FLORIDA INSTITUTE
for CHILD WELFARE

FY 2015-2016 ANNUAL REPORT

Submitted to:

Governor Rick Scott
Senate President, Andy Gardiner
House Speaker, Steve Crisafulli
Senate President-Designate, Joe Negron
House Speaker-Designate, Richard Corcoran

September 30, 2016

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

September 30, 2016

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

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 2015-16 Annual Report for your consideration.

You will see from this Report that the Institute has had a very productive year. While much has been accomplished, we believe the development of the Institute network of child welfare researchers throughout Florida is among the most significant. We are also pleased to present the first year results from the five-year Florida Study of Professionals for Safe Families — a workforce study.

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 continuing to invite us to work with them to improve child welfare outcomes. We especially want to thank DCF leadership and staff for their support and collaboration throughout the year; we believe that the Results Oriented Accountability Program is a special initiative that will reap significant benefits in the months and years ahead.

We also are grateful to the legislators and legislative staff who have been steadfast champions for child welfare reform and provided valuable support and advice to the Institute. The Institute appreciates the opportunity to join our partners as we work to ensure that Florida's children are safe and thriving in homes that support their life-long well-being.

Sincerely,

James J. Clark, PhD, LCSW
Acting Director, Florida Institute for Child Welfare
Dean and Professor
FSU College of Social Work

cc   The Honorable Andy Gardiner, Senate President
        The Honorable Steve Crisafulli, Speaker of the House
        The Honorable Joe Negron, Senate President-Designate
        The Honorable Richard Corcoran, House Speaker-Designate

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SECTION 1: EXECUTIVE SUMMARY

In accordance with s. 1004.615, Florida Statutes, the Florida Institute for Child Welfare (Institute) submits this Annual Report to the Governor. This report is organized with an overview of the activities accomplished to date by the Institute and covers the period of October 1, 2015 through September 30, 2016. The Institute's staff traveled extensively throughout the state to meet and dialogue with child welfare stakeholders. Importantly, a strong affiliate network was established with 58 researchers who are on the faculty of 14 universities. During 2015 and 2016, the Institute commissioned 7 technical reports and 16 pilot research projects. Finally, two intramural projects were developed and implemented which are important to the future of child welfare reforms. First, the child welfare workforce study – the *Florida Study of Professionals for Safe Families* – yielded the first year results of a five-year longitudinal investigation. Second, the *Results Oriented Accountability Program* was designed and implemented, which will provide the Department of Children and Families (Department, DCF) with intensive and significant technical assistance in data analysis and program evaluation.

The Institute has organized its multiple aims and activities under four domains of research and consultation that we style as "pillars". The 2015-16 Annual Report's recommendations are organized in this manner as well.

Report Recommendations

Pillar 1: Collaborative Partnerships

1. The Department has made tremendous progress in designing the **Results-Oriented Accountability Program** to date and has an ambitious timeline for implementing the evaluation component. The Department should continue these efforts and provide support for this legislative mandate.

2. The Institute should continue to provide technical research guidance to the Department throughout the **Results-Oriented Accountability Program** evaluation design and implementation efforts and affirm major decision points throughout the process.

3. The Department should continue to implement **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.

4. The Department should continue to utilize the cross discipline nature of the professionals on the **CIRRT** Advisory Committee, as their varied backgrounds offer rich perspectives to the recommendations for improving policies and practices related to child protection and child welfare services.

5. The Institute will continue to participate on the **CIRRT** Advisory Committee and provide guidance and consultation.

6. Institute staff should continue to participate in **state and local workgroups and advisory committees** to facilitate communication and collaboration among appropriate key stakeholders.

7. The Department and the Institute should continue the dialogue with the University of South Florida Policy and Services Research Data Center regarding the sharing of existing and available **data.**

8. Seventeen sites and twenty-two judges have expanded the **Early Childhood Court** model in the state. While initial results have been promising, collecting and analyzing the data to determine the short- and long-term impact on family outcomes should be a priority.

9. The Department and the Institute should continue the dialogue with Sunshine Health to: 1) 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; and 2) reimburse behavioral health interventions that require greater than one hour a day and or more than 26 hours of therapy for children and families.

Pillar 2: Practice Research

1. The Department should require and incentivize the robust participation of CBCs and subcontractors to conduct **meaningful evaluation research and intervention research**.

2. Beginning in FY 2017, the Department and Institute should **provide or facilitate technical assistance** at the design, implementation, and analysis phases of meaningful agency-based projects, utilizing the "lessons learned" from the research projects already completed and those currently underway.

In addition to the above, we wish to restate the following 2014-2015 Institute recommendation.

3. The Department should conduct an accurate count of all safe **pregnant and parenting youth** in the system, regardless of the judicial status. This data should be collected on an annual basis so that it can be determined that appropriate services are provided to those youth in need.

Pillar 3: Policy Analysis

The Institute commissioned content experts to produce technical reports on several topics related to child welfare. Several recommendations from these reports are offered for consideration.

For enhanced coordination between domestic violence and child welfare agencies, the Department should:

1. Evaluate current collaborative efforts of Florida Coalition Against Domestic Violence's (FCADV) CPI Project since its 2015 expansion to all 67 counties in Florida and if evaluation finds positive outcomes, expand the Project to include CBC agencies.

2. Continue to increase collaborative efforts between child protection agencies and domestic violence agencies.

Reiterating recommendations from the 2014-2015 Annual Report related to pregnant and parenting teens aging out of the system, the Department should:

3. 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.

4. Provide evidence-based parenting interventions to reduce intergenerational transmission of child maltreatment.

To better address the mental health needs of families entering the system with children under the age of three, the Department should:

5. Conduct a timely assessment of both the parent and child and services should include an assessment of the parent-child relationship.

6. Administer a screening for trauma for both the parent and the child in order to provide the most appropriate services.

To assist the Department, the lead agencies, and subcontractors in selecting research-supported interventions:

7. All DCF policymakers and professionals should be acquainted with existing clearinghouse and databases that review and rank promising practices and research-supported and evidence-based programs.

Supporting the Department's efforts to provide trauma-informed curricula to its workforce, the Department should:

8. Provide child welfare professionals and subcontractors with pre- and in-service training and continuing education that emphasizes trauma-informed care.

9. Integrate and educate on secondary trauma and self-care into training curricula for child welfare professionals as well as support services to enhance worker population capacity.

An additional recommendation within this pillar:

10. The Institute supports the Department's currently stated intentions to request resources to reinstate a sustainable Title IV-E Program across Florida's social work programs.

Pillar 4: Technical Assistance and Training

1. The Institute recommends the Department to continue a **review of the preservice curriculum** utilizing an enhanced understanding of trauma-informed service delivery.

2. The Department should continue to explore flexible funding strategies that can help facilitate higher quality services and innovative uses of **residential group homes** consistent with systems of care principles.

3. The Institute and the Department should maintain a focus on residential group care to evaluate the effectiveness of group home models and to increase the use of evidence-based services as appropriate for youth living in **residential group homes**.

SECTION 2: FLORIDA INSTITUTE FOR CHILD WELFARE

Background

The Florida Legislature enacted s. 1004.615, Florida Statutes in 2014, which established the Florida Institute for Child Welfare (Institute) at the Florida State University College of Social Work (CSW). 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, the Department), sheriffs' offices providing child protective investigative services, community-based care lead agencies (CBCs, lead agencies), 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 participate in and contribute to providing child protection and child welfare services.

Statutorily, 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 education and training requirement 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.
- ❖ Submit an annual report to the governor and legislature that outline activities, significant research findings, and recommendations for improving child welfare practice.

Florida Institute for Child Welfare Accomplishment Highlights

Since early 2015, the Institute has:

- ❖ Initiated invitations to propose research and awarded contracts for 18 one-year research projects
  - ▪ Reviewed and approved quarterly reports for payment
  - ▪ Worked with principal investigators to edit and publish findings
- ❖ Provided funding for seven technical reports relevant to child welfare policy and practice.
- ❖ Provided funding for two years of the five-year longitudinal Florida Study of Professionals for Safe Families (FSPSF)—a research study designed to answer crucial questions about many of Florida's child welfare workforce problems.

- ❖ Created a Florida Institute for Child Welfare Dissertation Research Fellowship for social work doctoral students working on a dissertation that is related to child welfare.
- ❖ Participated in community and state level workgroups with key stakeholders and technical advisory committees relevant to improving child welfare policy and practice.

Activities

The Florida Institute for Child Welfare has been actively involved with events aligning with the Institute's mission statement —promote safety, permanency, and well-being among the children and families of Florida that are involved with the child welfare system.

The Institute collaborated with multiple organizations to sponsor events. In November 2015, the Institute partnered with Casey Family Programs to conduct a symposium titled *Integrating Child Welfare, Mental Health and Substance Abuse Treatment Services in Florida: Fall Symposium*. The purpose of the symposium was to assist key stakeholders with refining and improving Florida's Substance Abuse and Mental Health-Child Welfare service integration model. Forty-three stakeholders attended, including representatives from the Office of Court Improvement, DCF, Florida House of Representatives, and community-based care lead agencies.

In March 2016, the Institute partnered with the University of South Florida Department of Child & Family Studies for the 29th Annual Research & Policy Conference on Child, Adolescent, and Young Adult Behavioral Health. With the Institute and Casey Family Programs as cosponsors, the conference added a new topical track to the program— new developments in community-based and other interventions to prevent or treat child maltreatment. The child welfare special session track included four symposia and two paper presentations at the conference. Plans are underway to build a similar track for the 2017 conference.

The Florida Institute for Child Welfare Dissertation Research Fellowship was created in the summer of 2016 as a new initiative to expand opportunities to researchers who are doctoral candidates. The fellowship was open to doctoral candidates enrolled in a social work doctoral program in Florida. While all Florida doctoral programs were invited to present a proposal for the Fellowship, two applications were received. These applications were distributed to faculty affiliates at University of Central Florida and Florida Atlantic University and the recommendation was that the Fellowship be awarded to a Florida State University College of Social Work student. The Fellow is working with her major professor and the Institute to complete an individualized project plan related to her dissertation topic — *Decision Making: An Experimental Study Examining Potential Child Welfare Professionals' Biases of Family Structure*. Included in the project plan is the requirement to submit abstracts to conferences with a child welfare research track for the opportunity to present her research and findings.

The Institute held a workshop and orchestrated a panel presentation in the 2016 Child Protection Summit sponsored by the Department of Children and Families. The Institute led a two-part panel presentation titled *The Florida Institute for Child Welfare Presents: Research-Based Workforce and Practice Insights.* This panel included eight researchers presenting on six of the projects sponsored by the Institute. For the Practice Panel - *Training Youth Services Workers to Identify, Assess, and Intervene when Working with Youth at High Risk for Suicide; Therapeutic Jurisprudence: The Conceptual Framework for Child Welfare Reform; and Insights in Evaluating Evidence-Based Interventions for*

Families with Young Children in a Child Welfare System of Care were presented. *Identifying the Needs of CW Therapists; An Overview of New Hires into the CW Workforce: Results from the Florida Study of Professionals for Safe Families*; *Preparing the Child Welfare Workforce: Examining Differences in Pre-Service Curriculum Implementation;* and *Thrown Right in Right Away: Voices of Recently Hired Child Protective Investigators and Case Managers* were the lectures for the workforce topics. An additional project funded by the Institute – *The Effectiveness of Service Integration: Studying the Crossover Youth Practice Model* - was a separate 75-minute workshop. The Institute also utilized the Child Protection Summit as an opportunity to hold meetings with the faculty affiliates located throughout the state of Florida. At this year's Summit, 12 affiliates learned about the multiple research projects underway and several suggestions were discussed on how to increase collaboration and communication among the affiliates.

The Institute launched a website www.ficw.fsu.edu in September 2016 that will serve as a resource to stakeholders. Information about the Institute's mission, partners, projects, and reports are available. With this information available to the public, the Institute will further its mission to promote safety, permanency and well-being among the children and families of Florida that are involved with the child welfare system.

During this reporting period, 19 research projects were procured and staff worked to review progress and final reports and prepare the documents for publication. See Section 3 Pillar 2 for more detailed information about the reports.

Budget Allocation

The Institute received a $1 million appropriation for the 2015-2016 fiscal year. Funds were budgeted, expended, and obligated as reported in Table 1. The original budget was adjusted in order to hire an experienced Program Director to assist the Interim Director in fulfilling legislative mandates. Subcontracts included, but were not limited to, funding for six pilot projects, the first year of the Florida Study of Professionals for Safe Families (FSPSF), and two technical reports. $260,000 of the obligated funds for the subcontracts are encumbered via purchase order for the pilot projects scheduled for completion in the 2016-2017 fiscal year. The adjusted budget shows an increase of $3,831 due to adjustments made to the fringe benefits at the beginning of fiscal year 2015-2016.

Table 1: FY 2015-2016 Budget

	Original Budget	Adjusted Budget	Expenses July-June	Obligated Funds	Available Balance
Institute Administration					
Salaries[1]			279,005.61		
Expenses			4,137.09	60.10	
Computer Equipment and Software			3,193.33		
Affiliate Agreements			32,500.00	2,500.00[2]	
Total Administration	225,000.00	328,831.00	318,836.03	2,560.10	7,434.87
Ongoing Research and Evaluation Activities					
Other Personal Services[3]			54,979.91		
Travel			18,236.21	377.47	
Total Ongoing	80,000.00	80,000.00	73,216.12	377.47	6,406.41
Subcontracts	695,000.00	595,000.00	327,880.00	266,500.00	620.00
Total Institute	**1,000,000.00**	**1,003,831.00**	**719,932.15**	**269,437.57**	**14,461.28**

[1] Interim Director, Program Director, and Program Coordinator

[2] MOU with FSU College of Social Work was signed June 2015. Expenses are charged one of two ways: 1) the College of Social Work budget is transferred to the FICW budget via journal transfer; or 2) charged directly to the Institute's budget as both are internal to FSU.

[3] Other Personal Services (OPS) includes part-time graduate assistants, researchers, and technicians.

The Institute carried forward funds from the 2014-2015 fiscal year. $436,000 was encumbered for various projects scheduled for completion in the 2015-2016 fiscal year. $210,000 remained encumbered as final reports were due on June 30, the last day of the fiscal year. The balance carried forward was $54,591.95. Just over $467.00 in expenses for other personal services (OPS) was reversed on the carry forward and applied to the 2015-2016 budget as the last pay period in 2014-2015 crossed fiscal years, making the available balance $55,029. $50,000 of the remaining balance was used to fund a portion of the FSPSF activities in the first quarter of FY 15-16. The remainder was used toward office and travel expenses as shown below in Table 2.

Table 2: FY 2014-2015 Budget Carry Forward

	Original Budget	Adjusted Budget	Expenses July-June	Obligated Funds	Available Balance
Institute Administration					
Salaries					
Expenses			293.31		
Computer Equipment and Software			35.14		
Affiliate Agreements[1]			1,917.61	582.39	
Total Administration	50,000.00	2,830.16	2,246.06	582.39	1.71
Ongoing Research and Evaluation Activities					
Other Personal Services[2]					
Travel			4,729.12		
Total Ongoing	4,591.95	4,729.12	4,729.12	0.00	0.00
Subcontracts	436,000.00	486,000.00	270,000.00	216,000.00	0.00
Total Institute	**490,591.95**	**493,559.28**	**276,975.18**	**216,582.39**	**1.71**

[1] MOU with FSU College of Social Work was signed June 2015. Expenses are charged one of two ways: 1) the College of Social Work budget is transferred to the FICW budget via journal transfer; or 2) charged directly to the Institute's budget as both are internal to FSU.

[2] Other Personal Services (OPS) includes part-time graduate assistants, researchers, and technicians.

