidence supporting the EBP, time required to get staff up to speed to deliver the intervention, and overall cost.
- Use of the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC) disseminated by the Judge Baker Children's Center may enable Florida to cost-effectively train and sustain interventions that would cover 70% or more of the reasons why children in child welfare need behavioral health treatment.[2]

In summary, the Florida DCF child and parent services strengths and gaps analysis work groups should cautiously examine these LCA groups and the CANS scores that "drive" or have the highest probability of being present for each group to identify what specific clinical interventions and practice models might most effectively address these needs. This involves at least two major steps: (a) estimate how many children in which areas have these needs, and (b) consider what kinds of interventions are already present and need to be continued, which ineffective interventions need to discontinued, and which new ones need to be made available to address these child needs.

[2] For more information about MATCH, see for example: https://jbcc.harvard.edu/match-trac and http://www.practicewise.com/portals/0/MATCH_public/index.html