

Final Report
Child Placement Agreement Pilot Project
12/28/2016

Background and Goals of Pilot Project

In partnership with the Chief Operating Officers (COO) of the Florida Coalition for Children, the Office of Child Welfare (OCW) established the Child Placement Agreement Pilot Project in July 2016. Five Community Based Care (CBC) Lead Agencies participated – Big Bend Community Based Care; Children’s Network of SW FL; ChildNet, Palm Beach; Brevard Family Partnership and Community Partnership for Children. Each site involved participation and collaboration from the local Regional Office of the Department. Also participating in the pilot was a representative from a Child Protection Team and a Safe Home provider.

The pilot sites were responsible for implementing CFOP 170-11, Chapter 4, Child Placement Agreements, which replaced CFOP 175-88, The Prevention and Placement of Child Victims and Aggressors Involved in Child-on-Child Sexual Abuse, Sexual Assault, Seduction or Exploitation in Substitute Care. The sites also agreed to test a pilot word version of the Child Placement Agreement. Sites had the option of implementing the Agreement across all of their providers and units, or implementing on a smaller scale. The primary goals of the pilot project were to:

- Test a word version of the Child Placement Agreement to inform Florida Safe Families Network (FSFN) design requirements.
- Validate the new operating procedure, CFOP 170-11, Chapter 4, Child Placement Agreements and the goal of improving child safety and stability in care.
- Test implementation approaches to further inform statewide implementation strategies
- Validate that Child Placement Agreement meets the needs of caregivers to protect and support the children placed in their care.

The sites agreed to the following activities during the pilot project:

- a. Identify an agency representative to participate in a one day Pilot Site orientation meeting in early July to receive training on new policy and completion of the Child Placement Agreement and identify feedback needed from the pilot.
- b. Conduct local orientation and training. Identify and/or update the identification of local “qualified assessors.”
- c. Dates to begin pilot testing of draft templates.

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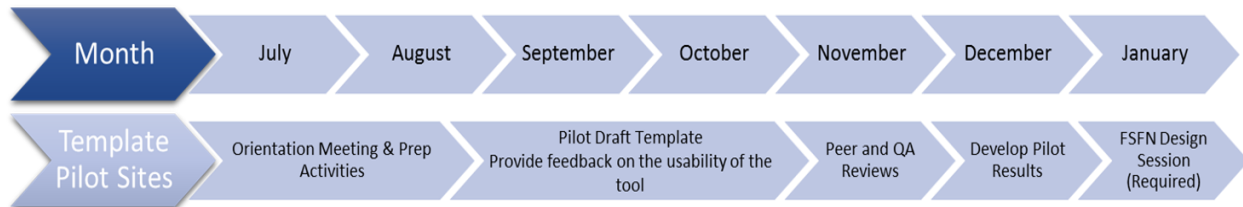
d. Gather and document feedback from frontline users, including supervisors. Participate in a statewide conference call every two weeks to share and discuss findings and any actions needed.

e. Participate if possible in a peer review with OCW and quality assurance staff of a small sample of completed Child Placement Agreements to evaluate qualitative issues.

f. In early December, participate in Pilot Project wrap-up meeting to share final results and develop consensus about FSFN design requirements.

g. In January, 2017, designate an agency representative from the pilot project to participate in the final FSFN design session.

The new CFOP was released in July and the date range for statewide implementation established was September 12, 2016 through January 31, 2017. This afforded all CBC/Lead Agencies the discretion to delay full implementation until the pilot project was completed. A final meeting of the final pilot sites was held on December 7, 2016 in Orlando to develop agreement on findings and recommendations.