Staffing

Dr. Patty Babcock was hired as the Interim Director in August of 2014. She subsequently hired a Program Coordinator that same year and a Program Director in February 2016 to develop and conduct the initiatives associated with the legislative mandates. The Institute continues to utilize Florida State University (FSU) employees and graduate students to conduct its day-to-day operations. Importantly, the Institute has executed Memoranda of Understanding (MOU) with each of the 14 CSWE[1] accredited universities offering social work degrees and thereby developed affiliate members in order to develop Florida's child welfare research infrastructure, as envisioned by the legislation. Each participating program is provided an annual stipend of $2500 to offset travel costs to attend Institute meetings and child welfare conferences. Four additional university faculty have identified themselves as child welfare researchers, bringing the current total to 58 faculty affiliates.

Dr. Babcock resigned in June 2016 but agreed to continue to work on a part-time basis with the Institute to ensure continuity of Institute activities and to facilitate the implementation of the Results-Oriented Accountability Program.   The Dean of the College of Social Work, Dr. Jim Clark, has served as the Acting Director. The position was advertised for one month in July and August, and candidates are undergoing

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[1] Council on Social Work Education

review by the Faculty Affairs Committee of the FSU College of Social Work, per university policy. The optimal target date for this hire is October 2016.

SECTION 3: FLORIDA INSTITUTE FOR CHILD WELFARE'S STRATEGIC PLAN

Section 1004.615, Florida Statutes specifies the goals and priorities for the Institute. To strategically align with these, the Institute defined "four pillars" to address the mandated outcomes.

1. Collaborative Partnerships
2. Practice Research
3. Policy Analysis
4. Technical Assistance and Training

Pillar 1: Collaborative Partnerships

The goal for the *Collaborative Partnerships* Pillar is to establish new partnerships and strengthen existing relationships with child welfare and other relevant researchers and policymakers to improve safety, permanency, and well-being outcomes for families in the child welfare system.

State and Local Stakeholder Meetings and Workgroups

To this end, Institute staff participates in numerous formal state and national child welfare meetings and conferences, and serves on various workgroups in order to learn from colleagues and disseminate information to stakeholders.

Monthly Interagency Workgroup meetings are attended regularly to meet with other state level representatives from the Department of Juvenile Justice, Agency for Persons with Disabilities, Department of Health, Department of Education, Guardian ad Litem, Department of Children and Families, Office of Court Improvement, Agency for Health Care Administration, and the Children's Cabinet to discuss youth who are served by multiple agencies and the local or regional interagency workgroups have been unable to resolve issues related to the youths' services. For most of 2016, Institute staff has been instrumental in the rewrite of the *Interagency Agreement to Coordinate Services for Children Served by More Than One Agency* which must be approved by the Children's Cabinet.

The Department of Children and Families hosts a quarterly Practice Workgroup meeting to convene statewide stakeholders to discuss the progress and barriers of implementing the Practice Model. Institute staff attends these meetings regularly.

Institute staff also participate in monthly conference calls for the Psychotropic Medications Workgroup. Modifications were made to the Florida Administrative Code Chapter 65C-35 - Psychotropic Medication for Children in Out of Home Care in the first half of 2016.

In conjunction with the Residential Group Care standards project, Institute staff and the principal investigator for that study are assisting a workgroup to develop additional standards for specialized group homes that address the needs of commercially sexually exploited children.

The Institute and DCF met with Sunshine Health executives to discuss the necessity of covering medical and health needs of children and parents while in the system and post-discharge and adequately reimbursing behavioral health interventions.

Collaboration with the Office of Court Improvement

Following the success of the Miami Child Well-Being Court, Florida has worked to establish a more therapeutic approach to dependency courts. In 2014, Florida's Early Childhood Comprehensive Systems grant funded two "baby court" pilots. In 2015, the Office of Court Improvement received a Zero to Three grant to pilot five more Early Childhood Courts. The Institute provides support for the analysis of the 17 Early Childhood Courts' (ECC) data, compilation into a single database, and reporting of outcomes.

Participation in Critical Incident Rapid Response Team (CIRRT) Meetings

The Critical Incident Rapid Response Teams have made strides in identifying and documenting underlying causes of child deaths. The Secretary has also required that the teams make an immediate investigation for cases involving death or serious injury to a child even if the child or his or her family was not the subject of a verified report or suspected abuse or neglect. Dr. Babcock served on the Advisory Committee as required by statute and participated in the quarterly meetings to review case data and policy recommendations.

Contribution to the Results-Oriented Accountability Program (the Program)

The Interim Director participated on the ROA Governance Committee which serves as the decision making body for setting the Program's priorities, allocating resources, and coordinating activities across the system (s. 409.997, Florida Statutes). Specifically, Dr. Babcock attended status meetings and facilitated the ROA Research Review workgroup to develop the research review process which will guide all future research efforts.

In July 2016, Dr. Babcock was retained as a consultant to the Institute to enable her to continue to provide guidance and expertise to the Results Oriented Accountability Program in its initial months of operation. In August 2016, the Institute hired an experienced data analyst with a doctorate degree in measurement and statistics to assist the Department of Children and Families to complete a number of high-level tasks: design an evaluation plan; validate selected metrics; conduct data analysis and research reviews; and to provide training to DCF staff and stakeholders on statistics and data analytics. One innovative feature of this program is the placement of the Institute data analyst on site at the DCF Office of Child Welfare Performance and Quality Management. This enables close consultation and training to occur on a daily basis.

Academic Affiliates and Stipend Distribution

One of the priorities of SB 1066 was to create a network of affiliate child welfare researchers in order to build a research infrastructure that would enhance child welfare policy and practice. The consortium of 14 public and private universities offering Council on Social Work Education accredited degrees in social work (academic affiliates) utilized the Memorandum of Understanding (MOU) stipend funds for the purpose of building the child welfare scientific knowledge base in Florida. The MOU went into effect May 2015 and two stipends have been dispersed to each academic affiliate with a third stipend that will be dispersed in the fall. The collaboration between the Institute and each academic affiliate includes collaborative projects, publications, and dissemination activities. See the Institute website for a full list of affiliates.

Affiliates attended and presented at Florida conferences to disseminate knowledge about the child welfare system. Nine academic affiliates utilized their stipend to fund 15 faculty affiliate members to attend the past two Child Protection Summits. At each Summit, the Institute hosted the Faculty Affiliates meetings. An academic affiliate funded a faculty affiliate to present at the Annual Research and Policy Conference on Child, Adolescent, and Young Adult Behavioral Health.

The consortium of affiliates is also involved with the Title IV-E stipend program coordinated by the University of Central Florida and the MOU stipend funds help offset costs related to this program. Five academic affiliates funded six faculty affiliates to attend the National Association of Social Workers-Florida Chapter conferences and a faculty affiliate was granted permission to print recruitment brochures when Title IV-E funds were not yet available to them. These faculty affiliates took this opportunity to also attend the Title IV-E stipend meeting that was held at the conference. Several faculty affiliates also used the stipends to attend regular Title IV-E meetings in their communities. In addition, for the NASW-FL conference, two graduate students were funded to present a poster related to child welfare and a faculty affiliate attended a specialty session on child welfare for professional development.

In addition to active participation in Florida conferences to exchange knowledge about the child welfare system, some Institute faculty affiliate members traveled to national and international conferences. An academic affiliate funded two faculty affiliate members to participate in the Council on Social Work Education Annual Planning Meeting. Another academic affiliate funded a faculty affiliate member and a graduate assistant to present at the International Society for the Prevention of Child Abuse and Neglect in Calgary, Canada.

Further, MOU stipend funds were implemented for faculty affiliates to engage with community agencies in Florida. Two academic affiliates funded three faculty affiliate members to meet with various community agencies in their respective areas. Key leadership at several social work programs have expressed gratitude for the MOU funds as they have helped increase representation of their university at pertinent meetings and conferences. For the universities that encountered barriers related to disseminating child welfare research at conferences and meetings, the Institute worked with them to open the range of allowable expenses in order to maximize the benefit to child welfare. Additionally, academic affiliates are permitted to carry any unspent monies forward to the next fiscal year.

Recommendations Related to Pillar 1: Collaborative Partnerships

1. The Department has made tremendous progress in designing the **Results-Oriented Accountability Program** to date and has an ambitious timeline for implementing the evaluation component. The Department should continue these efforts and provide support for this legislative mandate.

2. The Institute should continue to provide technical research guidance to the Department throughout the **Results-Oriented Accountability Program** evaluation design and implementation efforts and affirm major decision points throughout the process.

3. The Department should continue to implement **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.

4. The Department should continue to utilize the cross discipline nature of the professionals on the **CIRRT** Advisory Committee, as their varied backgrounds offer rich perspectives to the recommendations for improving policies and practices related to child protection and child welfare services.

5. The Institute will continue to participate on the **CIRRT** Advisory Committee and provide guidance and consultation.

6. Institute staff should continue to participate in **state and local workgroups** and advisory committees to facilitate communication and collaboration among appropriate key stakeholders.

7. The Department and the Institute should continue the dialogue with the University of South Florida Policy and Services Research Data Center regarding the sharing of existing and available **data.**

8. Seventeen sites and twenty-two judges have expanded the **Early Childhood Court** model in the state. While initial results have been promising, collecting and analyzing the data to determine the short- and long-term impact on family outcomes should be a priority.

9. The Department and the Institute should continue the dialogue with Sunshine Health to: 1) 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; and 2) reimburse behavioral health interventions that require greater than one hour a day and or more than 26 hours of therapy for children and families.

Pillar 2: Practice Research

Three goals comprise the *Practice Research* pillar:

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.

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

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

Two large scale research projects, *Florida Study of Professionals for Safe Families* and *Enhancing Parental Behavioral Health Services Integration in Child Welfare*, are funded to inform policy as it relates to the professional child welfare workforce and the integration of caregiver behavioral health within child welfare.

Florida Study of Professionals for Safe Families

Recruitment and retention of a stable workforce continues to be problematic for DCF, community-based care lead agencies, and service providers. To address the retention issues, the Institute is leading a five-year longitudinal study of 1,500 newly hired child protective investigators and case managers, to study the individual and organizational influences on child welfare workforce retention and ultimately, child and family outcomes. The *Florida Study of Professionals for Safe Families* (FSPSF) received funding from the Institute for planning in May 2015 and was launched in September 2015, thus completing the first year. The intent is to learn about individual, organizational, and community influences on child welfare employee retention, and ultimately, child and family outcomes. This statewide study is examining 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. The protective investigator is also examining community context (e.g., unemployment, poverty rates, etc.) recognizing that the local community may impact worker retention and child and family outcomes. The FSPSF received additional funding in July 2016 for a second year. See Appendix 1 for the FSPSF's first report that covers nine months of data. Section 402.402 Florida Statutes requires that by July 1, 2019, at least half of all child protective investigators and supervisors will have a bachelor's or a master's degree in social work from a college or university social work program accredited by the CSWE. An additional research question explored in this study is whether having a social work degree impacts the child welfare professionals' retention and turnover decisions. In the second wave of data which began in March 2016, there are 323 workers who have provided responses, and of those, 72 (22%) indicate their highest degree is in social work. See Appendix 2 for the addendum to the report that addresses data related to social workers.

Enhancing Parental Behavioral Health Services Integration in Child Welfare

This year-long project seeks to address the concerns of DCF child welfare stakeholders, including leadership and staff. Specifically, the stakeholders have identified the need for: 1) systematic detection of caregiver behavioral health needs; 2) enhanced training of child welfare professionals in using screening results to improve referrals and engagement in behavioral health treatment; and 3) identification and training of community behavioral health clinicians in child welfare-specific evidenced-based counseling approaches. Two additional, overarching needs were also identified from meetings with child welfare administration and staff: 1) identify existing sources of information and data that capture behavioral health detection, referral and outcomes in order to recommend new data collection and analyses systems; and 2) improve coordination and communication among different systems of care that are critical to improve overall integration of caregiver behavioral health within child welfare.

The overall goal of this project is to pilot approaches to fill identified gaps in the need for integration of behavioral health interventions in child welfare-involved adult caregivers (18 and older). The specific goals of this project are to develop, implement, and test the feasibility and initial outcomes of training to improve detection, engagement and intervention for parental behavioral health needs in child welfare. Two levels of training will be implemented and tested based on the roles of child welfare staff and behavioral health clinicians.

The specific aims of the project are:

1. To determine gaps and opportunities for improved behavioral health integration among child welfare personnel within the Circuit 2 Managing Entity as well as among the behavioral health clinicians at the primary Medicaid-serving behavioral health center in the region. Using qualitative methodology, themes will be refined and analyzed as related to needs and opportunities in training, care referral and coordination, clinical and Child and Family Services Review (CFSR) outcomes, and tracking and use of data.

2. To train child welfare professionals in evidence-based screening, referral and intervention for mental health and substance abuse. The focus will be on the detection of primary parental risk issues, motivational interviewing for engagement, and "warm hand off" referrals with monitoring and support. Outcomes will include uptake and fidelity to training, and implementation of interventions including tracking of referral adherence/engagement.

3. To train community behavioral health clinicians in evidence-based, trauma-informed counseling approaches. Outcomes will include training implementation outcomes (fidelity and skills) as well as clinical and child welfare outcomes for the clients.

Research Projects

In addition to the Florida Study of Professionals for Safe Families and the Enhancing Parental Behavioral Health Services Integration in Child Welfare projects, 16 pilot research projects were funded through an Invitation to Propose Research process in Fiscal Years 2015 and 2016[2] to meet the goals of the *Practice Research* Pillar. As of this writing, three research reports have been completed; three are scheduled to be completed in October 2016, eight in the spring of 2017, and one in June 2017. These research projects are intended to be *pilot studies* with the intent to build a research structure to obtain additional funding for further research from other sources.   The amount awarded for each project was $60,000 for one year, well below the typical funding of $225,000 over a two-year period for a federally or foundation supported project.

Many of these research projects experienced difficulty in recruiting and retaining families to participate in the study. Additionally, systemic barriers related to community-based agencies that were unable or reluctant to commit staff time to contribute fully to the project created unexpected setbacks. While many projects are generating promising results, caution must be exercised in drawing conclusions that may not be generalizable due to the small sample sizes and or limited time in the intervention.

Each research project focused on a least one of three research areas and one of six identified priority areas. All seven of the Child and Families Services Reviews outcomes are addressed in these research projects.

Perhaps the most significant outcome from the Institute's sponsorship of these research projects, was the demonstration that with effective outreach and support, community-based agencies can collaborate with university-based researchers to empirically explore important child welfare research concerns.

Research Areas

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

Priority Areas

1. Evidence-based services for children birth to five
2. Enhancing group home quality
3. Prevention/family support services for safe but at high-risk or very high-risk families
4. Integration/co-location of mental health, substance abuse, and or domestic violence services with protective investigations and or case management
5. Pregnant or parenting teens in the child welfare system
6. Evidence-based services for medically complex children

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[2] FY 2015 is July 1, 2014 through June 30, 2015; FY 16 is July 1, 2015 through June 30, 2016

Table 4 lists all of the funded research reports that have been completed or are currently in progress. More detailed abstracts of all the projects, including the completed ones, follow the table.

