

The Southern Region

Miami-Dade and Monroe Counties' Child Welfare
System of Care

Peer Consultation Team Summary

September 10, 2014

Summary of the Team's Process and Objectives

The Peer Consultation Team was established by Interim Secretary Mike Carroll, Department of Children and Families, to conduct an assessment of the Southern Region Child Welfare System of Care's current operation and make recommendations to improve the management of out-of-home care placements and foster parent recruitment. Additionally, the team was tasked with supporting the implementation of Florida's new Child Welfare Practice Model. While the Secretary's charge emphasizes consultation with Our Kids of Miami-Dade and Monroe (Our Kids), the Peer Consultation Team's assessment identified factors that extend throughout the system in Miami-Dade and Monroe counties and across the many entities and stakeholders that comprise the child welfare system of care. As in all Regions, a myriad of providers and stakeholders operate in a highly integrated and interdependent environment. In order to truly improve the system of care, it is necessary to look at the various partners and how they work together as they address the needs of the children and families served throughout Miami-Dade and Monroe Counties. The team's overall goal is to provide recommendations that support improving out-of-home care placements and outcomes for children in this Region.

Objectives:

- 1) Acquire and assess comprehensive data and related information in order to inform team members as completely as possible.
- 2) Provide accurate and targeted feedback and recommendations relating to recruitment licensing, placement, availability/capacity, quality, and management of out-of-home care homes in the context of the entire Southern Region child welfare system of care.
- 3) Provide consultation regarding the planning and successful implementation of Florida's new Child Welfare Practice in the Southern Region.
- 4) Provide recommendations that are practical and useful to the child welfare leadership in the Southern Region.
- 5) Develop and maintain a productive and collaborative relationship with Our Kids, DCF and their system partners throughout this process through open and frequent communication and consultation.
- 6) Ensure productive and meaningful information exchanges with providers and other stakeholders.

The Team's work included a review of relevant information and data about this large and complex system of care. Data reports and system of care information used by the team are available here: <http://centerforchildwelfare.fmhi.usf.edu/dev/c11peerconsult.shtml>

The process also included multiple team meetings held in Miami, observation of a new case intake staffing, a visit to the court, and telephone conferences, when necessary, to engage and gather information from various providers and community stakeholders that further informed the team and support our goal and objectives. Interviews included: Our Kids Board Members, a

broad selection of Our Kids staff, Full Case Management Agency CEO's, DCF leadership and key staff, and members of the judiciary as follows:

- Our Kids of Miami-Dade and Monroe Board President and two Board members
- Our Kids Interim CEO and senior leadership staff
- Our Kids Program Management staff including those responsible for intake and recruitment/licensing/retention of foster homes
- DCF Regional Managing Director
- DCF Regional Family and Community Services Director
- CPI Supervisors (as a focus group)
- CEO's from each of the FCMA's under contract with Our Kids (and in some cases their staff)
- Four Dependency Court Judges: Honorable Rosa Figarola who also chairs the Miami-Dade Community-based Care Alliance; Honorable Michael Hanzman; Honorable Cindy Lederman, and; Honorable Alan Fine.

System of Care Overview

Our Kids of Miami-Dade and Monroe, as lead agency, is responsible for the provision of support and services for eligible children and families in Miami-Dade and Monroe counties through the coordination, integration and management of a local system of services. Services that are provided directly by Our Kids include intake of new cases from DCF Child Protective Investigations for in-home and out-of-home care services; recruitment, licensing and retention of foster/adoptive/medical placement homes (as of July 2014); and Independent Living services for children ages 18-23.

Our Kids and DCF Regional leadership are responsible for leading the engagement and coordination of community stakeholders.

Our Kids sub-contracts for the provision of full case management and out-of-home care placement services. There are currently 5 Full Case Management Agencies (FCMA's). Each is responsible for the placement of children in out-of-home care, case management of services required for the child and families as detailed in their case plans, Independent Living services for children 13 to 17, and adoption and related services. Case management services include in-home court ordered protective supervision (direct file), foster care case management for children placed in out-of-home care, in-home voluntary protective services, and adoption and related services.

Each FCMA manages approximately 700 to 1,000 children however this number can vary considerably and is presented here for general descriptive purposes only.

Additional providers are used for prevention and diversion services. The type and level of services are determined through the Our Kids intake process in conjunction with the CPI's for all new cases.

