FLORIDA INSTITUTE
for CHILD WELFARE

INTERIM REPORT

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

January 2015

College of Social Work
Florida State University
Tallahassee, FL

MISSION

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

FLORIDA INSTITUTE
for CHILD WELFARE

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

Dear Governor Scott:

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

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

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

Sincerely,

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

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

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

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SECTION I - EXECUTIVE SUMMARY

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

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

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

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

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

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

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

REPORT RECOMMENDATIONS

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

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

SECTION II - FLORIDA INSTITUTE FOR CHILD WELFARE

Background

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

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

By statute, the Institute is required to:

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

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

Budget Allocation Plan

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

Institute Administration **$ 282,353**

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

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

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

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

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

Table 1 – FY 2014-2015 Budget Projection

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

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

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

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

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

Activities to Date/Information Sources

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

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

Figure 2 – Conceptual Model for the Institute

Research Priorities Areas

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

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

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

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

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

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

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

Strategic Planning

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

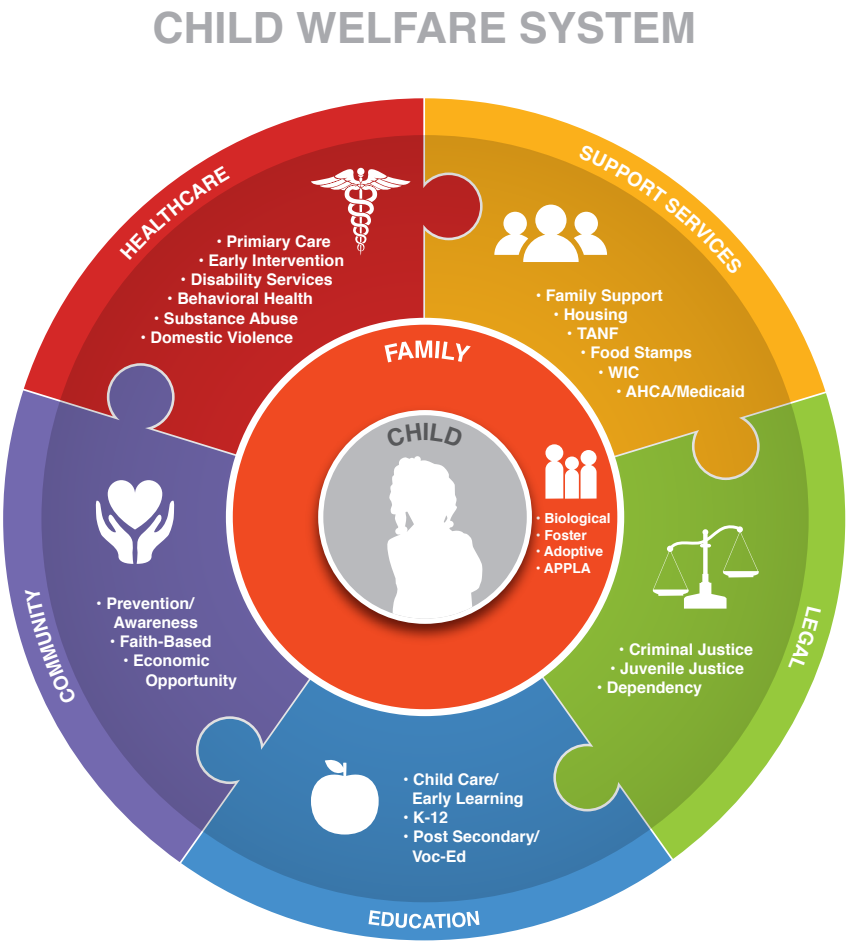
The remainder of this report outlines recommendations for improving the Florida's child welfare system for consideration by the Governor, the Legislature and the Department of Children and Families.

SECTION III - NEED FOR A CHILD WELFARE STRATEGIC PLAN

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

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

Figure 3 – Child Welfare System Model



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

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

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

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

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

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

Recommendations

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

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

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

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

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

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

Additionally, the ROAP must incorporate:

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

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

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

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

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

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

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

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

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

Recommendations

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

SECTION V - SAFETY, PERMANENCY AND WELL-BEING

Florida's Practice Model

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

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

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

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

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

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

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

Recommendations:

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

Evidence-based Practice

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

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

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

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

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

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

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

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

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

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

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

Recommendations:

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

Innovative/Promising Practices

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

Rapid Safety Feedback

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

Field Support Consultants

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

Casey Family Programs Roundtables

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

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

Recommendations:

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

Supervisory Models and Peer Reviews

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

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

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

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

Recommendations:

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

The Importance of Well-Being

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

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

Florida has added an additional well-being outcome:

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

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

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

Recommendations:

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

Children Birth to Three

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

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

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

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

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

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

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

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

Recommendations:

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

Critical Thinking and Checklists

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

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

Recommendations:

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

SECTION VI - WORKFORCE

Recruitment and Retention

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

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

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

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

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

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

Table 2 – Comparable Salaries

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

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

Recommendations:

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

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

Moving Toward a Social Work Workforce and Philosophical Approach

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

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

Recommendations:

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

SECTION VII - CRITICAL INCIDENT RAPID RESPONSE TEAM (CIRRT)

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

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

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

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

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

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

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

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

Recommendations:

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

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Apendix A - Institute Proposed Budget

Florida Institute for Child Welfare (FICW)

INSTITUTE ADMINISTRATION

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

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

ON-GOING RESEARCH & EVALUATION ACTIVITIES

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

1) DATA COLLECTION & ANALYSIS

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

2) TRAVEL

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

3) COMPUTER EQUIPMENT & NETWORK

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

4) DISSEMINATION

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

5) OPERATING EXPENSES

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

OPERATING EXPENSES $49,500

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

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

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

1) RESEARCH & EVALUATION

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

TOTAL RESEARCH & EVALUATION SUBCONTRACTS $300,000

FLORIDA INSTITUTE FOR CHILD WELFARE

TOTAL COSTS $1,000,000

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

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

Apendix C - Meetings with Stakeholders

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

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

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

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

NASW Standards for Child Welfare

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

CSWE Competencies/Behaviors

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

DCF Competencies CWPI

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

DCF Competencies CWCM

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

NASW Standards for Child Welfare

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

CSWE Competencies/Behaviors

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

DCF Competencies CWPI

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

DCF Competencies CWCM

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

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

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

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

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

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

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

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

NASW Standards for Child Welfare

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

CSWE Competencies/Behaviors

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

DCF Competencies CWPI

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

DCF Competencies CWCM

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

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

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

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

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

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

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

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

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

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

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

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

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

NASW Standards for Child Welfare

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

CSWE Competencies/Behaviors

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

DCF Competencies CWPI

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

DCF Competencies CWCM

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

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

NASW Standards for Child Welfare

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

CSWE Competencies/Behaviors

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

DCF Competencies CWCM

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

NASW Standards for Child Welfare

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

CSWE Competencies/Behaviors

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

NASW Standards for Child Welfare

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

CSWE Competencies/Behaviors

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

DCF Competencies CWCM

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

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

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

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

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

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

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

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