Table 4: Research Projects Funded by the Institute Fiscal Years 2015 and 2016

Report Title	Community Partner and Academic Researcher	Published or Anticipated Completion Date
Research Priority #1: Evidence-based Services for Children Birth to Five		
Trauma-Informed Behavioral Parenting: Early Intervention for Child Welfare	Bay Area Early Steps and University of South Florida, Department of Pediatrics	Published July 15, 2016
Enhancing Caregiving Capacity for Very Young Children: Your Journey Together Home Visiting Intervention	Devereux Advanced Behavioral Health and University of Central Florida	Published August 30, 2016
Evaluation of Parent Training Services in a Community-based System of Care	Ounce of Prevention Fund of Florida and Florida State University	Published September 12, 2016
Common Sense Parenting Program for Child 0-5 in the child Welfare System	Boys Town North Florida and Florida State University	October 30, 2016
An Evaluation of the Early childhood Court Teams of Escambia and Okaloosa Counties	Ounce of Prevention Fund of Florida and University of West Florida	April 15, 2017
Effectiveness of Evidence-Based Attachment-Focused Parenting for Families with Young Children: Using Circle of Security in the Child Welfare System	Neil Boris, MD and University of Central Florida	June 30, 2017
Research Priority #2: Enhancing Group Home Quality		
Randomized Evaluation Examining the Effects of an Incentive-based Child Welfare Intervention on Strengthening Child and Family Engagement in Services	Lakeview Center, Inc. and Florida State University	February 1, 2017
The Sanctuary Model – Enhancing the Quality of Group Care in Florida	Children's Home Society of Florida and University of Central Florida	April 15, 2017
Research Priority #3: Prevention/Family Support Services for Safe but High-Risk or Very High-Risk Families		
Evidence-based Parent-Child Relational Intervention for Young Children at Risk for Abuse and Neglect	ABCs for Success, LLC and Florida International University	February 1, 2017
Child WIN: Child Welfare Workforce Innovation	Children's Home Society of Florida and University of Central Florida	April 15, 2017
Research Priority #4: Integration/Co-location of Mental Health, Substance Abuse, and or Domestic Violence services with Protective Investigators and or Case Management		
Effectiveness of Service Integration: Studying the Crossover Youth Practice Model	Our Kids, Inc. and Florida International University	February 1, 2017

Report Title	Community Partner and Academic Researcher	Published or Anticipated Completion Date
Building a Needs-based Curriculum for Child Welfare Therapists	Community Partners and Florida Atlantic University	April 15, 2017
Training Youth Services Workers to Identify, Assess, Intervene with Working with Youth at High Risk for Suicide	Capital City Youth Services and Florida State University	April 15, 2017
Research Priority #5: Pregnant or Parenting Teens in the Child Welfare System		
Preparing Teens and Protecting Futures… Preventing Teen Pregnancies within the Child Welfare System	Heartland for Children and Southeastern University	October 30, 2016
Evidence-based Parenting Intervention for Leon County Youth Aging Out of the Child Welfare System	Children's Home Society of Florida and Florida State University	October 30, 2016
Research Priority #6: Evidence-based Services for Medically Complex Children		
Evaluation of the CriticalthinkRX Educational Curriculum for Child Welfare Workers: A Replication Study	Children's Home Society and Florida State University	March 1, 2017

Research Priority #1: Evidence-based Services for Children Birth to Five

As nearly 50 percent of children involved in Florida's child welfare system are under the age of five, determining effective evidence-based services for children birth to five is a priority. The Institute funded six research projects to address this area.

Trauma-informed Behavioral Parenting: Early Intervention for Child Welfare
Bay Area Early Steps and University of South Florida, Department of Pediatrics

Trauma-informed Behavioral Parenting (TIBP) was developed to bring needed behavioral parenting treatment to Early Steps, a statewide community-based early intervention program for children under the age of three with identified developmental delays. This report presents the results of the implementation of TIBP through five early interventionists in the Bay Area Early Steps Program. Mixed methodology was utilized to evaluate the effects of TIBP on child behavior, caregiver stress and parenting skills, treatment acceptability, and feasibility of the program and therapist fidelity. Specifically, early interventionists embraced TIBP as a practical and helpful home-based program to which they demonstrated high fidelity. Further, caregivers demonstrated great gains in their use of positive parenting skills and reported some reductions in their stress. Some reductions in child disruptive behaviors were reported but they were not statistically significant. Results suggest that TIBP holds promise as a training model for early intervention programs that can positively affect child and caregiver behaviors vis-a-vis a low-intensity and low-cost training model. To read the full report, visit www.ficw.fsu.edu.

Enhancing Caregiving Capacity for Very Young Children: Your Journey Together Home Visiting Intervention
Devereux Advanced Behavioral Health and University of Central Florida

This project studied the effectiveness of a resilience curriculum for vulnerable families with children birth through five years of age, Your Journey Together (YJT). The specific research questions for this study sought to determine whether caregivers who complete the 15-session YJT intervention:

1. Show a decrease in child abuse and neglect reports during and after completing the intervention compared to caregivers in the control group.

2. Show more permanency and stability in the child's living situation.

3. Increase their adult resilience score compared to caregivers in the control group.

4. Improve their caregiving capacity to provide for their children's needs compared to caregivers in the control group.

5. Show greater improvement in their perception of their child's social and emotional strengths compared to caregivers in the control group.

Due to data collection challenges, the study was recast as a descriptive study. Descriptive data highlight risk factors and psychosocial stressors experienced by participating caregivers and their children. The majority of the caregivers were in the medium or high-risk group for Lack of Empathic Awareness on the AAPI-2. The CD-RISC scores suggest lower resiliency at pretest than the normative mean. Caregivers also reported childhood abuse or trauma and a lack of support with raising their children. Paired samples t-tests indicated no statistically significant results on any of the three measures (CD-RISC, AAP1-2, DECA). Data highlight the challenges of conducting curriculum interventions and research with populations experiencing significant psychosocial stressors. However, surveys completed by caregivers suggest that further modifications to the YJT curriculum may show promise in improving resilience and caregiving skills. For the full report see the Institute's website at www.ficw.fsu.edu.

Evaluation of Parent Training Services in a Community-based System of Care
Ounce of Prevention Fund of Florida and Florida State University

The project evaluated evidence-based interventions (EBIs) currently offered to families receiving case management services within the system of care managed by Big Bend Community-Based Care (BBCBC). The project encompassed two studies. The implementation study evaluated the performance of one EBI, Child Parent Psychotherapy (CPP). Ten parents in nine cases were recruited for this study. Data collection methods included a survey measuring perceptions of parent competence, interviews with parents regarding their views on their therapeutic experiences, and accessing case-related data in the Florida Safe Families Network (FSFN) and case management files. There were no verified or not substantiated maltreatment findings during participation in the EBI and study time period. One family was reunified during participation in the EBI. The key informant study supplemented the implementation study, and used qualitative methods to examine views of three stakeholder groups (case management staff, service providers, and Circuit 2 judicial representatives) on EBIs to improve parenting and related outcomes among at-risk families of children between the ages of birth to five. Findings revealed favorable views of EBIs although barriers and challenges were identified that limited their success. Therapies and services that were not EBIs were also valued highly, and collaboration among child welfare partners was considered essential. There appears to be a lack of the use of standard criteria for selection of EBIs and little oversight on the adhering to the fidelity of the model. The full report can be found at www.ficw.fsu.edu.

Common Sense Parenting Program for Children 0-5 in the Child Welfare System
Boys Town North Florida and Florida State University

Research has demonstrated that children ages birth to five are at higher risk for experiencing child maltreatment than any other age group. However, most evidence-supported reactive interventions for child maltreatment are not widely used and thus a substantial proportion of children and their families

may not receive the best available services (McCue-Horwitz et al., 2014). Additionally, parents of adolescents seek parenting information and support much more often than do parents of younger children. Boys Town's Common Sense Parenting (CSP)® of Toddlers and Preschoolers, modeled after the evidence-based Common Sense Parenting® of School-Aged Children, is designed to mitigate the risk of child abuse and neglect among participating families. The purpose of this project is to examine the use of a behavioral parent training program for a population of parents with very young children to identify characteristics of the participants and examine pre-post changes; specifically, 1) if parenting skills of parents or caregivers of children ages birth to five increased by participation in CSP of Toddlers and Preschoolers, and 2) if parental stress levels were reduced by participation in CSP.

Boys Town North Florida will offer Common Sense Parenting® for Toddlers and Preschoolers, modeled after the evidence-based CSP® program, to 60-75 at-risk families with children ages birth to five in Leon, Gadsden and Wakulla Counties. CSP® offers early intervention by teaching at-risk parents, even those with multiple risk factors, practical methods to enhance positive interactions with children, how to combat challenging behaviors, and implement effective discipline. Embracing a strengths-based approach, Common Sense Parenting® aims to decrease the incidence of maltreatment and high-risk behaviors by reducing parental stress while increasing knowledge and aptitude. The seven-session workshop allows parents or caretakers opportunities to learn, practice and demonstrate new parenting skills. Three pre-post measures will be administered: The Parenting Children and Adolescents Scale (PARCA), the Parental Stress Scale (PSS; Berry & Jones, 1995), and the Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001). A Workshop Evaluation will also be administered at the last session to measure participant satisfaction with the workshop and parent trainer.

An Evaluation of the Early Childhood Court Teams of Escambia and Okaloosa Counties
Ounce of Prevention Fund of Florida and University of West Florida

The purpose of this project is to fulfill two specific gaps in the implementation of the Escambia and Okaloosa Counties' Early Childhood Court Teams (ECCTs). These gaps highlight the need for training and evaluation to enhance the functioning of the ECCTs. Families First of Florida will host a live training delivered by consultants from the National Center for Child Traumatic Stress (NCTSN) based on their *Child Welfare Trauma Training Toolkit* (National Child Traumatic Stress Network, 2013). The lack of coordination among service providers and the judiciary within the child welfare and dependency system will be addressed in the research.

The target population of the NCTSN training proposed for this project consists of all members of the two ECCTs. The target population served by the ECCTs consists of all families who have a child under the age of three subjected to maltreatment and has been removed from the home and therefore subject to the jurisdiction of the First Judicial Circuit dependency courts in Escambia and Okaloosa Counties. These ECCTs are teams of stakeholders convened by judges with jurisdiction over the dependency cases in Escambia and Okaloosa Counties. Stakeholders include the regional community-based care provider, other child welfare service providers, and Guardians ad Litem.

The evaluation study will utilize a matched comparison design to estimate the effect of ECCT services on the following outcomes:

1. Unsubstantiated reports of maltreatment

2. Verified reports of maltreatment

3. Whether the child was maintained continuously in the parents' home while receiving child welfare services

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4. Whether the child achieved permanency

5. Number of placement changes

6. Number of visits with parents

For each of these outcomes, the evaluation study will compare children served by the ECCTs in Escambia and Okaloosa Counties to children served by Families First in Fort Walton and Santa Rosa Counties where there are not ECCT services. Propensity score matching will be used to match each of the children in the intervention group with one or more children in the comparison group.

Effectiveness of Evidence-based Attachment-focused Parenting for Families with Young Children: Using Circle of Security in the Child Welfare System
Neil Boris, MD and University of Central Florida

This research study will examine the feasibility and effectiveness of using the parenting intervention, Circle of Security (CoS) in Orange County, Florida, which has the second highest number of child abuse reports in Florida (McKenzie, 2015). The Ninth Judicial Circuit recently began an Early Childhood Court Initiative project, allowing for added emphasis on evidence-based services for high-risk parents of young children in the child welfare system and for collaborative referrals to occur from the local community-based care agency and from the court system. This project could simultaneously further efforts to provide much needed evidence-based services to these parents while providing a foundation for examining the feasibility of CoS. Additionally, the types of beneficial outcomes that may be promoted by integrating CoS into the services that are already being provided to parents of young children in the child welfare system in Orange County can be ascertained. As part of examining the feasibility of this program, it is hypothesized that several parent characteristics (e.g., parents' own childhood maltreatment history, emotional and behavioral problems, emotional regulation) will be important predictors of parents' CoS participation. Finally, it is hypothesized that parents' participation in CoS will begin to promote initial changes in several parenting variables (e.g., parenting stress, coping with young children's emotions) from pre- to post-assessment in CoS.

Research Priority #2: Enhancing Group Home Quality

There is widespread consensus that enhancing group home quality is a priority for child welfare system in Florida. Two research projects were funded to address the group home quality priority. Results will be available in the spring of 2017 and the abstracts of the two projects follow.

Randomized Evaluation Examining the Effects of an Incentive-based Child Welfare Intervention on Strengthening Child and Family Engagement in Services
Lakeview Center, Inc. and Florida State University

The purpose of this evaluation is to examine the effects of an expanded version of an incentive-based participation program on increasing child and family engagement and retention in services and in providing child/family outcomes. The evaluation will also examine co-worker and client level factors that influence engagement and retention. The following questions will be answered:

1. Do children and families enrolled in a family-centered, individually targeted incentive program demonstrate increased engagement in services compared to those receiving usual treatment?

2. Do children and families enrolled in a family-centered, individually targeted incentive program demonstrate increased retention in services compared to those receiving usual treatment?

3. Do children and families enrolled in a family-centered, individually targeted incentive program demonstrate greater improvements in functioning compared to those receiving usual treatment?

4. Are children and families enrolled in a family-centered, individually targeted incentive program more likely to successfully discharge from services compared to those receiving usual services?

5. In way ways do the characteristics of case workers influence child and family engagement and retention in services?

6. In what ways do characteristics of the child and family influence engagement and retention in services?

7. For what types of children and families is the incentive program more or less effective?

The sample for this evaluation aims to include a total of 300 children and their families. The study sample has been recruited from three services programs in the Escambia and Santa Rosa Counties services areas including a statewide inpatient psychiatric program, treatment foster care, and community case management. In each program, 50 cases are randomly assigned to the treatment as usual + incentive group and 50 will be assigned to treatment as usual.

The Sanctuary Model – Enhancing the Quality of Group Care in Florida
Children's Home Society of Florida and University of Central Florida

The use of the Sanctuary Model® in residential group homes contracted by the Children's Home Society (CHS) that serve youth in the foster care system will be evaluated. This promising model addresses the history of trauma experienced by children and youth in care as well as the trauma often experienced by staff members interacting with and providing services to the residents. The 27 residential facilities involved in the project are widely spread around the state and serve 250 children ages 0 through 18, although the majority served are over the age of 12. Children and youth entering residential facilities have often experienced severe abuse and or neglect and have had transitory relationships with family and parental substitutes.

The goal of implementing the Sanctuary Model® is to increase safety and stability both for residents and caregivers in residential group homes. By engaging and training all staff members at the 27 facilities, it is expected that a significant reduction in behavioral incidents by 75 percent will be demonstrated. The study will seek to answer the following questions.

1. Do children admitted to a CHS residential home for the treatment of trauma, experience a reduction in trauma symptoms after 3 months of such care (or upon discharge from the home, whichever occurs sooner)?

2. Do CHS homes experience a reduction in runaways, aggressive incidents, Baker Act placements, and or arrests, following the implementation of the Sanctuary Model®?

3. Do CHS homes experience improved permanency rates for its traumatized youth, following the implementation of the Sanctuary Model®?

4. Do the children experience a reduction in placement disruptions, following the implementation of the Sanctuary Model®?

Research Priority #3: Prevention/Family Support Services for Safe but High-Risk or Very High-Risk Families

Preventive services delivered by the child welfare system to high-risk families typically include case management and supervision. The families may also receive one or more other preventive services, including individual and family counseling, respite care, parenting education, housing assistance, substance abuse treatment, childcare, and home visits. These two studies seek to determine the effectiveness of the interventions with high-risk families.