There exists a large and varied number of community agencies and supports in the Miami-Dade metropolitan area that are available for referral by CPI's, Case Managers, and others to enhance intensive services provided by the formal child welfare service system, or to support family needs when risk, safety, and issues of abuse or neglect are not found.

Child Protective Investigations (CPIs) in the Southern Region are conducted by Child Protective Investigators of DCF. The CPI has the authority and responsibility for investigating reports of child abuse, neglect, or abandonment received by the Florida Abuse Hotline.
<http://centerforchildwelfare.fmhi.usf.edu/flstat/Chapter%2039%20Proceedings%20Relating%20to%20Children.htm#p3>

Children's Legal Services (CLS) is a significant partner in all judicial proceedings with CPI's and CM's and manage all legal work in dependency cases before the courts.

Our Kids is governed by a volunteer Board of Directors that meets approximately 10 times per year. There are 20-25 Board Members. There are no term limits for Board members. Board members are very involved in the approval of key system of care decisions; the Board sets strategic direction and policies. The Our Kids staff are responsible for implementation and day to day operations while keeping the Board appropriately informed. There are various standing and ad hoc committees including finance, marketing and public relations, system of care and quality assurance, and independent living/education among others. The Our Kids system of care is described in the following document (although it does not include recent changes such as assumption of recruitment and licensing of foster homes)
<http://centerforchildwelfare.fmhi.usf.edu/dev/cir11/Overall%20System%20of%20Care.pdf>

Out-of-Home Care, Investigations and Staff Turnover Trend Data

The following information is provided to give context to the increase in out-of-home care placements experienced in The Southern Region.

- Between May 2013 and July 2014, the number of children receiving in-home services in the Southern Region increased over 63% (compared to 1% statewide), and the number of children in out-of-home care increased almost 36% (compared to 6% statewide).
- A 3.5% increase in the total number of investigations received was experienced during this same period.
- The Southern Region is above the statewide average in the percent of maltreatments reported involving domestic violence and physical injury, and below the statewide average for substance misuse

- The rate of removals per 100 investigations increased 41% from 9.02 to 12.75 between FY 2012-13 and 2013-14. With almost 14,000 investigations in the Southern region in FY 2013-14, this equals approximately 400 additional removals.
- During the last four months of FY 13-14 (March through June) there was an increase of 227 children in out-of-home care (OHC). This sudden and significant increase in OHC adversely impacted the system's ability to absorb the influx of children requiring a licensed care placement resulting in children reportedly having short stays in hotel rooms and Our Kids being placed on a department issued corrective action plan.
- During FY 13-14, the region recruited 87 new foster homes compared to the established goal of 106.
- Our Kids reports 614 foster home beds at this time and a projected need for 195 new foster homes (assuming 2 beds per home and no group home use). It is unclear if all 614 available beds are available for placement. Our Kids Recruitment and licensing plan, effective July 1, 2014 addresses the mechanisms developed to achieve the new foster home goal.
- Staff turnover rates for CPI, CM, and CLS have been high. CPI turnover in the Southern Region for the last quarter of FY 13/14 was 7.8% which annualizes to 31.8%; CLS turnover for FY 13/14 was 38%; CM turnover across the FCMA's was reported to average approximately 32%.

See <http://centerforchildwelfare.fmhi.usf.edu/dev/c11peerconsult.shtml> for complete regional and southern region data reports available to the team.

The Child Welfare System of Care in Miami-Dade and Monroe counties has many strengths. The Peer Consultation Team observes that this review and consultation is at a time when the system has been substantially stressed due to an unusual increase in new cases.

The strengths of this system will assist the leadership and partners in developing and sustaining solutions for the current situation as well as strengthen the system over time.

Some of the system strengths this team recognizes include the following:

- A strong community child advocacy culture that works toward the highest quality service system standards possible. This standard is shared by everyone including those who plan, lead and deliver services
- A volunteer independent Board of Directors comprised of community leaders that bring expertise and resources to support the vision of the communities system of care.
- Dedicated staff with all entities who are committed to the safety and well-being of children
- A history of implementing new practice models and initiatives that support the array and quality of services. These include the Structured Decision Making (SDM) model, and more recently a new demonstration project: Specialized Therapeutic Foster Care and Community Response Team for Victims of Commercial Sexual Exploitation (CHANCE). Our Kids and the Florida Department of Children and Families partnered

with Citrus Health Network, a local community behavioral health provider and Federally Qualified Health Center, to initiate this demonstration project for children in foster care who are victims of commercial sexual exploitation.