Major Pilot Site Findings

The pilot sites agreed on the following benefits of the new policy and template:

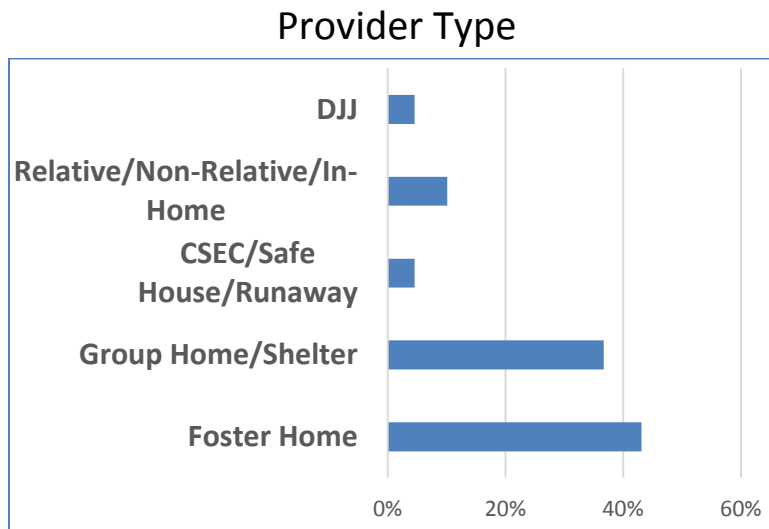
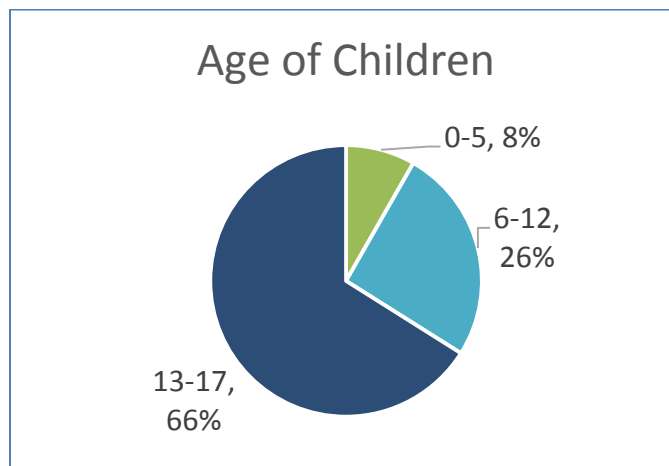
- Methods to end plans are clear.
- The process and template provide a better structure for engaging caregivers.
- Caregivers like the new Child Placement Agreement.
- Involving children when developmentally appropriate is of benefit to both the child and caregiver.
- The new policy is more clear and promotes the least restrictive setting for children, including termination of Agreements when they are not necessary.
- Fewer children require Agreements.

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There is still reluctance to end a plan (an Agreement) given the lack of guidance in the past CFOP and COU audit findings. There is also a tendency for Agencies to be risk adverse. This could lead to the establishment or continuation of Agreements when it is not of any benefit to the child or caregiver. All sites agree that an Agreement should only be established when it offers needed guidance to the caregiver. When caregivers have expertise and/or extensive past experience in keeping children in care safe, an Agreement should not be created.

Pilot Process and Data Findings

The pilot sites submitted data reports every two weeks. The Pilot Sites created a total of 109 Child Placement Agreements. Of the Agreements created, 54% were Care Precautions and 40% were Behavior Management Plans. A Qualified Assessor was necessary in 49% of the cases. The age distribution of children and provider types is shown below.



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A qualitative review of a sample of Agreements was undertaken to evaluate the quality of information recorded. Each site selected a mix of cases for the review (7 Agreements per site). A team of seven reviewers assessed a total of 35 cases. The quality review team included some members from CBC Lead Agencies not participating in the pilot, quality assurance specialists and intake specialists. Findings and recommendations from the qualitative review were vetted with the pilot sites at their final statewide meeting on December 7, 2016.