Evidence-based Parent-Child Relational Intervention for Young Children at Risk for Abuse and Neglect
ABCs for Success, LLC and Florida International University

This research aims to build on previous research findings and information gathered from meetings with local community-based care (CBC) and child welfare service provider agencies to integrate an evidence-based parent-child relational intervention — Parent-Child Interaction Therapy (PCIT) — with a Motivational Interviewing (MI) enhancement into an existing system of care. In particular, the overall goal of this research is to enhance the provision and quality of child welfare parenting services in order to improve the safety and well-being of children who are diverted from the foster care system. Based on the stated need for evidence-based diversion services, the study will recruit 60 one- to seven-year-old children determined to be at moderate or high risk for abuse and or neglect who remain at home and their families. Children determined to be at very high risk for abuse and neglect will not be included. Given the geographic regions served by ABCs, ethnically and racially diverse English and Spanish-speaking families with high rates of family poverty will be served.

Specific objectives are to:

1. Test the feasibility of training therapists from a CBC agency, ABCs for Success, LLC (ABCs) to implement the PCIT and MI intervention among children who are at moderate or high risk for abuse and or neglect.

2. Establish preliminary evidence of the efficacy of this intervention for improving the safety of these children in their homes.

3. Examine the impact of these services on the capacity of families to provide for their children's needs and obtain appropriate educational, physical, and mental health services for their children.

Child WIN: Child Welfare Workforce Innovation
Children's Home Society of Florida and University of Central Florida

Children's Home Society (CHS) of Florida was funded by the Institute to evaluate the effectiveness of "ChildWIN, Pay for Success" model, a workforce innovation project in partnership with the Community Based Care of Central Florida. This model involves strengthening the workforce through three interventions:

1. Additional caseworkers to lower caseloads

2. Implementation of an evidence-based model (Solutions-based Casework)

3. Creation of a career ladder to promote top talent in the field

CHS has contracted with the University of Central Florida to conduct the evaluation which will focus on the impact on ChildWIN on outcomes for two target populations: 1) children under in-home supervision; or 2) in out-of-home care and the caseworkers that service them. Results will be compared to another

county (matched based on case and staffing characteristics) with higher caseloads and no career ladder. The research intends to answer the following questions:

1. Does Child-WIN result in better safety, permanency and well-being outcomes for children?

2. Does Solutions-based Casework in combination with lower caseloads and career advancement opportunities improve job satisfaction and retention more than these strategies without Solutions-based Casework?

Research Priority #4: Integration/Co-location of Mental Health, Substance Abuse, and or Domestic Violence Services with Protective Investigations and or Case Management

Mental and behavioral health (substance use) issues are common denominators in families involved in the child welfare system. Domestic violence is also usually a contributing factor in child maltreatment. Four projects are seeking to address the integration and or co-location of services for these issues within agencies that provide protective investigation and or case management.

Effectiveness of Service Integration: Studying the Crossover Youth Practice Model
Our Kids, Inc. and Florida International University

The purpose of this study is to identify effective practices that improve permanency and well-being outcomes of crossover youth, who were initially child welfare cases, and subsequently became involved in the juvenile justice system. The Crossover Youth Practice Model (CYPM), an innovative model for service integration between child welfare and juvenile justice systems as well as other public sectors in serving crossover youth, will be studied.

It is hypothesized that as compared with crossover youth not involved in CYPM, youth who participate in CYPM are more likely to achieve the three CFSR Well-being and the Safety #2 outcomes. In addition to the four CFSR outcomes, another anticipated and critically important outcome is a significant reduction in the recidivism rates for crossover youth involved in CYPM.

Secondary data analysis of existing administrative data and case note data related to crossover youth will be used to complete data collection, analysis, and write-up within the 12-month funding period. To examine the effectiveness of CYPM, survival analysis to model the time to engaging child welfare caseworker and family of crossover youth, and time to access and complete educational, physical, and mental health services will be used. Structural equation modeling to examine the impacts of CYPM on child welfare safety outcome and juvenile recidivism outcome, and the mediation effects of the timely access to various services will be utilized.

The study sample is crossover youth arrested in FY 2012 in Miami-Dade and Palm Beach Counties. Each youth will be followed for at least two years to ascertain whether he/she has new arrests until the end of FY 2014. The two years of follow-up window was intentionally established so that the incarcerated crossover youth can be studied in order to capture their experience following discharge. The length of time in incarceration is generally less than one year for juvenile offenders.

Building a Needs-based Curriculum for Child Welfare Therapists
Community Partners and Florida Atlantic University

This project targets the following three primary goals, each representing a different stage of the project's implementation:

1. Assess the needs of therapists providing services to families involved in the child welfare system.

2. Develop a needs-based curriculum for therapists providing services to families involved in the child welfare system, informed through local qualitative data, existing scholarly literature, and an expert panel.

3. Implement and evaluate the effectiveness of the needs-based curriculum in improving the functioning of families, as evidenced by reports of therapists and clients, recidivism rates, and permanency rates.

The overarching goal is to enhance safety, permanency, and well-being outcomes for children and families through the creation of a curriculum that will assist therapeutic service providers to meet the specialized needs of this target population. Specifically, child welfare therapists are expected to feel more prepared to work with clients involved with the Florida Department of Children and Families in addressing the priority areas of safety, permanency, and well-being, as evidenced by pre- and post-test feelings of competence, client perceptions, recidivism rates, and permanency rates.

This project will be conducted at Community Partners, a service provider located in Riviera Beach, Florida. Community Partners serves families across the entire geographic region of Palm Beach County, the largest county in Florida. The majority of the clientele served by Community Partners are living at or below the poverty line. The curriculum for this project will be developed utilizing information from focus groups, a systematic review of the literature on areas relevant for child welfare service providers, and from a team of experts, including representation of clinicians, child welfare university instructors, a case management expert, and a consultant who specializes in curriculum development for therapists working with families involved in the child welfare system.

Training Youth Services Workers to Identify, Assess, and Intervene with Working with Youth at High Risk for Suicide
Capital City Youth Services and Florida State University

The study is a longitudinal assessment of the impact of suicide prevention training on providers' abilities to identify, assess, and intervene when working with youth in the child welfare system who at risk for suicide. Research suggests that youth in the child welfare system are at an elevated risk of suicide ideation and behavior due to the numerous physical and psychological challenges they face, including victimization, unstable housing, mental health challenges including depression and substance abuse, and reduced access to needed services. Although there is a broad body of research addressing the prevention of youth suicide, very little directly relates to child welfare.

Five target outcomes for the study include:

1. Knowledge of Suicide and Suicide Prevention

2. Knowledge and Assessment of Pharmacological Risk Factors

3. Attitudes toward Suicide and Suicide Prevention

4. Self-Efficacy for Performing Prevention Behaviors

5. Use of Prevention Behaviors

6. Youth Outcomes

The target population is adults working with youth in the child welfare system who are at high risk for suicide ideation and behaviors. The sample chosen for this study consists of all employees at Capital City Youth Services (CCYS) located in Tallahassee, Florida which is the primary location and includes non-residential counseling services, a street outreach program, and a transitional living program. In addition,

CCYS non-residential counselors available to provide services in Madison, Wakulla, Franklin, Liberty, Gadsden, Jefferson, and Taylor Counties will also be trained.

The intervention to be used is an adapted version of the "Youth Depression and Suicide: Let's Talk" (YDS) gatekeeper training. The YDS training was developed by the Massachusetts Society for the Prevention of Cruelty to Children (2010) in collaboration with the Massachusetts Department of Children and Families. The goal of the program is to decrease suicide and suicidal behavior with youth through the use of evidence-based and sustainable suicide prevention practices. The YDS is a training program designed to create a safety net for youth receiving services by training gatekeepers within the child welfare system to recognize the signs and symptoms of someone who is at high risk of suicide. Increasing the knowledge, attitudes, self-efficacy, and skill set of child welfare gatekeepers may lead to improved abilities to identify, assess, and intervene in a high suicide risk situation.

Research Priority #5: Pregnant and Parenting Teens in the Child Welfare System

Pregnant and parenting teens in the child welfare system was selected as a research priority as the literature is clear that child maltreatment is intergenerational. Additionally, DCF is not currently collecting data on the number of youth who become pregnant or parents while in their custody. Two research projects look at interventions to assist these teens.

Preparing Teens and Protecting Futures...Preventing Teen Pregnancies within the Child Welfare System
Heartland for Children and Southeastern University

The *Protecting Teens...Protecting Futures* project was conducted between May 2015 and May 2016. The project addressed teen pregnancy among youth in residential treatment by implementing Wyman's Teen Outreach Program (TOP) at eight group homes for youth in Polk, Highlands, and Hardee Counties, and assessing the needs of pregnant and parenting teens in care through the Child and Family Service Review process. The Teen Outreach Program is a nationally recognized, evidence-based program that has proven to be effective in decreasing teen pregnancy and school failure. Quantitative analysis of the results of TOP revealed an extremely high attrition rate among foster youth that presented unique challenges, as compared to previously studied populations. Nevertheless, attendance at TOP sessions proved to be a predictor of decreases in academic risk behaviors among teens who adequately participated in the program. The teen pregnancy rate was reduced by nine percent for this subsample. Implications for future implementation among youth in foster care were explored by the researchers.

Baseline data was gathered regarding pregnant and parenting teens in Circuit 10 of central Florida using the Child and Family Services Review protocol. A convenience sample of teen parents residing in Polk County was interviewed in depth to better understand their experiences and needs. Major themes in the data collected from pregnant and parenting teens were used to help create a manual for caregivers and case managers.

Evidence-based Parenting Intervention for Leon County Youth Aging Out of the Child Welfare System
Children's Home Society of Florida and Florida State University

This project adapted an evidence-based parenting intervention, the Incredible Years® (IY) for parents aging out using the ADAPT-ITT model. In Phase 1, small group interviews were conducted with parents aging out and service providers to gather information about the needs of parents aging out. In Phase 2, the information collected in Phase 1 was used to adapt IY and provide a pilot of the intervention.

Research questions in Phase 1 sought to determine the answers to:

1. What are the experiences of parents aging out of care?
2. What do parents aging out and service providers perceive as the needs of parents aging out?
3. What do parents aging out and service providers perceive to be important topics and learning activities that would be helpful to include in a parenting group targeted specifically for parents aging out?

In Phase 2:

1. How should IY be adapted to meet the needs of parents aging out?
2. To what extent does the adapted IY a) increase parenting skills, b) decrease parental stress, and c) increase parental sense of agency and support?
3. To what extent are participants satisfied with the adapted IY?

Qualitative data were analyzed with a thematic analysis. Basic descriptive statistics were conducted with the quantitative data. It was concluded that parents aging out face overwhelming adversity and stress and lacked beneficial social relationships and, consequently, support. Yet, parents also demonstrated resilience. Parents were interested and receptive to participating in a weekly IY intervention. However, due to the demands of their lives, parents were largely unable to consistently attend the intervention despite the resources invested into the program (e.g., access to transportation, child care, incentives). Given the linear and sequential nature of the parenting curriculum, even with targeted adaptations and substantial resources, it was concluded that there are significant barriers to delivering a 12-week parenting intervention in a community setting with parents aging out, and it is therefore essential to minimize these obstacles if interventions aimed toward helping this high-risk, high-need population are to be successful. These barriers threaten the feasibility of providing a weekly parenting intervention in the community setting to parents aging out.

Priority #6: Evidence-based Services for Medically Complex Children

Epidemiological and clinical research reveal that high proportions of child welfare system clients suffer from co-morbid medical and behavioral health problems. In addition, many child welfare clients have been prescribed psychiatric medications that generate multiple direct effects and side effects. The Institute had funded one study that addresses the use of psychiatric medication with children diagnosed with behavioral health issues.

Evaluation of the CriticalthinkRX Education Curriculum for Child Welfare Workers: A Replication Study
Children's Home Society and Florida State University

The study is an evaluation of the CriticalThinkRX educational curriculum on psychiatric medications. CriticalThinkRx is an educational intervention (course) on psychotropic medications and offers an evidence-based, critical perspective on the use of psychotropic medications with troubled children. It makes a series of recommendations for practitioners to judiciously use medications with clearly recognized harms, especially antipsychotics and anticonvulsants. The course targets non-medical practitioners and administrators in child welfare and mental health settings and was created in consultation with youth psychopharmacology experts from psychiatry, social work, psychology, counseling, and law. It is structured in 8 modules, totaling more than 600 slides, with accompanying practice exercises. These modules cover the life cycle of psychotropic medications, public health perspectives on psychotropic medication use by children, industry and regulatory influences on prescriptions, ethical and legal issues faced by practitioners, limitations of DSM-based psychiatric diagnosis, and evidence-tested psychosocial interventions with troubled children.

The study will involve training all child welfare workers (and supervisors) within the Big Bend CBC (Circuits 2 and 14) on the CriticalThinkRX curriculum. The objective of this research project is to demonstrate that exposing child welfare workers to the CriticalThinkRX curriculum will result in improved prescribing patterns. It is hypothesized that it will have downstream effects on medication rates of children, which the present study is designed to examine.

Table 5 summarizes the completed pilot research reports and their major findings and policy implications.

Table 5: Research Reports Published by the Institute

Report Title	Community Partner and Academic Researcher	Findings	Policy Implications
Trauma-informed Behavioral Parenting: Early Intervention for Child Welfare	Bay Area Early Steps Heather Agazzi, PhD, MS University of South Florida, Department of Pediatrics	There was statistically significant improvement for the *behavior descriptions* in the Dyadic Parent Child Interaction Coding System and the Parent-Child Dysfunctional Interaction scores. Decreased child PTSD symptoms as a result of participation were reported by the author as "hypothesis supported".	Future studies of the intervention will require larger population pools to confirm the statistical indicators that this intervention is useful methodology. With larger sample size the issue of PTSD in children 3 years and younger can be further investigated due to the lack of consensus in the treatment field regarding the reality of such young children being capable of developing full blown PTSD as opposed to simply having disruptive behaviors. TIBP is a promising intervention that can be implemented easily into the current Florida Early Steps Program.

Report Title	Community Partner and Academic Researcher	Findings	Policy Implications
Enhancing Caregiving Capacity for Very Young Children: Your Journey Together Home Visiting Intervention	Deborah Alleyne, MS, Ed. Devereux Center for Resilient Children Ana Leon, PhD University of Central Florida	Recruitment challenges and high rates of attrition during YJT curriculum delivery led to changes in the research design and therefore, the mean results cannot be generalized to a larger population. While not enough caregivers were recruited for the post-test phase, those caregivers who did complete the posttest on the Connor Davidson Resilience Scale showed lower resilience levels than the normative mean score at pretest, and higher levels of resilience at the posttest ($n = 6$), which is promising. The YJT curriculum, as one factor, may have contributed to higher resilience in the posttest cases.	Future research should consider common reasons for attrition from home visiting programs when establishing a research timeframe and design. Future studies aiming to add to the evidence-based literature should consider recruiting programs that can add the requisite intervention to work with families that are stabilized.
Evaluation of Parent Training Services in a Community-based System of Care	Mary Falconer, PhD Abigail Zohn, MSW, MPA Ounce of Prevention Fund of Florida Karen Randolph, PhD Florida State University	*Child Safety*: No children were maltreated while parents were involved in the curriculum. *Permanency*: 57% of children whose parents in the study had only one placement during the study. 7% were reunified. *Key Informant Findings:* Selection of EBIs is highly correlative to case manager considerations.	Systematic assessment of family and child problems and needs as part of service plan development. Service selection prioritizes effectiveness and efficiency. Interventions are designed to lead to case closure and reunification at the earliest time period.

Recommendations Related to Pillar 2: Practice Research

The Institute's funding of small pilot projects that encouraged partnerships between community agencies and university-based child welfare researchers is an innovation that helped us understand future requirements for developing an effective, statewide child welfare research infrastructure. First, we were impressed by the desire of community agencies to undertake these research projects, when this was entirely voluntary. Second, we were encouraged that the partnerships with university researchers were experienced as positive and helpful. Third, it became clear that these projects usually represented the first efforts to conduct these particular types of research; specific intervention research is very different than reporting program outputs. Thus many of these projects revealed the challenges of community-based research, especially the ubiquitous issue of recruiting and retaining research participants that would be sufficient for analysis that could yield conclusions to be held with high confidence. This Institute initiative leads to these recommendations.