- The use of evidence-based diversion programs such as: Family Empowerment Program and Intensive Family Preservation Services.
- Our Kids is a leader in the use of technology. They are completely paperless in case management and have developed and implemented the ASK (Agency Secure Knowledge) management system. They also developed the Remote Data Access model.

The team understands the constraints of a limited scope review of this nature however it did identify consistent themes/factors that are important to understanding the nature of this system and in helping to inform its recommendations. The data reports alone do not represent the contributing factors that have resulted in a vulnerable system of care unable to sustain variances in case volume. Many of these factors appear to be long standing and precede outsourcing of child welfare services.

Addressing these system factors is necessary to building and sustaining a genuine solution-based service system that functions as a community-driven team.

System of Care Factors Identified by the Team

- An absence of genuine partnership and trust among all parties appears to exist. Entities operate within silos and appear to be solution-based within their own agencies but solutions are not proactive or directed to the system as a whole because of an apparent lack of partnership.
- An absence of on-going leadership collaboration across the system of care. There is a perception that the system lacks transparency while operating in what can be described as a high pressure and critical environment.
- A high turnover of staff in CLS, CPI and FCMA has resulted in an inexperienced workforce that affects the quality across the entire system of care.
- The licensing, recruitment and retention of foster homes has not been sufficient to meet projected goals and unable to support even a modest increase in need. The increase in child removals the system has experienced created a substantial impact throughout the system.
- The service array offered for support and diversion from out-of-home care although an evidence- based practice is capacity-constrained and may be a contributing factor to the increase in out-of-home care placements.
- Our Kids SDM model provides a strong foundation towards the implementation of Florida's new Child Welfare Practice, but will require strong training and support for CPI's to ensure quality and complete investigations and FCMA case managers who will have new responsibilities.
- The Full Case Management Agencies, based on interviews conducted, appear to be under financial strain as a result of the increase of children into out-of-home care. This also appears to affect their ability to deliver services.
- A frustrated judiciary that has appeared to become more actively involved in the system of care due to their lack of confidence across the spectrum of the system.

Discussion of Each Identified Factor

An absence of genuine partnership and trust among all parties appears to exist. Entities operate within silos and appear to be solution-based within their own agencies but solutions are not proactive or directed to the system as a whole because of an apparent lack of partnership

Discussion: To deliver an effective system of care for children and their families many different and sometimes competing organizations must work in collaboration. The key players in the child welfare system are; DCF, Our Kids (the community-based care Lead Agency), Children’s Legal Services, the Full Case Management Agencies, the Judiciary, Guardian Ad Litem and the provider network of services. There are of course many other agencies that provide supports and services but these are the key organizations. Each component relies on the others to fulfill their respective roles. Trust, cooperation and collaboration are essential for the successful outcomes for children and their families. The significant increase in removals has placed significant stress on the entire system of care in the Southern Region and has exposed what appear to be some long standing conflicts.

The peer consultation team observed an often system-wide “blame” approach to real or perceived shortcomings in the system or in case-specific matters. While identification of problems and their source is appropriate the ramifications of a “blame” way-of-work appears to exacerbate relationship issues and inhibit joint problem solving. This takes the form of public as well as internal blaming by and about system partners. The necessary trust and open communication dynamic that is essential to operating as a system of care is compromised in the Southern Region. Honest and open discussion of problems cannot be expected to occur if there is no belief that the goal is the development of solutions that will improve the outcome for children and families. Based on interviews, it is often perceived by staff as a work environment which can be characterized by “finger pointing” emails and public derogatory comments.

Leadership is responsible for ensuring that a solution-based and mutually supportive way-of-work filters down through their system as an expectation. This is a core leadership responsibility and must be adopted by everyone in order to be effective. Based on the team’s information collection and interviews, all key players in the child welfare system contribute to and are themselves affected by this dynamic.

External variables such as public criticism, operating within a large Florida metropolitan area with considerably media visibility, and also serving Monroe County which has very different community dynamics and needs contribute to the overall complexity of the environment and leadership need.

The quality of child protective investigative work is often perceived to be incomplete. This affects all aspects of the system of care. High turnover creates many inexperienced staff in the field. CPI Supervisors appear frustrated by the intake process, the negative view toward CPI staff, and a feeling that their role as decision-maker for initial services has changed under SDM.