Recommendations for Implementation

Some of the pilot sites chose to implement the new CFOP and template across all of their agencies and units; others implemented on a smaller scale. Pilot sites had the following recommendations for implementation of the new process and template:

- Integrate training of CPI and CBC staff. Monitor whether refresher training is needed for CPIs, case managers or other child placement professionals.
- Provide training for Behavioral Health and Comprehensive Behavioral Health Assessment (CBHA) providers, and ensure Community Based Care Integrated Health is aware of the new policy.
- Attach the Child Placement Agreement to a CBHA referral so while the evaluator is interviewing and collecting more information they may make a determination as to the accuracy of the Agreement.
- Orient Judiciary as to local process for implementation of the updated Child Placement Agreement process.
- Develop a clear workflow map, with attention to how Agreements developed by CPI's are transferred to the CBC Lead Agency.
 - Some CBC Lead Agencies provided on-call assistance to CPIs in the development of Child Placement Agreements for specific children.
 - Ensure that Child Placement Agreements completed by CPI are being sent with the CBHA referral (one site)
- Identify an ample number of Qualified Assessors. Many sites did not have a sufficient number of qualified assessors identified initially, and had to expand the number of assessors available. Sites identified the following professionals to serve as qualified assessors:
 - Established therapists

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- In-House clinical staff
- CBHA Assessors – Add hours for placement recommendations; this may require state level coordination with AHCA to support additional cost that was presented for reimbursement by CBHA assessors in at least one pilot site.
- CPT/CAC input
- Include all system partners in workflow mapping (CPI, Case Management, Supervising Agency, CBC Lead Agency, etc.) to ensure that roles and responsibilities are clear.
- Provide training specific for supervisors, including the supervisor approval process and granting of exceptions.
- Communicate and orient other stakeholders as necessary. For example, Child Protection Team, local DJJ providers, group care providers, foster parent association, relative caregiver support groups.
- Complete reviews of all children who are currently on a “safety plan/sexual safety plan” as well as any children who were deemed to need a staffing based on behavioral concerns but did not currently meet the criteria for a safety plan. Many current plans were terminated based on the new policy.

Recommendations for Policy Refinement

During the pilot project, there were a number of policy questions that participants generated. A “Question & Answer” document was created to track answers provided. Based on a review of the most common questions, the Office of Child Welfare has drafted changes to the policy. The pilot sites have reviewed the changes to policy. Changes in the policy address the following:

1. Summarize CPI responsibilities during an investigation for creating an Agreement.
2. Summarize CBC Lead Agency responsibilities.
3. Emphasize the need to keep siblings together and maintain a child in his/her current placement when safe to do so.
4. Limit the need for recommendation from a qualified assessor to Agreements for Behavior Management Plan.
5. Clearly define the termination process for Care Precautions and Behavior Management Plans.
6. Clarify when the child should be the youngest child in the home and, if not possible, the reasonable safeguards.

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7. Further describe expectations for Supervisor Consultations related to approval of Agreements.

Recommendations for Template and FSN Design

The findings and recommendations from both the qualitative review, data reports submitted from the five sites, and discussion at the final site meeting are as follows:

1. Finding: In 77% of cases reviewed, the narrative alone was not sufficient to identify whether the Agreement was created as an initial placement, a new incident, or a placement change.

Recommendation: In Section I of the template, add check boxes with the following drop down options to identify the Purpose(s) for the Agreement.

- ☐ Initial Placement
- ☐ Update to Existing Agreement
- ☐ New Incident
- ☐ New Information About Child
- ☐ Change of Placement
- ☐ Recommendation from Qualified Assessor

2. Finding: In 69% of cases reviewed, narrative documentation provided concise and clear reasons for the Agreement.

Recommendation: Further clarity in the instructions for the narrative would be achieved with the following new language which is underlined. "Describe the child's current behavior(s) or circumstances that are the reason for creating the Agreement. Explain the basis for concerns (are concerns suspected or is dependable information already known). If this is an updated Agreement, describe the changes in circumstances."

3. Finding: In 74% of cases reviewed, information provided was sufficient to determine whether Care Precautions or Behavior Management Plan was necessary.

Recommendation: Adding hover definitions in FSN to the types of child behaviors will assist staff in selecting the correct choices.

4. Finding: In 77% of cases reviewed, a category and sub-type of child behavior was selected.

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Recommendation: FSFN business rule should require the selection of at least one category and one sub-type of child behavior.

5. Finding: Only 2 of 35 cases reviewed had sufficient information and documentation to determine that the exceptions process was followed. CBHA's and other supporting evaluations were difficult to find in the child's FSFN record.