1. The Department should require and incentivize the robust participation of CBCs and subcontractors to conduct meaningful evaluation research and intervention research.

2. Beginning in FY 2017, the Department and Institute should provide or facilitate technical assistance at the design, implementation, and analysis phases of meaningful agency-based projects, utilizing the "lessons learned" from the research projects already completed and those currently underway.

In addition to the above, we wish to re-iterate the following 2015 Institute recommendations:

3. The Department should conduct an accurate count of all safe pregnant and parenting youth in the system, regardless of the judicial status. This data should be collected on an annual basis so that it can be determined that appropriate services are provided to those youth in need.

Pillar 3: Policy Analysis

The goal of Pillar 3 is to advise stakeholder organizations about child welfare research evidence that is related to practice, training, and administrative processes in order to inform effective social policy.

One important approach to translating research into policy and practice involves the development of technical reports that can be used by policymakers and practitioners as they make important decisions. The Institute identified seven important domains of concern that impact the child welfare system and contracted with content experts in each domain. Seven technical reports have been published and disseminated and are available at the Institute's website.

1. Data and Statistics 101: Key Concepts in the Collection, Analysis, and Application of Child Welfare Data

2. Infant Mental Health and Child Welfare

3. The Intersection of Substance Abuse and Domestic Violence within Families Involved in the Child Welfare System

4. Parents Aging Out of the Child Welfare System

5. Improving the Quality of Residential Group Care: A Review of Current Trends, Empirical Evidence, and Recommendations

6. Locating and Evaluating Research-Supported Interventions in Child Welfare

7. Trauma–informed Care: Strengths and Opportunities for Florida Child Welfare Professionals

Table 6 summarizes the technical reports' major findings and recommendations.

Table 6: Technical Reports Produced by the Institute and Source of Recommendations for Pillar 3: Policy Analysis

Title	Primary Investigator Affiliation	Major Findings	Recommendations
Data and Statistics 101: Key Concepts in the Collection, Analysis, and Application of Child Welfare Data	Phillip Osteen, PhD Florida State University College of Social Work	Descriptive statistics show that individual agencies in the DCF network should stay within the mean of results regarding various issues related to child welfare. Tests of group differences focus on the mean value of the variable of interest for each group and statistical tests help determine if any observed differences between groups are real or only due to chance. The utilization of the Analysis of Variance (ANOVA) is utilized to determine this issue statistically.	Data and data analysis are critical components of ongoing outcome assessment for child welfare policy and practice. The process requires evidence in the form of data collected through identified measures. High quality measures result in high quality data. As data quality increases, so does the confidence in the validity of the conclusion based on the data.
Infant Mental Health and Child Welfare	Mimi Graham, PhD Executive Director Florida State University Center for the Prevention and Early Intervention Policy	Each early experience informs and reinforces previous experiences. If these experiences involve insecurity, isolation, unmet needs, and other adverse experiences, the brain begins to interpret the world as being an unsafe, unstable place. Many adult issues, including chronic diseases, substance dependency, depression, and other mental health conditions, are now understood to be negative outcomes to experiencing trauma and toxic stress in childhood. The cycle of maltreatment is perpetuated when maltreated children become parents because their emotional well-	Families with children birth to three should receive timely assessment and services that include an assessment of the parent-child relationship. Families (child and parent) entering the system with a child under the age of three should receive a screening for trauma.

Title	Primary Investigator Affiliation	Major Findings	Recommendations
		being and behavioral health significantly influences the development of emotional and mental health of their children.	
The Intersection of Substance Abuse and Domestic Violence within Families Involved in the Child Welfare System	Sara Groff Stephens, PhD, MSW Florida State University College of Social Work	There is a disconnect between child welfare and domestic violence services. This disconnect is historical in origin as the services were created to address the two issues separately. Coordination between domestic violence and child welfare agencies is difficult due to misunderstandings and mistrust of each other. The Florida Coalition Against Domestic Violence (FCADV)'s Child Protection Investigations (CPI) Project represents a collaborative effort between FCADV, DCF, Office of the Attorney General, local domestic violence centers, CBC lead agencies, and other child welfare professionals that should be studied, and if possible, recreated by other regions in Florida.	Evaluate current collaborative efforts of FCADV's CPI Project since its 2015 expansion to all 67 counties in Florida. If evaluation finds positive outcomes, expand FCADV's CPI Project to include CBC agencies. Continue to increase collaborative efforts between child protection agencies and domestic violence agencies.
Parents Aging Out of the Child Welfare System	Lisa Schelbe, PhD Florida State University College of Social Work Lenore McWey, PhD Florida State University College of Human Sciences Melissa Radey, PhD Florida State University College of Social Work Angela Canto, PhD Florida State University College of Education	Foster youth get pregnant and become parents at higher rates than non-foster peers. Pregnancy and parenting is more prevalent among Florida youth who have aged out of foster care with the following reported 2015 numbers: 17% of 18 yo, 23% of 19 yo, 29% of 20 yo, 42% of 21 yo and 45% of 22 yo reported giving birth. The above referenced numbers do not indicate a requisite number of youth who desire to be parents but rather become pregnant due	Create a comprehensive data collection process so assessment of outcomes is confirmatory as opposed to being based on corroboration of assumptions. 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. Provide evidence-based parenting interventions to reduce intergenerational

Title	Primary Investigator Affiliation	Major Findings	Recommendations
	Kendal Holtrop, PhD Florida State University College of Human Sciences	to high rates of sexual activity, not using contraception and experiencing forced sex (i.e., rape).	transmission of child maltreatment.
Improving the Quality of Residential Group Care: A Review of Current Trends, Empirical Evidence, and Recommendations	Shamra M. Boel-Studt, PhD, MSW Florida State University College of Social Work	Among early adolescents (11-14 yo) 56% in residential group care had at least one identified behavioral problem compared with 40% who were in family foster care. The estimated costs of residential group care (RGC) are nearly 6 times that of family foster care and two times more than therapeutic foster care. In FY 2013-14 the average per diem rates of shift care and family group homes in Florida were $124 and $96 respectively compared with average per diem of $15 for family foster care. Under increased scrutiny, RGCs are expected to provide effective treatment with increasingly shorter durations and decreasing resources.	Statewide quality standards that are common, measurable, and observable by all participants in a child's case when they are placed in an RGC should be established. Increase the utilization of evidence-based practices in RGCs in Florida. Increased expectation of foster families to care for youth with severe behavioral problems is likely to lead to a decrease in foster family availability due to an unrealistic set of expectations. Quality RGCs may be the appropriate placement for these youth.
Locating and Evaluating Research-Supported Interventions in Child Welfare	Bruce A. Thyer, PhD, LCSW, BCBA-D Florida State University College of Social Work	While the use of Research Supported Interventions (RSI) cannot guarantee a positive outcome with any particular child and or family, the likelihood of positive outcomes within the child welfare system of Florida would be enhanced. Utilization of the following clearinghouses for RSIs: Substance Abuse and Mental Health Services Administration Society of Clinical Psychology Division 12 Clinical Child Psychology Effective Child Therapy	DCF has determined its agencies and programs should make use of selected research-supported interventions; therefore, it is crucial that the state's or agency's selection should be derived from sound behavioral research. All DCF policymakers and professionals should be acquainted with existing clearinghouse and databases. This information should be used at state, district, and agency levels to help determine the array of services provided.

Title	Primary Investigator Affiliation	Major Findings	Recommendations
		National Child Trauma Stress Network Office of Juvenile Justice Delinquency Prevention Crime Solutions Blueprints for Healthy Development Institute of Education Sciences	
Trauma-Informed Care: Strengths and Opportunities for Florida Child Welfare Professionals	Stephanie C. Kennedy, PhD, MSW Florida State University College of Social Work	Trauma-informed care is a way of thinking about and responding to client's behavioral, emotional and mental struggles. Professionals in the child welfare field, dealing with the trauma of their clients, are susceptible to secondary trauma themselves and require self-care strategies and agency support to continue their work. Trauma-informed care focuses on clients as survivors with many capacities and strengths that could easily be overlooked otherwise.	Provide child welfare professionals and subcontractors with pre- and in-service training and continuing education that emphasizes trauma-informed care. Integrate and educate on secondary trauma and self-care into training curricula for child welfare professionals as well as support services to enhance worker population capacity.

Additional Recommendation Related to Pillar 3: Policy Analysis

After successful implementation and positive outcomes during the 2015-2016 Academic Year, the Department was unable to sustain Title IV-E funding for the 2016-2017 Academic Year. The Institute supports the Department's currently stated intentions to request resources to reinstate a sustainable Title IV-E Program across Florida's social work programs. Title IV-E programming will substantially increase the number of social work graduates who are specialty-trained and committed to work in child welfare. Such a program is crucial for reaching the statutory goal of 50% of the child welfare workforce as holding the BSW or MSW degree by July 2019.

Pillar 4: Technical Assistance and Training

The goal of the fourth pillar is to develop a program of training and consultation designed to assist organizations with aligning policy with practice. Several initiatives are underway to achieve this alignment.

Effective Strategies to Recruit and Retain Foster Homes for Teens: A Readiness Toolkit

Finding foster homes for teens can be a challenge as there is the perception that this age group presents with a unique subset of issues that are difficult to address and overcome (e.g., behavioral/mental health issues and juvenile delinquency). In Florida, there are no universal policies, standards, or recommended best practices in place regarding the recruitment of foster homes for teens. The Department of Children and Families requested that the Institute develop a tool to assist frontline recruiters in effectively recruiting and retaining appropriate foster families for this population. See the Technical Assistance and Training tab on the Institute website www.ficw.fsu.edu for the Toolkit.

The Development and Validation of an Assessment of Quality Standards for Residential Group Care

The Group Care Quality Standards Statewide Workgroup was established by the Florida Department of Children and Families (DCF, Department) and the Florida Coalition for Children in April 2015. The aim of the workgroup was to develop a set of core quality standards for DCF licensed residential group homes to ensure children receive high quality, needed services that surpass the minimum thresholds currently assessed through licensing. The workgroup was comprised of 26 stakeholders including residential group care administrators, services providers, representatives of DCF, and the Florida Institute for Child Welfare. The standards were derived from published literature delineating proposed standards for group care and the combined expertise of the workgroup members. A set of draft standards was completed in August of 2015. Following DCF approval of the standards, the Florida Institute for Child Welfare was asked to take the lead in the development and validation of an assessment tool that will evaluate Florida group homes' implementation of the quality practice standards. A draft version of the rating scale, the Group Care Quality Rating Scale (GC-QRS) is being finalized in preparation for an implementation pilot and initial validation study.

To date, a draft of the GC-QRS designed to assess core quality standards as defined by the Group Care Quality Standards Workgroup (2015) has been completed. The rating scale is being piloted as a multi-informant self-administered survey that includes three versions: Service Provider Form, Youth Form, and Document Review Form. Respondents completing the Service Provider Form and Youth Form will be asked to rate statements based how true or representative it is of practices and conditions in the group home being assessed. The Document Review Form will be completed by DCF licensing specialists who will also rate statements based on the extent to which documented evidence supports it as being true or representative of practices and conditions in the group home. The instrument, including all three forms, is comprised of eight subscales representing the domains of quality. The survey items are designed to measure the core quality standards within each of the eight domains. Items on all three forms will be assessed using a Likert-type rating scale (1 = *Not at all*, 2 = *A little*, 3 = *Somewhat*, 4 = *Mostly*, 5 = *Completely*). The scores will provide a global assessment of quality informed by multiple key stakeholders and supported by documented evidence. Subscale scores will be used to identify specific areas of strengths and weaknesses that providers and other key stakeholder can use to guide efforts toward continuous quality improvement. The research team has collaborated with DCF to develop a training and implementation plan and the pilot and validation studies. The GC-QRS will be rolled out incrementally by region, starting with a small implementation pilot involving one region this fall and a larger field test (i.e., initial validation study) this spring involving group homes across two DCF services regions. These efforts fulfill the two recommendations made last year to refine and implement the RGC quality standards developed by the residential group care workgroup and crosswalk the quality standards to exiting policy and accreditation standards.

Florida Children and Youth Cabinet: Technology Workgroup

The Institute participates on the Florida Children and Youth Cabinet Technology Workgroup. The workgroup is creating a survey investigate the level of data sharing related to children served in various health, behavioral health and social service provider systems among state agencies in Florida. Within the context of data sharing, the survey includes items about what types of data files are being sent and received and in what format, how frequently data is being sent, whether the data has protected information in it (HIPAA, FERPA, etc.), whether there is a data share agreement in place, who the owner of the data is, and how the data is to be used by the agency. Institute staff is building a database in Qualtrics survey software to analyze this survey's results. Questions are drilled down so that they can be asked about each individual file that is sent and each individual file that is received.

Agencies taking part in this survey include: Agency of Health Care Administration, Agency for Persons with Disabilities, Department of Children and Families, Department of Education, Department of Health, Department of Juvenile Justice, Florida Guardian ad Litem, Office of Early Learning, and the Office of the State Courts Administrator.

Evaluation of the Preservice Curriculum

The Institute took the lead in forming a statewide preservice review team. The team consisted of academics, trainers, and subject matter experts. Modules were reviewed for articulation of and alignment with the practice model, best practice, and infusion of trauma-informed care; and appropriateness of resources, activities and learning labs.

Manual for Working with Pregnant and Parenting Youth in Foster Care

The Institute has collaborated with Heartland for Children, Inc. to develop a toolkit for case managers to use when working with pregnant and parenting youth and their caregivers. Checklists of important tasks to complete to assist the youth in preparing for the birth, making educational and vocational choices, and understanding healthy development of her young child are provided in an easy to use format. The manual is currently being field tested with case managers.

Recommendations Related to Pillar 4: Technical Assistance and Training

1. The Institute recommends the Department to continue a **review of the preservice curriculum** utilizing an enhanced understanding of trauma-informed service delivery.

2. The Department should continue to explore flexible funding strategies that can help facilitate higher quality services and innovative uses of **residential group homes** consistent with systems of care principles.

3. The Institute and the Department should maintain a focus on residential group care to evaluate the effectiveness of group home models and to increase the use of evidence-based services as appropriate for youth living in **residential group homes**.

APPENDIX 1: THE FLORIDA STUDY OF PROFESSIONALS FOR SAFE FAMILIES (FSPSF)

FLORIDA STATE UNIVERSITY | *The* COLLEGE *of* SOCIAL WORK

THE FLORIDA STUDY OF PROFESSIONALS FOR SAFE FAMILIES (FSPSF)

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FINAL REPORT

8/31/16

For contract ending 8/8/16

ABSTRACT This reports summarizes the work completed and initial findings from the first year of the Florida Study of Professionals for Safe Families. Approximately 85% of all new hires into Dependency Case Manager (DCM) and Child Protective Investigator (CPI) roles, attending preservice training from September 2015 – May 2016 provided baseline data.

Through 9 months of baseline data collection, 58% of participants are DCMs and 42% are CPIs. For CPIs (n = 417), 84% are employed by the Department of Children and Families, and 16% are with sheriff's offices. More than half of respondents (58%) are located in the Central or SunCoast regions with the rest fairly evenly divided among the remaining 4 regions. The average age for respondents is 31.9 years old; 81% indicate their highest degree is a bachelor's, with majors including psychology (28%), criminology (21%), social work (18%), other human service fields (17%), and non-human service fields (17%).