The Our Kids Intake Specialists take on the role of quality manager providing additional supervisory support resulting in the investigators and CPI supervisors becoming defensive; creating negative feelings between CPI and Our Kids. This is especially true when otherwise professionally managed intakes are followed by unanticipated emails to all levels of leadership reporting on the quality of a particular case. Perceptions such as these can impact the environmental stressors for all staff especially when quality work goes unrecognized or credited.

The CLS attorneys feel they are excluded from key decision-making meetings and are provided insufficient information to manage their cases. They feel Our Kids does not take ownership of case management. Some Full Case Management Agencies are operating at such heavy losses due to the significant increase in work load that they were very introspective. They generally do not feel that Our Kids is very supportive. CLS attorneys are perceived as too inexperienced and unwilling to object in court when appropriate such as when “unreasonable” demands are requested of CPIs or case managers. Some are perceived to lack assertiveness and control of the courtroom.

Full Case Management Agencies have responsibility for the case management work including placement and up until recently licensing and recruiting of foster parents. It is apparent that the financial model (case rate) they are operating under is no longer able to support their operations. There is a staff turnover issue which is attributed to various factors including funding variability due to case rate reimbursement, FCMA staffing patterns (support staff levels, etc.) and competition for staff among the FCMA’s.

Interviews with the judiciary revealed a high level of frustration with the operation of the child welfare system in Miami-Dade. It appears most of their frustration is directed towards DCF, case management and CLS. The Judiciary expressed being under a great deal of pressure and lacked confidence in DCF’s ability to provide adequate information for them to make informed decisions. For example, at Shelter Petition Hearings there are frequent concerns expressed about whether “best efforts” have been made to prevent a removal or to locate family or friends who could assist the family. The lack of confidence forces the judges to solicit additional information and/or verify the information being provided to them. They have limited confidence in home studies, safety decisions, and risk assessments. They perceive that the CLS attorneys are sometimes too inexperienced to provide the proper guidance needed to determine legal sufficiency. They are concerned with the quality of the judicial reviews from case managers and the service recommendations. There is general dissatisfaction with DCF and its decision-making at several levels. They feel they often need to hold cases longer due to poor case work, lack of adequate services, wait list and poor follow through. They do not believe court orders are being adequately followed and expressed overall frustration that the system is overwhelmed and can’t sustain itself. They fully understand that they are ultimately responsible for the outcome of a child case and they feel that pressure. This may be contributing to the degree of their case work involvement, and the extensive number of orders issued for services, visits or processes which are designed to overcome the perceived deficiencies of the case, and subsequently delaying case closures.

All of the above contributes to a stressful environment for everyone involved.

An absence of on-going leadership collaboration across the system of care. There is a perception that the system lacks transparency while operating in what can be described as a high pressure and critical environment

Discussion: The team observed that leadership appears independently contained within the various entities comprising the system of care, but there is no overall leadership of the entire system. The relationships between all of the various parties in the child welfare system in the Southern Region are strained. The reasons for this are as varied as the parties we spoke with but the team believes this is first and foremost a leadership issue.

Each organization in this system has specific issues which must be addressed.

The transition to a new CEO at Our Kids may present a unique opportunity to begin new dialog internally and with the system entities they are responsible for leading and engaging. There is a perception that Our Kids is not transparent and does not fully inform or engage the community in the system of care. This includes sub-contract and other providers, community alliances and other stakeholders. In addition, there appeared to be a general perception that Our Kids provides “oversight” of the system of care but does not operate “within” the system leaving their subcontracted case management agencies to address systemic issues impacting case management. This perception results in case management agencies addressing systemic issues in various independent ways rather than looking for system-wide answers. The team agrees that this perception impacts the system’s effective functioning.

Our Kids, as the lead agency, must first and foremost lead its system of care and continuously and transparently communicate the systems performance, factors that influence change, and gather open input from the entire stakeholder community. The Our Kids Board of Directors is transitioning from a “founding” board to a mature governing Board which contributes to the opportunity to strengthen Our Kids leadership of the system of care.

DCF must have strong leadership as well. The quality of the child protective investigation’s work impacts all other organizations in the child welfare system of care. The implementation of the new System of Care model presents an opportunity for DCF to make significant organization and training changes that maximizes the quality of investigation practice and supervision. Our Kids and DCF senior management must actively create a partnership environment. The community-based care model envisioned a partnership between DCF and the Lead Agency with both organizations working toward the betterment of the children and families they serve. The current leadership of these organizations must move purposefully and decisively in this direction.