Recommendation: Add a Supervisor Approval section to the template to include the following information:

Supervisor Name

- ☐ No exception required
- ☐ Exception required and received

Name of qualified assessor

Date received

Documentation. Instructions for documentation should require a brief reference to identify where documentation is, for example Case Note or written document received.

Recommendation: Information and training should be provided to the field about where to store CBHAs. OCW will take the lead to also expand base security for licensing staff to view Medical/Mental Health information in FSFN without needing an assignment.

6. Finding: 57% of cases reviewed had placement requirements clearly identified. Many cases had "Other" checked and had to add specific instructions.

Recommendation: When the page in FSFN is designed, create drop down values for "Other" need to be added to the template. Examples include:

- ☐ Child must be youngest child in bedroom
- ☐ Child must not share bedroom with a child who is sexually aggressive
- ☐ Baby monitors should be in all bedrooms for sound monitoring
- ☐ Monitor child's use of electronic devices and social media

7. Finding: In 63% of cases reviewed, narrative instructions were added to provide useful and clear guidance to caregivers. There was a tendency to describe the specialized services that the child would be receiving. There was little guidance provided about the role of the caregiver in terms of communication with the provider, participation in child's treatment, and seeking

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information about interventions to use with the child in the placement setting. The best caregiver instructions appeared to be provided by qualified assessors.

Recommendation: Strengthen local training provided about importance of customized caregiver instructions. Further development of local protocols will be necessary to improve access to qualified assessors for assistance with child-specific caregiver instructions.

8. Finding: Most Agreements reviewed stated that caregiver can call case manager, on-call staff, intake and placement staff, and/or MRT. The Agreements did not provide specific contact information (the name of the professional and phone number).

Recommendation: For the template only, add a field for name(s) and phone number(s) of professionals to call in the event of an emergency with a specific child.

9. Other template or FSFN design recommendations from QA review or pilot site participants:

- Add standard language to the signature page that reflects that the signatures indicate agreement to the terms and conditions in the Agreement.
- When page is developed In FSFN, the worker documents who participated in the development of the Agreement.
- Method for documenting child reviewed at time of out-of-home placement and whether an Agreement is needed
 - Living Arrangement
 - Out of Home Placement
 - FFA-I, FFA-O, Progress Update
- More drop down options vs. narratives
- Align Behaviors with CFOP definitions
- Need tracking for children in non-licensed placements
- New incident of harm while in care (physical or sexual assault, severe self-harm) which requires seeking evaluation in three business days
- Only allow one type of Agreement at a time
- Flexibility based on age
- Child behaviors and circumstances may or may not change with each new Agreement
- New signatures required on Agreement

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- Support the upload of hand-written forms/image
- Provide some built-in directions with the Agreement
- Filter options for Care Precautions and Behavior Management Plans
- Monthly contacts with child/caregiver—field to capture when review of Agreement is needed
- Other possible locations in FSFN
 - Documenting verbal “Precautions” at time of placement (CPI, CBC, Other Provider)
 - CPI at time of removal
 - Prompt for formal plan to be in place in 5 days
 - FFA-I, FFA-O, Progress Update: Is Child Placement Agreement necessary? Y/N
 - Verbal Agreement created date
 - Capture history of Care Precautions and Behavior Management Plans in Person Management (similar to Child/Adult/Parent)
 - Alerts external to FSFN
 - DJJ for crossover youth
 - Medicaid re: CBHA

Next Steps

1. After gathering feedback from pilot sites, the Office of Child Welfare will publish the updated CFOP and a final revised word template.
2. The Center for Child Welfare will establish a special resource folder for implementation materials shared by the pilot sites. This folder will include training PowerPoints that were developed.
3. The COOs of the FCC will assist with sharing information about the pilot project and implementation recommendations.
4. In January, there will be a FSFN design session to finalize the design elements for the Child Placement Agreement within FSFN. A call for design participants has gone out from Elisa Cramer, Director of Child Welfare Strategic Projects.