Through the first 3 months of Wave 2 data collection, we have retained 78% of baseline participants (n = 323). Wave 2 data are collected approximately 6 months from the initial baseline data. About 20% of respondents report leaving their agency (n = 64); this rate is higher for DCMs (27%) than CPIs (12%). However, this rate may be inflated as at least one agency lost its contract and employees were laid off. Among those who left their initial positions and are currently employed (n = 46), 39% indicate they remain working in child welfare.

Finally, a sub-study was completed to examine training calendars given differences in curriculum implementation. For most items, DCM trainees had fewer days of content than CPI trainees. However, a new curriculum has just been piloted for DCMs that is likely to erase the major differences.

BRIEF DESCRIPTION OF THE PROJECT: 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 putsvulnerable children at greater risk for recurrence of maltreatment, impedes timelyintervention referrals and, ultimately, delays permanency. Annual attrition estimates across the state range between 25%-60%.

The Florida Study of Professionals for Safe Families (FSPSF) is in Year 1 of a proposed 5-year longitudinal study of newly hired employees into CPI and CM positions. Our intent is to learn about individual, organizational, and community influences on child welfare employee retention, and ultimately, child and family outcomes. This statewide study is examining ***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 andmanagement practices, vacancy rate, etc.), and ***work characteristics*** such as caseload size and severity, prevalence of child deaths, and exposure to threats and violence. We are also examining ***community context*** (e.g., unemployment, poverty rates, etc.) recognizing that the local community may impact worker retention and child and family outcomes.

The FSPSF utilizes three broad strategies to answer several different research questions. First, respondents are surveyed every 6-7 months 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 three times during the 5-year study. Modules include: 1) Supervision and Organizational Leadership; 2) Work/Life & Family Balance; and 3) Mental Health. 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. Finally, qualitative interviews will be used to explore special topics as they arise.

FSPSF project staff are recruiting all CPIs and DCMs who begin preservice training between September 1, 2015 and August 31, 2016. We are following 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/DCM positions. Participants are recruited during their preservice training, a mandatory training for all new hires not currently holding Florida certification in the job for which they have been hired.

Child and Family Services Reviews (CFSR) Outcomes: Although all of the CFSR outcomes are indirectly related to the health and productivity of the workforce, which this study seeks to assess, none of the CFSR outcomes are being directly measured through this study.

RESULTS: Process Overview - The following major tasks were completed during the previous funding year:

1. Pre-survey designed, tested, and implemented beginning in September 2015. Pre-survey recruitment will continue through September 2016 to include all eligible trainees who began classes in August 2016. The pre-survey is designed to generate contact information from preservice trainees who consent to be a part of the FSPSF.
   a. There are 38 training locations we visited in order to meet with trainees and request participation. Those 38 locations represent 26 different administrative units.
      i. Note that the Southeast region of DCF contracts with ChildNet and Devereux for Core training and provides its own specialty training. In addition, Family Support Services of North Florida provides Case Manager training for St. Johns County Board of Commissioners and Kids First of Florida.
   b. Through the first 9 months of the project (September 2015 – May 2016), presentations were given to 99 different training classes. There were 1,166 trainees present, and of those, 1,081 consented to participate. This reflects a 93% rate of consent.
2. Design, test, and implement the Wave 1 (baseline) instrument. Data collection began in September 2015. We anticipate finalizing all Wave 1 data collection in October 2016. This reflects study recruitment continuing through September 2016 and a 4-week window where the survey remains available to respondents.
   a. Through the first 9 months of Wave 1 data collection we received completed baseline surveys from 995 respondents. This represents 92% of those who gave initial consent to participate, and 85% of all eligible trainees in Florida.
3. Design, test, and implement the Wave 2 instrument. Data collection for Wave 2 began in March 2016 and this instrument captures employment experiences approximately six-months post-hire.
   a. Through the first 3 months of Wave 2 data collection, 399 surveys were sent to those who completed Wave 1 surveys from September to November 2015. We received 323 responses, which is an 81% retention from Wave 1 to Wave 2.
4. Design and implement a sub-study examining differences in implementation of the preservice training curriculum.
   a. Preservice training begins with Core content, designed to address key concepts in child welfare work irrespective of role (e.g., basics of abuse and neglect, etc.). The Core curriculum includes 10 modules.
   b. Immediately following Core content, dependency case managers (DCMs) and child protective investigators (CPIs) receive specialty content focused on the unique responsibilities of their role.

i. All training units utilize the common Core curriculum. A specialty preservice curriculum has been approved and is in use for CPIs. A specialty curriculum for DCMs has been approved as of July 2016. Prior to full implementation of the new case manager specialty training, DCMs received a stop-gap curriculum.

ii. Despite a common core curriculum, there are many ways to individualize preservice training beyond the core content, and training practices vary widely across the state.

c. We requested one example of a training calendar from each unique training unit (100% were received).

i. Following our review of training calendars, results were sent back to our training points of contact for verification.

1. 53% of point of contacts (POC)s responded and results were modified, if needed.

Outcomes Overview – Data presented below reflect a summary of the 9-month Wave 1 findings, 3-month Wave 2 findings, and findings from the training sub-study. Detailed data tables and technical notes are available in Appendices A – C.

Baseline (Wave 1) Results

Through nine months of baseline data collection, completed data were received from 994 study participants. This reflects participation by 85% of all trainees in Florida. About 58% (n = 242) of study participants are DCMs and 42% (n = 175) are CPIs. Of those who identify as CPIs (n = 417), 84% are employed by the Department of Children and Families, and 16% are with sheriff's offices. More than half of respondents (58%) are located in the Central or SunCoast regions of Florida with the rest fairly evenly divided among the remaining four regions.

Demographically, 54% of respondents identify as White, with 40% identifying as Black, and 5% indicating they are bi-or multi-racial. The remaining 1% are Asian/Pacific Islander, Native American, or Alaskan Native. In addition, 16% indicate a Latino or Spanish ethnicity; 26% are bilingual, and 89% indicate they are US born. Males comprise 16% of respondents, females 83%, with <1% indicating some other gender identification. The average age for respondents is 31.9 years old; 55% indicate they have never been married, 30% report being currently married, and 15% are separated, divorced, or widowed. Among those who are currently unmarried, 65% indicate involvement in a dating or romantic relationship. Finally, 91% of the trainees define themselves as heterosexual.

The educational background of child welfare trainees is varied; 81% indicate their highest degree is a bachelor's, with the remaining having some type of graduate or professional degree. Psychology is the most common educational training (28%), followed by criminology (21%), social work (18%), other human service field (17%), and non-human service fields (e.g., business, sociology, etc.); 17%. Almost 60% of trainees indicate they received no specialized training in child welfare during their college education although 31% took one or more elective classes with a specific focus on child welfare or family violence.

A substantial proportion of trainees come in with full-time work experience; about 90% indicated at least one year of full-time work with an average of 8.9 years. Additionally, 42% said they had some type of child welfare experience prior to their current job. Note that this could include paid or unpaid

experiences, such as internships. Participants reported an average of 3.8 years of previous child welfare experience.

Trainees were also asked about historical and current personal circumstances. For example, 4% of study participants had foster siblings while they were growing up and 3% indicate a history as a foster parent. Additionally, 40% (n = 392) said they personally experienced maltreatment as a child; this includes 73% acknowledging some type of physical abuse, 55% emotional abuse, 3.5% sexual abuse, and 44% neglect.

Six percent of the respondents say that they are military veterans, and 44% have at least one child living at home. Further, 66% report that they are completely dependent on income they are receiving from their current job. Religious participation also seems to be an important activity with 47% of the respondents attending some type of organized religious service at least a few times per month. Beyond that, 58% say that their religious faith is very important to them.

Respondents were also asked to answer a variety of psychosocial and work-related questions. On a scale from 0 - 3, the average self-esteem reported by participants was 2.5. Similarly, on a scale from 0 - 3, the average score for availability of social support provided by family and friends was 2.3. Overall, these are both indicators of positive personal resources available to workers, and there were no statistically significant differences between DCMs and CPIs. Further, there were low scores on reported level of current psychological distress (mean = 0.6 on a scale of 0 - 4) and current sleep difficulties (mean = 1.1 on a scale of 0 - 5). There were no statistical differences between DCMs and CPIs on their level of sleep disturbance, but DCMs reported a slightly higher, but statistically significant mean score on psychological distress compared to CPIs (DCMs = .56; CPIs =.48; p = .049). Finally, regarding work-related concerns, the average number of hours worked in the previous week was 39.5, in line with attending preservice training being the primary work responsibility. Respondents also described their level of satisfaction with their salary and with benefits. On a scale from 0-5, the mean level of satisfaction with salary was 2.5, and the level of satisfaction with benefits was 3.1. However, while satisfaction with benefits was higher overall, there were statistically significant differences between DCMs (mean = 2.8) and CPIs (mean = 3.4; p < .001). Despite the difference between the two groups, on average, satisfaction with benefits was higher than satisfaction with salary.

Wave 2 Results

Wave 2 data collection began in March 2016. All participants who complete the baseline survey comprise the cohort of workers in the longitudinal study. Respondents were surveyed at about 6 months on the job; these 24 weeks would include 8-12 weeks of preservice training with the remaining 12-16 weeks ostensibly providing services.

Through the first three months of Wave 2 data administration, we sent 399 surveys to those who completed Wave 1 surveys between September and November 2015. We received 323 responses, indicating an 81% retention from Wave 1 to Wave 2. Of those, 50.8% were DCMs when hired (n = 164) and 49.2% were CPIs (n = 159).

Retention data results include:

- 19.8% (n = 64) of respondents left their agency by the time they completed the Wave 2 survey, and 17% of those (n = 11, or 3.5% of the entire sample) left before they had completed preservice training.

- Eight respondents (2.5%) remain employed with their agency but are now in a different position.
- Overall, 77.7% of respondents remain at the same agency and in the same role for which they were originally hired. However, statistically significant differences were noted by role, as a higher proportion of dependency case managers left (27.5%) compared to CPIs (12.0%).

Respondents were asked a variety of questions about the time prior to their independent responsibilities as a DCM or CPI. On average, it took 7.8 weeks from the time a respondent submitted an application until they began pre-service training. While two respondents indicated that it took 40 weeks (10 months) to begin preservice training, the vast majority of participants went from application to training in 20 weeks. The primary reason for taking a job in child welfare was a desire to help children or families (46.5%); only 8.4% indicated they accepted their job because it was the only one available. Upon completion of preservice training, participants were given an average of 3.1 cases in their first week, with a range between 0 and 12. Sixty-five percent (n = 210) of respondents indicated receiving additional mentoring or coaching when they began independent casework, which was most frequently provided by a supervisor or an experienced caseworker. Of those who received extra mentoring, almost 92% indicated they believed it was very important to help with the transition to independent work. Finally, respondents were asked to compare what they learned in preservice training with how their respective agencies provide services; 16% indicated they believed it was very consistent, while almost 50% indicated it was somewhat consistent. However, 11% of respondents reported that their agency practices were not at all consistent with what they learned in preservice training. There were no differences observed between DCMs and CPIs on this question.

Respondents Who Left Their Agency

There were 64 respondents who indicated that they left their agency since Wave 1 data collection. Dependency case managers comprise 70% of this group, although this may be skewed by the fact that at least one agency lost its contract during this time. It is unknown how many respondents left their agency for this reason.

Among those who left their hiring agency, 28% indicated that difficulties with the job responsibilities was the primary reason for leaving, followed by concerns about the agency environment (22%) and difficulties with supervisors (14%). On average, those who left their agency did so after 133 days (almost 4.5 months of employment). Further, about 19% of those who left (n = 12) remain unemployed at the time of the survey. Among those who are currently employed full-time (n = 46), 39% (n = 18) indicate they remain working in child welfare positions.

Respondents Who Remain in Their Agency

For the 77.7% of respondents who remained employed in their same role and same agency, 46% were DCMs and 54% CPIs. On average, respondents reported working 48 hours in the past 7 days, and that they typically work 5.6 days per week on average. Outliers were identified on either end of spectrum of total hours worked with 2.5% of respondents (n = 6) indicating they worked fewer than 30 hours, and 3.7% (n = 10) who worked greater than 65 hours in the past 7 days. Additionally, statistically significant differences were seen between groups for both items. CPIs reported an average of 51.3 hours worked in the past 7 days and 5.8 days worked in a typical week. Dependency case managers reported 44.0 hours and 5.4 days.

Caseload

On average, workers indicated they had 15.7 cases on their active caseload that included an average of 29.6 children. Caseload size is significantly higher for CPIs who report 18.3 cases compared to DCMs who are carrying 12.7 cases ($p < .001$). Additionally, workers reported receiving 8.1 new cases in the month prior to completing the survey, and received an additional 1.8 cases that were transferred from co-workers. Respondents were also asked to assess the level of difficulty in their caseloads and indicated that on average, they perceived 25% of their cases to be exceptionally difficult. Dependency case managers reported a significantly higher proportion of difficult cases (29.1%) compared to CPIs (21.1%; $p < .001$). Respondents were also asked to evaluate the size of their caseload. There were three workers who indicated that their caseload was too small (1.2%); however, the majority (52.9%) believed it was too high, while 45.9% thought that the caseload size was about right. Finally, workers reported that in the 7 days prior to the survey, they made 10.6 visits on average, and spent an average of 10.2 hours driving because of work responsibilities. CPIs reported a significantly higher number of visits (12.5) than did DCMs (8.4).

Psychosocial Considerations

A variety of scales were used for respondents to self-assess on concepts such as stress, sleep disturbance, time pressures, psychological distress, burnout, and intent to stay at their agency. Items associated with each scale are available in Appendix D.

Stress: On a scale from 1 – 5, where one is a low amount of stress, and five is high, workers averaged 2.5 points on this item. There were no statistical differences between DCMs and CPIs.

Sleep Disturbance: On a scale from 0 – 4, where zero means few sleep difficulties and four suggests significant sleep disturbance, respondents reports an average score of 1.7 points. There were no differences between groups, but there was a significant increase in sleep difficulties from Wave 1 to Wave 2 with Wave 2 scores increasing by .54 points ($p < .001$).

Time Pressures: On a scale from 1 – 4, where one is low and four is high time pressure scores to complete work tasks, workers averaged 3.3 points. There were no differences between work categories.

Psychological Distress: On a scale from 0 – 4, where zero means no psychological distress and four is high distress, on average, respondents scored 1.1 points. While psychological distress remains fairly low overall, there were significant differences between dependency case managers (1.2) and CPIs (.94; $p = .02$). This results replicates findings from Wave 1. Additionally, there was a significant increase in psychological distress from Wave 1 to Wave 2 for all workers, with Wave 2 scores increasing by .53 points ($p < .001$).

Burnout: Three separate dimensions of burnout were measured in Wave 2: personal burnout, work-related burnout, and client-related burnout. Descriptions of the different dimensions are taken from Kristensen, Borritz, Villadsen, and Christensen (2005).

Personal burnout measures general physical and psychological fatigue and exhaustion. In this sample, on a scale from 0 – 100, where zero reflect no burnout and 100 represents very high personal burnout, the average score was 61.3. There were no differences between work categories.

Work-related burnout measures physical and psychological fatigue and exhaustion that is attributed to work overall. In this sample, on a scale from 0 – 100, where zero reflects no work-related burnout and 100 represents very high burnout, the average score was 61.0. Significant differences were noted by group where dependency case managers had higher average scores (63.9) than CPIs (58.7; p = .024).

Client-related burnout measures physical and psychological fatigue and exhaustion that is attributed to clients specifically. In this sample, on a scale from 0 – 100, where zero reflects no client-related burnout and 100 represents very high burnout, the average score was 51.4. Significant differences were noted by group where dependency case managers had higher average scores (55.5) than CPIs (48.1; p = .004).