A high turnover of staff in CLS, CPI and FCMA has resulted in an inexperienced workforce that affects the quality across the entire system of care.

Discussion: As mentioned above, the quality of the child protective investigation work is variable and is significantly impacted by staff turnover. High caseloads, relatively inexperienced CPI's, and variable support and supervision are among the key factors. The quality of CPI work also affects the intake process at Our Kids. The Structure Decision Making (SDM) process is very prescriptive and requires detailed information about the family, the children and the circumstances around an incident. If this information is incomplete or inaccurate the process becomes more difficult and can become confrontational. Investigation quality also affects the proper decision-making and selection of services for a family and may result in children being removed that could otherwise have been served through diversion programs.

The quality of the investigations also affects CLS and their ability to properly represent a petition to the court. This impacts the CLS attorneys' quality of work since they cannot effectively represent the case or alternative positions without reliable or supportive facts.

High turnover with CLS attorneys has also occurred in the recent past resulting in inexperienced attorneys for whom training is in process.

The quality of the case management work is also affected by the high turnover in these organizations. The wide range of salary among the various FCMA organizations provides an environment ripe for staff transfers between organizations. The wide swings in caseloads also contribute to staff turnover. There are layoffs when caseloads are low and attempts to rapidly hire when new cases increase. Keeping experienced case workers and supervisors is critical for ensuring timely permanency for children in care.

The licensing, recruitment and retention of foster homes has not been sufficient to meet projected goals and unable to support even a modest increase in need. The substantial increase in child removals the system has experienced created a substantial impact throughout the system

Discussion: The out-of-home care population increase has been well documented and is a primary reason for this consultation and review.

The Southern Region had been below the state average for children placed in family based licensed care (state approximately 33.5%; Southern Region approximately 26%).

Our Kids has assumed in-house responsibility for the recruitment and licensing of foster/adoptive homes and has developed a detailed plan effective July 1, 2014 (see: <http://centerforchildwelfare.fmhi.usf.edu/dev/cir11/Licensing%20and%20Support%20Rev%201.8.pdf>)

This model replaces the individual FCMA's responsibility for these services. Placement services and the associated foster home daily reimbursement rate expenses remain with the FCMA's. There were some concerns expressed about the possibility that foster families, especially existing homes at re-licensure, can become confused about which agency they are associated with going forward.

The target number of new homes this fiscal year is 195 with an assumption of 2 beds per home. Our Kids notes that in addition to the new marketing strategies, they are committed to adding additional resources to training and licensing new families as quickly as possible as they work toward their goal.

As Our Kids takes a more aggressive approach to recruitment through their marketing plans they should get a better feel for how the existing foster parents will react and communicate and engage them appropriately. An expanded Mentoring program implemented with the new plan is expected to assist with foster home attrition rates which were high last year. Consistently engaging and communicating with foster parent associations are also crucial to this effort. Additionally, the day to day interaction of case managers and CPI's with foster parents can have a significant impact on foster parent retention and is crucial that everyone throughout the system realizes that they play a role in foster parent retention.

The system is also challenged by the ongoing need for medical foster home placements. This is common in most regions of the state however becomes of particular importance when a system is strained by increased volume of children in general. Our Kids has reached out to others for new or different strategies employed by other CBC's that have demonstrated success.

An additional factor relating to out-of-home care capacity has been a relative decrease in the rate of children leaving care as was mentioned above. There are a myriad of reasons that may contribute to this however issues relating to credibility with the judiciary regarding everything from quality of relative home studies to support services following reunification are among them. There is usually a lag of 10-12 months from removals to exits. The Southern Region may experience an increase in percentage of exits as the large increase in removals move through the system.

The service array offered for support and diversion from out-of-home care, although an evidence-based practice is capacity-constrained and may be a contributing factor to the increase in out-of-home care placements.

Discussion: The Our Kids Intake process, including prevention, diversion, and intensive family preservation is where services are initiated for families. Service level needs are determined through the application of SDM in a joint case meeting between Our Kids Intake staff and the CPI staff.

The diversion services model (Intensive Family Preservation Services) is a variation of the evidenced-based family builders program that provides intensive services for 9 to 12 weeks

using licensed clinicians. The Our Kids funding for this program allows for an approximate capacity of 300 families per cycle (500 children) or an average of 1200 families annually or 2,000 children (estimate derived from team interviews). The current rate of new referrals has significantly strained capacity and may contribute to the inability to safely divert more children from out-of-home care.