Intent to Remain: Two different dimension of intent to remain were asked of workers. One measured the strength of intent to remain at the current agency, and the second measured the intent to remain in the child welfare field. On a scale from 1 – 6, with one being low intent to remain and six being strong intent, workers averaged 3.1 points for intent to remain at their agency, and 3.2 points for intent to remain in child welfare. Differences were noted for intent to remain in child welfare with CPIs (3.3) scoring higher than dependency case managers (3.0; p = .046).

Training Calendar Analysis

During our travel to training sites, it became evident that there were many differences in the way that preservice training was implemented across the state. We requested a training calendar from each of our unique training units (DCM = 19, CPI = 16). Key data elements were abstracted including:

Total days in training: total number of days workers are in training (classroom or field), not including weekends, holidays, and etc.

a) **Number of structured field days**: total number of days workers are learning outside of the classroom. These are typically days where workers are meeting off-site for a tour/activity (e.g., visit hotline, visit court, tour DV center, etc.).

b) **Number of labs**: in-class days spent on labs such as child interviewing or testifying in court.

c) **Number of FSFN days**: days where FSFN tutorials are offered.

d) **Number of days of online content**: for those who provided online content (n = 16), days where workers learned through online content were counted.

Overall, with the exception of the number of days of content provided in an online environment, DCMs received significantly fewer days of each item examined (Appendix C). However, it is important to note that DCM training providers were operating under a "stop gap" curriculum as a specialty curriculum had not yet been approved. The specialty content has now been successfully piloted and presented to training personnel for their implementation. It is likely that DCM training will change significantly as a result.

The average number of days workers spent in preservice training averaged 49.6 days (almost 10 weeks) ranging from 29 to 69 days. DCMs averaged 42.7 days while CPIs averaged 55.4 days. This generally equates to a difference of 2.5 weeks between DCMs and CPIs. Structured field days are the opportunities that trainees typically have to visit key collaborators such as attending a court session, tour a domestic violence center, etc. On average, trainees made had 11.7 structured field visits, with

DCMs making 8.4 visits and CPIs making 14.5. Labs were in-class days spent on skills such as child interviewing or testifying in court situations. Trainees averaged 6.6 labs, with DCMs averaging 3.2 labs, and DCMs averaging 9.4. FSFN days involved the number days where tutorials were offered on use of FSFN, the state of Florida data management system for child welfare. On average, trainees received 5.8 days for learning FSFN. This equates to 3.6 days for DCMs and 7.8 for CPIs. This included 6 DCM training units and 10 CPI training units. Finally, some training units (46%) provided content using an online delivery mechanism. For those who utilized online content, on average, trainees received 3.6 days of online content.   DCMs trainees received an average of 4.9 days, while CPIs received 3.4 days. Although there were no statistical differences between DCMs and CPIs, given the shorter length of time for DCM training, a higher proportion of training days were used for online instructions for case manager trainees. However, fewer case manager training providers used online content (37.5%) compared to CPI trainers (53%).

Future analyses will examine the impact of days in training on retention and turnover outcomes.

References

Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B. (2005). The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. *Work & Stress, 19*, 192-207.

Appendix A: Data Tables – Wave 1

Job Category	Frequency	Percent	Cumulative Percent
Case Manager	577	58.0	58.0
Child Protective Investigator	417	42.0	100.0
Total	994	100.0	

Sheriff	Frequency	Percent	Cumulative Percent
No	349	83.7	83.7
Yes	68	16.3	100.0
Total	417	100.0	

DCF Region	Frequency	Percent	Cumulative Percent
NWR	96	9.7	9.7
NER	151	15.3	25.0
CER	267	27.0	52.0
SCR	313	31.6	83.6
SER	85	8.6	92.2
SOR	77	7.8	100.0
Total	989	100.0	
Missing	5		
Total	994		

What is the name of the group that best describes your racial background?		Frequency	Percent	Cumulative Percent
Valid	White/Caucasian	510	53.9	53.9
	Black/African American	378	39.9	93.8
	Asian/Pacific Islander	11	1.2	94.9
	Native American	2	.2	95.1
	Alaskan Native	1	.1	95.2
	Bi- or Multi-Racial	45	4.8	100.0
	Total	947	100.0	
Missing	Other	37		
	System	10		
	Total	47		
Total		994		

Are you of Latino or Spanish origin or descent?		Frequency	Percent	Cumulative Percent
Valid	No	818	83.6	83.6
	Yes	161	16.4	100.0
	Total	979	100.0	
Missing	System	15		
Total		994		

Are you able to fluently communicate in a language other than your primary language?		Frequency	Percent	Cumulative Percent
Valid	No	738	74.3	74.3
	Yes	255	25.7	100.0
	Total	993	100.0	
Missing	System	1		
Total		994		

What is your gender?		Frequency	Percent	Cumulative Percent
Valid	Male	159	16.0	16.0
	Female	832	83.7	99.9
	Transgender/Other	3	.3	100.0
Total		994		

Please indicate your current marital status.		Frequency	Percent	Cumulative Percent
Valid	Single, Never Married	544	54.9	54.9
	Married	297	30.0	84.9
	Separated	21	2.1	87.0
	Divorced	120	12.1	99.1
	Widowed	9	.9	100.0
	Total	991	100.0	
Missing	System	3		
Total		994		

Are you currently romantically or sexually involved with someone like a boyfriend or girlfriend?		Frequency	Percent	Cumulative Percent
Valid	No	246	35.5	35.5
	Yes	446	64.5	100.0
	Total	692	100.0	
Missing	System	302		
Total		994		

Sexual Orientation		Frequency	Percent	Cumulative Percent
Valid	Heterosexual or straight	898	91.4	91.4
	Gay or lesbian	35	3.6	94.9
	Bisexual	30	3.1	98.0
	Other	7	.7	98.7
	Prefer not to specify	13	1.3	100.0
	Total	983	100.0	
Missing	System	11		
Total		994		

What is the highest degree you have completed?		Frequency	Percent	Cumulative Percent
Valid	4-year College Degree	799	80.6	80.6
	Master's Degree	177	17.9	98.5
	Doctoral Degree	4	.4	98.9
	Professional Degree (JD, MD)	11	1.1	100.0
	Total	991	100.0	
Missing	System	3		
Total		994		

Major		Frequency	Percent	Cumulative Percent
Valid	Criminology/Criminal Justice	208	21.0	21.0
	Psychology	276	27.8	48.8
	Social Work	174	17.5	66.3
	Other Human Service	170	17.1	83.5
	Non-Human Service Field	164	16.5	100.0
	Total	992	100.0	
Missing	System	2		
Total		994		

Have you ever worked in the field of child welfare prior to your current job, including paid positions or unpaid internships?		Frequency	Percent	Cumulative Percent
Valid	Yes	332	42.4	42.4
	No	451	57.6	100.0
	Total	783	100.0	
Missing	System	211		
Total		994		

Have you ever had foster children legally placed in your home as a foster parent?		Frequency	Percent	Cumulative Percent
Valid	No	960	97.0	97.0
	Yes	30	3.0	100.0
	Total	990	100.0	
Missing	System	4		
Total		994		

While you were growing up, did you have any foster brothers or sisters legally placed in your home?		Frequency	Percent	Cumulative Percent
Valid	No	951	96.0	96.0
	Yes	40	4.0	100.0
	Total	991	100.0	
Missing	System	3		
Total		994		

Personal History of Child Maltreatment		Frequency	Percent	Cumulative Percent
Valid	No	596	60.3	60.3
	Yes	393	39.7	100.0
	Total	989	100.0	
Missing	System	5		
Total		994		

Have you served in the US Armed Forces?		Frequency	Percent	Cumulative Percent
Valid	No	930	93.8	93.8
	Yes	61	6.2	100.0
	Total	991	100.0	
Missing	System	3		
Total		994		

About how often do you typically attend an organized religious service or religious study?		Frequency	Percent	Cumulative Percent
Valid	Never	262	26.5	26.5
	A few times per year	264	26.7	53.1
	A few times per month	164	16.6	69.7
	At least one time per week	300	30.3	100.0
	Total	990	100.0	
Missing	System	4		
Total		994		

Overall, how important would you say your religious faith is to you?		Frequency	Valid Percent	Cumulative Percent
Valid	Not at all important	163	16.5	16.5
	Somewhat important	251	25.4	41.8
	Very important	576	58.2	100.0
	Total	990	100.0	
Missing	System	4		
Total		994		

Descriptive Statistics	N	Mean	Std Dev	Min	Max
How many years of full-time work experience do you have in any field?	989	8.9	8.8097	.0	50.0
How many years of child welfare experience do you have?	534	3.8	4.7660	.0	39.0
About how many hours total did you work in the past 7 days in your current child welfare job?	986	39.5	10.1196	.0	100.0
Self Esteem	992	24.6	4.84839	.00	30.00
Social Support - Family/Friends	981	2.3	.65284	.00	3.00
Job Satisfaction - Pay	990	2.5	1.08222	.00	5.00
Job Satisfaction - Benefits	987	3.1	1.02101	.00	5.00
Psychological Distress	988	.52	.55284	.00	4.00
Sleep Disturbance	986	1.1	.83654	.00	4.00

Group Differences	Job Category	N	Mean	Std. Error Mean
Self Esteem	Case Manager	575	2.5	.02011
	Child Protective Investigator	417	2.5	.02365
Social Support - Family/Friends	Case Manager	565	2.3	.02749
	Child Protective Investigator	416	2.3	.03199
Job Satisfaction - Pay	Case Manager	573	2.5	.04510
	Child Protective Investigator	417	2.6	.05313
Job Satisfaction – Benefits[a]	Case Manager	570	2.8	.04220
	Child Protective Investigator	417	3.4	.04639
Psychological Distress[b]	Case Manager	571	.55	.02355
	Child Protective Investigator	417	.48	.02630
Sleep Disturbance	Case Manager	570	1.1	.03483
	Child Protective Investigator	416	1.1	.04139

Technical note: Group differences were assessed using an independent samples t-test

[a]$p < .001$

[b]$p < .05$

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Appendix B: Data Tables – Wave 2 Full Sample (N = 323)

Job Category		Frequency	Percent	Cumulative Percent
Valid	Case Manager	164	50.8	50.8
	Child Protective Investigator	159	49.2	100.0
	Total	323	100.0	

Agency and Role Status at Wave 2		Frequency	Percent	Cumulative Percent
Valid	Same agency/same role	250	77.6	77.6
	Same agency/new role	8	2.5	80.1
	Left agency	64	19.9	100.0
	Total	322	100.0	
Missing	System	1		
Total		323		

Did you leave your position before the end of pre-service training?		Frequency	Percent	Cumulative Percent
Valid	Yes	11	17.2	17.2
	No	53	82.8	100.0
	Total	64	100.0	
Missing	System	259		
Total		323		

In your last survey, you told us you were at [AGENCY NAME]. Are you still employed there?			Job Category		Total
			Case Manager	Child Protective Investigator	
Are you still employed there?	Yes	Count	119	140	259
		%	72.6%	88.1%	80.2%
	No	Count	45	19	64
		%	27.4%	11.9%	19.8%
Total		Count	164	159	323
		%	100.0%	100.0%	100.0%

Technical note: Group differences were assessed using a X2 analysis.

$X2 = 12.191$; $p < .001$

Please indicate which one of the following reasons best explains your decision to accept this job.		Frequency	Percent	Cumulative Percent
Valid	I always wanted to help children.	102	31.6	31.6
	I always wanted to help families.	48	14.9	46.4
	Because of my own personal experiences.	23	7.1	53.6
	I was not satisfied with my initial career choice.	11	3.4	57.0
	It was the only job available.	27	8.4	65.3
	I was encouraged by others.	12	3.7	69.0
	I wanted to improve the quality of child welfare services.	22	6.8	75.9
	Child welfare work is consistent with my academic training.	50	15.5	91.3
	Other	28	8.7	100.0
	Total	323	100.0	

During the time when you began independent work, were you provided with additional mentoring or coaching?		Frequency	Percent	Cumulative Percent
Valid	Yes	205	65.3	65.3
	No	109	34.7	100.0
	Total	314	100.0	
Missing	System	9		
Total		323		

Who generally provided the most mentoring or coaching?		Frequency	Percent	Cumulative Percent
Valid	A job coach, or other professional, who is specifically designated to assist new case workers with this transition	21	10.2	10.2
	My supervisor	112	54.6	64.9
	An experienced case worker who was assigned to provide mentoring	33	16.1	81.0
	A member of my team who volunteered to be available for assistance	25	12.2	93.2
	Someone else	14	6.8	100.0
	Total	205	100.0	
Missing	System	118		
Total		323		

How important was this mentoring/coaching in moving you toward independence in managing your own caseload?		Frequency	Percent	Cumulative percent
Valid	Very important	187	91.7	91.7
	Somewhat important	17	8.3	100.0
	Total	204	100.0	
Missing	System	119		
Total		323		

Overall, how consistent is your agency's approach to work compared to what you learned in pre-service training?		Frequency	Percent	Cumulative Percent
Valid	Very consistent	49	15.7	15.7
	Somewhat consistent	154	49.2	64.9
	Rarely consistent	74	23.6	88.5
	Not at all consistent	36	11.5	100.0
	Total	313	100.0	
Missing	System	10		
Total		323		

Descriptive Statistics	N	Mean	Std Dev	Min	Max
Weeks to hire	314	**7.8**	6.3171	0	40
Total number of cases you were given in your first week of work following pre-service training	305	**3.1**	2.283	0	12

Participants Who Left Their Initial Agency (n = 64)

Job Category		Frequency	Percent	Cumulative Percent
Valid	Case Manager	45	70.3	70.3
	Child Protective Investigator	19	29.7	100.0
	Total	64	100.0	

What was the PRIMARY reason you are no longer at [AGENCY NAME]? Would you say it was...		Frequency	Percent	Cumulative Percent
Valid	the job responsibilities	18	28.1	28.1
	your supervisor or supervision	9	14.1	42.2
	the agency's environment	14	21.9	64.1
	you being terminated	3	4.7	68.8
	your professional goals	8	12.5	81.3
	a change in family circumstances	5	7.8	89.1
	some other reason	7	10.9	100.0
	Total	64	100.0	

Descriptive Statistics	N	Mean	Std Dev	Min	Max
Number of days to agency exit from date	51	**133.2**	47.603	31	199

Technical note: The number of days to exit was calculated as the difference between the date of termination and the date of hire. When the # of days to exit was beyond 200 (the approximate number of days since the beginning of Wave 1), it was coded as missing.