Other prevention-oriented but less intensive services are available that can serve additional children annually. Due to limited data we could not determine whether they also have capacity issues.

Our Kids SDM model provides a strong foundation towards the implementation of Florida's new Child Welfare Practice, but will require strong training and support for CPI's to ensure quality and complete investigations and FCMA case managers who will have new responsibilities.

Discussion: As referenced above, Our Kids implemented Structured Decision Making in 2009 and was unique in the state. This model utilizes research and practice strategies to help support decision making and target resources to those families who would most benefit from services. The model is made up of both safety and risk tools that help Our Kids work to reduce harm and expedite permanency. The system is supported with an in-house Our Kids case information management application that is capable of gathering certain history and related content materials necessary to complete the assessment.

Many elements of SDM are integrated into Florida's Child Welfare Practice and therefore it provides familiarity with the new process which is now being implemented statewide. Prior to and during implementation training will be provided for all staff. DCF and Our Kids have begun productive planning toward establishing an implementation schedule and plans for training.

While initiated later than other areas of the state, the plan for training and implementation is feasible and the parties appear supportive of working together through the process. The team believes, however, that the additional information necessary to complete the initial process will require considerable additional support and training for CPI's. Information requirements necessary for completion of the initial assessment are increased and there is a practice change in the planning and service decision process that may be perceived as a reduction in their role at intake. In fact the new model promotes a more collaborative and supportable service decision process focused on the child and family. Supervisors and their CPI's must be well supported in understanding these changes from a practice perspective. In the work environment the team perceives, changes such as these can be considered outcomes of inadequacies and criticism. Leadership and mid-management must help guard against this possible perception.

Although the discussions with the Peer group and the recent training events held by DCF has mitigated many of Our Kids' concerns around the new child welfare practice there is much work to be done. The implementation schedule must factor in sufficient resources to the field when case workers with extremely high caseloads are taken out of rotation for the eight day mandatory training. Additional factors that must be considered include: the training of the Full Case

Management staff, the retraining of the investigative staff, the creation of processes for implementation, the modification of the intake process, the identification of safety service array, the development of working teams to facilitate issues, the identification and training of SPEs and super SPEs, the creation of a role out plans and myriad of other details necessary for a successful implementation. This will be an 18-24 month project.

The Full Case Management Agencies, based on interviews conducted, appear to be under financial strain as a result of the increase of children into out-of-home care. This also appears to affect their ability to deliver services.

Discussion: Through interviews, the team learned that the FCMA's are under financial stress and, for some, the situation has been critical and resulted in operating losses for the past 2 years. The team did not review financial information or verify the financial data, but it does seem clear that several factors are impacting the system.

Most obvious is the recent significant increase in children being served in licensed out-of-home placements. Although Our Kids has transitioned licensing and recruitment of foster homes "in-house" as discussed above, placement responsibility remains with the FCMA's. This includes the cost for placement which is part of the service level case rate FCMA's received for cases they serve. It was universally stated that foster home bed rates have commonly far exceeded base state rates in this service area even before outsourcing of child welfare services. In the current environment of very high demand and limited capacity FCMA's have routinely secured placements for children at rates that in some instances are nearly double the entire daily case rate for all services they must provide the child and family. While this example is anecdotal, it does seem to reflect the extent to which additional children in care can quickly stress this system of care and impact the quality of all other required case management services.

Also, although an influx of new cases results in enormous demands on the system, a system that employs case rates can also be subject to other issues when caseloads are low. Staff layoffs can occur when the child census decreases, followed by the need to quickly hire additional staff if/when the child census increases. This requires recruitment, training and other issues to prevent instability. It can also lead to agencies soliciting for staff from other FCMA's through pay competition. In such circumstances the entire full case management system suffers instability to some degree.

The Our Kids system of care design document describes leadership relevant to the Board's role as governing body but also the responsibility for monitoring performance metrics and financial stewardship.

<http://centerforchildwelfare.fmhi.usf.edu/dev/cir11/Overall%20System%20of%20Care.pdf>

It does not describe the Our Kids' executive staff role in this process or their role relevant to sub-contracted service provider financial status or stewardship. It is therefore difficult to accurately discuss the nature of the communication or operational breakdown (if any) that may exist.

Clearly, the financial health and capacity of service providers, and FCMA's in particular, is critical to the quality and stability of the service system.

The team also reviewed organizational charts for each of the FCMA's. There is insufficient information to determine cost efficiencies that may be applicable.

A frustrated judiciary that has appeared to become more actively involved in the system of care due to their lack of confidence across the spectrum of the system

Discussion: The Southern Region judiciary is comprised of judges who are committed child welfare advocates and are acutely aware that final decisions are theirs and the weight of this responsibility is considerable.

This judiciary appears to the team to be increasingly frustrated by what they perceive as inadequate and incomplete information they receive to make informed decisions. They seem to have lost trust in all entities in this system. One outcome of this frustration may be their increased involvement and requirements that can often be perceived as negative towards those appearing before the courts. The situation may also contribute to children remaining in care longer because their confidence in relative home studies, reunification recommendation service outcomes for families, etc. is considerably diminished. It seems clear that an influx of new inexperienced staff is one factor here, but everyone involved in the system of care is responsible for responding in a coordinated fashion and addressing issues such as this with the judiciary. DCF, Our Kids, FCMA's, CLS and the GAL each have an important interdependent role in resolving these and other concerns of the court.

The judges themselves can be important engaged allies in contributing to solutions.

Team Recommendations

The team has numerous suggestions and recommendations for the leadership in the Miami-Dade and Monroe system of care to consider.

It should be noted that many of our recommendations involve system collaboration and communication. The recommendations below suggest refocusing on what the system as a whole has already identified and planned to be necessary elements of the vision for excellence in quality of service to children and their families.

Engaging the Community:

1. The DCF Regional Managing Director, Our Kids CEO, the CLS Managing Attorney, and a representative from the GAL Office should co-lead and conduct Monthly Town Hall Meetings to ensure all Community Stakeholders, Partners, and citizens are aware of system of care challenges, are able to raise issues and ask questions to include: the

unprecedented influx of children in care and its inherent impact on case worker caseloads; OHC placement capacity; CPI, CLS, and Case Management turnover; court preparedness; impact on outcomes for youth (longer stays in OHC); placement stability, financial sustainability. Monthly town hall meetings should result in system of care stakeholders working in tandem to develop plans and follow-up on these plans.

Foster Home Capacity:

2. The team supports Our Kids recent efforts to reach out to other CBC's and explore new and successful strategies for recruitment of medical foster homes. Creative strategies are necessary to maintain sufficient capacity in the specialized area.
3. It is recommended that Our Kids new approach for foster home recruitment, retention and licensing be given an opportunity to succeed before making any additional changes.
4. It is further recommended that the lead agency review monthly progress reports and edit plans as needed to ensure goals will be achieved. Additionally, the lead agency should provide monthly reports on the success of their foster homes recruiting and retention efforts to key stakeholders.
5. To prevent the continued loss of foster homes, the following is recommended:
 - a. It is recommended that Our Kids employ a robust plan that ensures all foster homes are communicated with regularly to solicit feedback and ensure that they are receiving the level of support needed to be successful. This proactive approach to problem solving will quickly be circulated by foster parents through their communication network and should result in better working relationships with foster parents over time.
 - b. Development of a neutral telephone and/or online contact mechanism that foster parents can call to vet system of care concerns.
 - c. Ensure the basic concepts of the QPI initiative and its Partnership Plan filter down to all levels of management, front line staff, CPI, CLS attorneys and case managers.
6. It is unclear what process is employed once a foster parent makes a decision to voluntarily relinquish their license but it is recommended that an exit interview process be initiated for foster parents who voluntarily leave the system.

Reduce Out of Home Care:

7. It is recommended that Our Kids consider other additional Diversion Promising Practice Models in an effort to increase capacity on the front end of the system and prevent unnecessary removal and placement of children in foster care.
8. It is recommended that DCF CPI be more diligent in its efforts to identify potential kinship and non-relative caregivers quickly during investigations in order to reduce children temporarily placed in licensed care and reduce placement disruptions. Home studies must be more complete early in the process. Our Kids and the GAL need to work very collaboratively to address ways to increase placement of children in relative and non-relative settings.

9. It is recommended that the system consider expanding the Permanency Roundtable, or a similar staffing model, to assist children to move expeditiously to permanency.

Case Management Accountability

10. The Lead Agency should increase its oversight, support and accountability of case management services by implementing a more robust information reporting system and reviewing performance levels closely and frequently.
11. It is recommended that all stakeholders in the system of care in Southern Region develop a zero tolerance policy for children placed in hotels or spending the night in offices, per DCF's June 25, 2014 correspondence.
12. It is recommended that the lead agency look at other case management models across the state to see if there are enhancement options that can be explored.
13. It is recommended that having a facilitator assigned to each judge may help to bring about better system information exchange and more confidence in the system from the court.
14. Coaching and mentoring of new case managers and supervisors should be considered an integral aspect of case management service and the lead agency should become more actively involved in the application and quality of these supports.