What is your current employment status?		Frequency	Percent	Cumulative Percent
Valid	Employed full-time	46	71.9	71.9
	Working one part-time job (< 35 hours per week)	1	1.6	73.4
	Working multiple part-time jobs	1	1.6	75.0
	Not employed, but seeking work	12	18.8	93.8
	Not employed, and not seeking work	4	6.3	100.0
	Total	64	100.0	

Would you say that your current job is still in the child welfare profession?		Frequency	Percent	Cumulative Percent
Valid	Yes	18	39.1	39.1
	No	28	60.9	100.0
	Total	46	100.0	
Missing	System	18		
Total		64		

Participants Who Remain in Their Agency (n = 250)

Job Category		Frequency	Percent	Cumulative Percent
Valid	Case Manager	114	45.6	45.6
	Child Protective Investigator	136	54.4	100.0
	Total	250	100.0	

Descriptive Statistics	N	Mean	Std Dev	Min	Max
About how many hours total did you work in the past 7 days in your current job?	241	48.0	12.55462	0	115
In a typical week, how many days do you spend at least some part of the day working for your job?	239	5.6	.97522	0	7

Group Differences	Job Category	N	Mean	Std. Error Mean
About how many hours total did you work in the past 7 days in your current job?[a]	Case Manager	109	44.0	1.12059
	Child Protective Investigator	132	51.3	1.07168
In a typical week, how many days do you spend at least some part of the day working for your job?[b]	Case Manager	109	5.4	.08390
	Child Protective Investigator	130	5.8	.09041

Technical note: Group differences were assessed using an independent samples t-test

[a]$p < .001$; [b]$p = .009$

Descriptive Statistics	N	Mean	Std Dev	Min	Max
Total number of cases	244	**15.7**	8.04296	0	50
About how many new cases did you receive in the past month?	241	**8.1**	7.38591	0	31
In the past month, how many cases were transferred to you from one of your co-workers?	241	**1.8**	3.16841	0	25
Proportion of exceptionally difficult cases	233	**25.0**	16.45512	0	90
Approximately how many total visits did you make in the past 7 days?	241	**10.6**	7.32556	0	50
About how much total time, in hours, did you spend driving in the past 7 days because of your work requirements?	246	**10.2**	15.64131	0	168

Technical Notes: 1) Total number of cases was truncated at 50. Caseloads larger than 50 were left missing. 2) The proportional of exceptionally difficult cases was calculated by dividing the number of difficult cases (as perceived by the worker) by the total number of cases.

Group Differences	Job Category	N	Mean	Std. Error Mean
Total of all Cases[a]	Case Manager	113	**12.7**	.46920
	Child Protective Investigator	131	**18.3**	.80387
About how many new cases did you receive in the past month?[a]	Case Manager	112	**1.7**	.13646
	Child Protective Investigator	129	**13.6**	.51563
In the past month, how many cases were transferred to you from one of your co-workers?	Case Manager	111	**1.9**	.22492
	Child Protective Investigator	130	**1.8**	.32667
Proportion of exceptionally difficult cases[a]	Case Manager	112	**29.1**	1.74410
	Child Protective Investigator	121	**21.1**	1.21214
Approximately how many total visits did you make in the past 7 days?[a]	Case Manager	113	**8.4**	.49886
	Child Protective Investigator	128	**12.5**	.73214
About how much total time, in hours, did you spend driving in the past 7 days because of your work responsibilities	Case Manager	113	**10.0**	1.47182
	Child Protective Investigator	133	**10.4**	1.36086

Technical note: Group differences were assessed using an independent samples t-test

[a]$p < .001$

Would you consider your caseload to be:		Frequency	Percent	Cumulative Percent
Valid	Too low	3	1.2	1.2
	Too high	129	52.9	54.1
	About right	112	45.9	100.0
	Total	244	100.0	
Missing	System	6		
Total		250		

Descriptive Statistics	N	Mean	Std. Deviation	Min	Max
Stress	239	2.5	.86054	1	5
Sleep Disturbance	238	1.7	.99444	0	4
Time Pressure	247	3.3	.71509	1	4
Psychological Distress	238	1.1	.88454	0	4
Personal Burnout	240	61.3	20.48588	16.67	100
Work-related Burnout	240	61.0	17.75214	17.86	100
Client-related Burnout	240	51.4	20.03641	0	100
Intent to Remain - Agency	236	3.1	1.12437	1	6
Intent to Remain - Child Welfare	236	3.2	.95074	1	5.67

Group Differences	Job Category	N	Mean	Std. Error Mean
Stress	Case Manager	109	2.6	.08349
	Child Protective Investigator	130	2.4	.07403
Sleep Disturbance	Case Manager	109	1.7	.09748
	Child Protective Investigator	129	1.6	.08602
Time Pressure	Case Manager	114	3.3	.06412
	Child Protective Investigator	133	3.2	.06399
Psychological Distress (a)	Case Manager	109	1.2	.09250
	Child Protective Investigator	129	.94	.06978
Personal Burnout	Case Manager	108	64.1	1.98507
	Child Protective Investigator	132	59.0	1.75428
Work-related Burnout (b)	Case Manager	108	63.9	1.60459
	Child Protective Investigator	132	58.7	1.59446
Client-related Burnout (c)	Case Manager	108	55.5	1.89247
	Child Protective Investigator	132	48.1	1.72164
Intent to Remain - Agency	Case Manager	107	2.9	.10568
	Child Protective Investigator	129	3.2	.10023
Intent to Remain - Child Welfare	Case Manager	107	3.0	.09333
	Child Protective Investigator	129	3.3	.08163

Technical note: Group differences were assessed using an independent samples *t*-test

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$^a p = .019;$ $^b p = .024;$ $^c p = .004;$ $^d p = .046$

Time Differences	Mean	N	Std. Deviation	Std. Error Mean
Sleep Disturbance - Wave 1	**1.14**	237	.80088	.05202
Sleep Disturbance - Wave 2	**1.68**	237	.99633	.06472
Psychological Distress - Wave 1	**.53**	237	.54871	.03564
Psychological Distress - Wave 2	**1.06**	237	.88640	.05758

Technical note: Group differences were assessed using a paired samples t-test. Both items were statistically significant at $p < .001$.

Appendix C: Data Tables – Training Calendar Analysis

Descriptive Statistics	N	Mean	Std. Deviation	Min	Max
Total Training Days	35	**49.6**	10.322	29	69
Structured Field Days	35	**11.7**	5.653	1	22
Total Labs	33	**6.6**	3.614	0	10
FSFN Days	32	**5.8**	4.589	1	15
Days of Online Content	16	**3.6**	1.408	1	6

Group Statistics	Job Category	N	Mean	Std. Error Mean
Total Training Days[a]	Case Manager	16	**42.67**	2.256
	Child Protective Investigator	19	**55.3**	1.714
Structured Field Days[a]	Case Manager	16	**8.4**	1.095
	Child Protective Investigator	19	**14.5**	1.181
Total Labs[a]	Case Manager	15	**3.2**	.656
	Child Protective Investigator	18	**9.4**	.166
FSFN Days[b]	Case Manager	15	**3.6**	.466
	Child Protective Investigator	17	**7.8**	1.313
Days of Online Content	Case Manager	6	**4.0**	.856
	Child Protective Investigator	10	**3.4**	.267

Technical note: Group differences were assessed using an independent samples t-test

[a]$p \leq .001$ [b]$p = .008$

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Appendix D: Scale Items

Self-Esteem
All in all, I'm satisfied with myself.
At times I think I'm no good at all.
I feel that I have a lot of good qualities.
I'm able to do things as well as most other people.
I feel that I don't have much to be proud of.
I feel useless at times.
I feel that I'm basically no good.
I wish I could have more respect for myself.
All in all, I feel that I'm a failure.
I feel that I'm not important to others.

Job Satisfaction – Salary
I feel I am being paid a fair amount for the work I do.
Raises are too few and far between.
I feel unappreciated by the organization when I think about what they pay me.
I feel satisfied with my chances for salary increases.

Job Satisfaction – Benefits
I am not satisfied with the benefits I receive.
The benefits we receive are as good as most other organizations offer.
The benefit package we have is equitable.
There are benefits we do not have which we should have.

Sleep Disturbance – In the past 30 days, how often did you have problems…
getting to sleep, when it took you two hours or longer before you could fall asleep?
staying asleep, when you woke up and took an hour or more to get back to sleep?
waking too early, when you woke up at least two hours earlier than you wanted to?
feeling sleepy during the day?

Psychological Distress – In the past 30 days, how often did you feel…

nervous?

hopeless?

restless or fidgety?

so depressed that nothing could cheer you up?

that everything was an effort?

worthless?

Social Support from Family/Friends

How much can your Family/Friends be relied on when things get tough at work

How much are your Family/Friends willing to listen to your work-related problems?

How helpful are your Family/Friends to you in getting your job done?

How much are your Family/Friends willing to listen to your personal problems?

How easy is it to talk to your Family/Friends?

Stress – In the past 30 days, how often did you feel…

that you were unable to control the important things in your life?

confident about your ability to handle your personal problems?

that things were going your way?

difficulties were piling up so high that you could not overcome them?

Time Pressure

I have too much work to do in the amount of time that I have

I don't have enough time to do my job effectively

I am too busy at work

My workload is too high

I have a lot of time pressure in my work

Burnout – Personal

How often do you feel tired?

How often are you emotionally exhausted?

How often do you think: "I can't take it anymore"?

How often are you physically exhausted?

How often do you feel worn out?

How often do you feel weak and susceptible to illness?

Burnout – Work Related
Do you feel worn out at the end of the working day?
Are you exhausted in the morning at the thought of another day at work?
Do you feel that every working hour is tiring for you?
Do you have enough energy for family and friends during leisure time?
Is your work emotionally exhausting?
Does your work frustrate you?
Do you feel burnt out because of your work?

Burnout – Client-Related
Do you find it hard to work with clients?
Does it drain your energy to work with clients?
Do you find it frustrating to work with clients?
Do you feel that you give more than you get back when you work with clients?
Are you tired of working with clients?
Do you sometimes wonder how long you will be able to continue work with clients?

Intent to Remain – Agency
I plan to leave this agency as soon as possible.
I have too much time invested at this agency to leave.
I expect to still be working at this agency in 5 years.
I am committed to staying at this agency.
I would gain little from switching to another agency.
I would have a hard time finding another job at a different agency.

Intent to Remain – Child Welfare
I plan to leave child welfare as soon as possible.
I would have a hard time finding a job outside child welfare.
I have too much time invested in child welfare to leave.
I am committed to continuing to work in child welfare.
For me to leave child welfare would mean giving up a substantial investment in training.
My professional goals include working with children and families, but not necessarily in child welfare.

THE **FLORIDA STUDY** OF PROFESSIONALS FOR **SAFE FAMILIES**

APPENDIX 2: THE FLORIDA STUDY OF PROFESSIONALS FOR SAFE FAMILIES (FSPSF) ADDENDUM

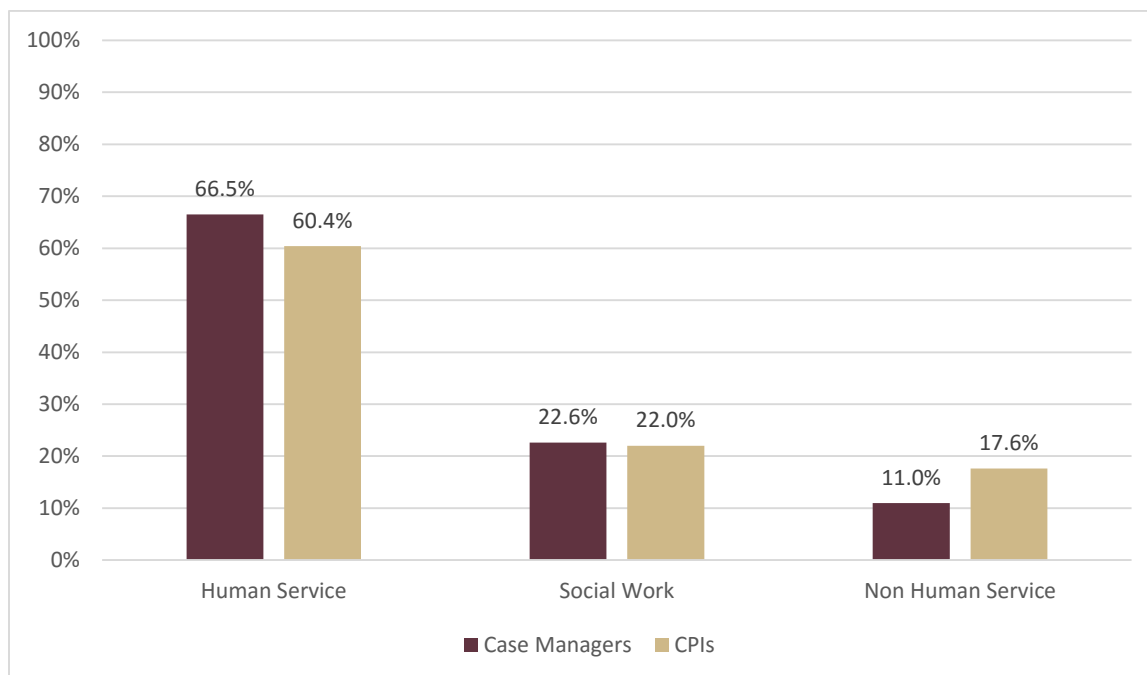**FLORIDA STATE UNIVERSITY** | *The* COLLEGE *of* SOCIAL WORK

THE FLORIDA STUDY OF PROFESSIONALS FOR SAFE FAMILIES (FSPSF)

ADDENDUM

Background

This addendum is in response to a legislative request to address several questions specific to social workers relevant to the emphasis on professionalizing the child welfare workforce. Data used for this addendum are taken from the second wave of data collection. Study participants typically complete the Wave 1 (baseline) survey within the first month of their employment. Wave 2 data collection occurs six months later. On average, study respondents spent 10 weeks in their preservice training so that by the time Wave 2 data were collected, participants had been on providing services to child welfare clients for 3-4 months. Wave 2 data collection began in March 2016, and the information presented below is drawn from the first three months of Wave 2 collection. There are 323 workers who provided responses, and of those, 72 indicate their highest degree is in social work (Figure 1). As such, these results should be considered very preliminary initial findings.

Figure 1. Major: Highest Degree by Case Manager or CPI Role

The majority of data below represent responses from the 72 participants who identified as social workers from the first 3 months of Wave 2 data collection. They include both case managers and child protective investigators.

1) **Why did they come into the field?**

   The most common reason identified as the reason social workers chose work in child welfare was that they always wanted to work with children. This answer represents 26.4% of social workers. The second most common reason (20.8%) was that child welfare work was consistent with their academic training.

2) **Why did they leave their position?**

   There were 13 social workers who left their original child welfare positions. The most common reason for leaving was the job responsibilities (38.5%; *n* = 5). More specifically, each of the following reasons was identified by one person: too much time spent traveling; working too many hours; completing too much paperwork; caseload too complex to manage.

   Beyond leaving for reasons associated with the job responsibilities, one person left because of issues with supervision, two left because of the agency's environment, two left because of their professional goals, one left for unspecified reasons and two were terminated.

3) **How long did they stay?**

   Among those who left, the mean number of days on the job was 138. This is roughly equivalent to 4.5 months, and compares to 132 days on the job for non-social workers.

4) **Where did they go?**

   Among the social workers who left their initial child welfare agency and are currently employed in another position (*n* = 9), 44% (*n* = 4) indicate they remain working in child welfare.

5) **Are social workers better trained coming in?**

   This study is designed to examine factors that influence retention and turnover decisions by child welfare workers. As such, we are unable to directly answer questions about training. However, the Department of Children and Families has agreed to provide us with INFOR score on their applicants. INFOR is a screening tool that creates a profile of applicants based on 39 dimensions clustered into five core competencies. Those core competencies include: conflict management, customer service, decision-making, problem-solving, and time management.[3]

   FSPSF asks respondents to allow us access to INFOR scores. For those who agree, names are provided to the Department of Children and Families who return the score. Note that this information is only available for new applicants to Child Protective Investigator positions employed by DCF. We have INFOR scores on 75 CPIs, 21 of whom have social work degrees. There are no differences between mean scores for those with a social work degree (mean = 73.8) and those without (mean = 75.1).

6) **Are there any differences in outcomes once they go to the field?**

   We are not able to answer this question at this time.

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[3] This information was taken from the PeopleAnswers Reference Guide for INFOR.

7) **Are there differences in turnover rates?**

No. At this point, 19.8% (*n* = 64) of respondents indicate that they no longer are employed by the agency where they were first hired. Of the workers who left, 18.1% are social workers compared to 20.3% who are non-social workers.

THE **FLORIDA STUDY** OF PROFESSIONALS FOR **SAFE FAMILIES**

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