FCMA Financial Stability:

15. The lead agency should reassess its current case management business model to determine its continued financial viability given new system of care demands.
16. It is critical that Our Kids becomes more engaged in the support and monitoring of financial performance of the FCMA's. Our Kids should serve as a resource to help the FCMA's address and resolve budgetary shortfalls that will eventually threaten the level and quality of services provided to our children and families.
17. It is recommended that the lead agency continue to explore options to address the immediate financial concerns threatening the sustainability of their FCMA provider network. Specific areas that should be considered include:
 - a. Exploring the feasibility of reallocating resources from lead agency to system of care providers.
 - b. Revisiting the decision to hold back FCMA funding that is directly tied to performance. Given the current demands on the child welfare system, it is recommended that the lead agency release funding to the FCMA's at the beginning of the fiscal year, so that they can resource their agencies appropriately to address anticipated spikes in intakes.
 - c. Our Kids give carefully consideration to also bringing Placement in-house along with the corresponding daily placement cost.

DCF Workforce:

DCF must maintain strong leadership of CPI operations. The quality of the investigative work impacts all other organizations therefore all levels of CPI management and quality assurance must be consistently focused. The implementation of Florida's new child welfare practice presents an opportunity for DCF to make significant organization changes.

18. Coaching and mentoring of new CPI's and CPI supervisors should be considered an integral aspect of the operation at DCF and is recommended.
19. It is recommended that DCF review its supervisor-to-investigator ratio and manager-to-supervisor ratio. The key is to reduce the workload at each level to allow for better coaching, mentoring, support, and oversight of the quality of the individual work product.
20. It is recommended that DCF review the need for supplemental, experienced managers from other Regions to assist the current organization until such time as the overall quality of the process and work improves. The success of the new child welfare practice implementation is dependent on these factors.
21. It is recommended that DCF identify a position that can be used to focus on the recruitment and retention of child protective investigators.

Florida's New Child Welfare Practice Implementation:

22. The implementation of Florida's new Child Welfare Practice model is a system wide issue requiring careful planning and oversight. The parties can use this opportunity to help rebuild relationships. It is recommended that:
 - a. The hiring of a full time facilitator be considered to oversee the implementation of Florida's new Child Welfare Practice model. This should be a person that has the authority from all parties to keep implementation activities well-coordinated and on-track.
 - b. Create a senior level oversight team chaired by the Facilitator to continuously monitor the progress of the roll out and act as the final arbiter of disputes between the parties.
 - c. Create a series of working committees at various levels to act as implementation teams and to make the necessary field adjustments as the procedures are implemented. These teams would staff cases weekly until everyone is confident that all parties are maintaining fidelity to the model.
 - d. Treat every staffed case as a learning experience until the process is rote. These case meetings should be non- judgmental and factual.
 - e. All parties must maintain fidelity to the new practice model. DCF must ensure that the investigators complete the FAA and the Risk Assessment within the guidelines and time frames. Our Kids should not be put in the position of having to oversee the completeness of Investigative documentation.
23. There are a number of models for implementation that can be adopted based on the experiences of other Circuits/Regions. It is recommended that the system of care leaders reach out to learn about these approaches and adopt strategies that are applicable for this service area. Close coordination with the DCF Child Welfare Office will assist with this and other implementation support questions.

24. Multi-stakeholder workgroups are recommended. They must have defined objectives, be solution-based, have strong leadership and be focused at various levels in the system.

Leadership:

25. Leadership must accept responsibility for creating and sustaining a climate of trust that is absent from blame and that builds a system of partnership among all members of the system of care, specifically among child protective investigations, the CBC lead agency, the full case management agencies, CLS and the Judiciary. Leaders must foster collaboration and create a climate of trust. Leaders must establish an expectation that this collaborative spirit spreads across their entire organization and ensure accountability and follow-up at every level. Some methods that may be used include regular leadership meetings that are solution centered with continuous feedback and status reports, joint training, joint recognition and team building activities.

The Peer Consultation Team appreciates the candor, cooperation and commitment of time extended to them during this process. It is the team's hope that its input is helpful to leadership and all stakeholders as they move forward.

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