# Table of Contents

- **INTRODUCTION** ...................................................................................................................................................... 1  
- **CONFIDENTIALITY AND SECURE MAINTENANCE OF THE EVALUATION DATA** ......................................................... 3  
- **PRELIMINARY FINDINGS BY METHOD** .......................................................................................................................... 4  
  - **ONLINE SURVEY OF CHILD WELFARE STAFF** ........................................................................................................... 4  
  - **CASE FILE REVIEW** .................................................................................................................................................... 7  
  - **SEMI-STRUCTURED INTERVIEWS WITH CHILD WELFARE STAFF** ................................................................................... 8  
  - **CHILD WELFARE STAFF FOCUS GROUPS** ..................................................................................................................... 11  
- **EVALUATION ACTIVITIES IN 2011** ............................................................................................................................. 17  
- **APPENDICES** ......................................................................................................................................................... 20
Annual Progress Report for 2010
Family-Centered Practice Innovation Site Evaluation

Introduction

The evaluation of family-centered practice (FCP) at three innovation sites in Florida (Circuit 1, Circuits 3/8, and Circuit 11) began in July 2010. Using a participatory or utilization focused approach, a Leadership Team was convened by Casey Family Programs to provide guidance to the evaluators. The members of the Leadership Team were from the Department of Children and Families in Tallahassee, Department of Children and Families and community-based care agencies at each innovation site, and two representatives with Casey Family Programs. The first meeting with the Leadership Team for the evaluation was on August 3, 2010 in Tallahassee. The proposed evaluation questions, methods, and measures were reviewed during that meeting with valuable input provided by the Leadership Team members.

Communication with members of the Leadership Team was a priority during 2010. Conference calls were scheduled with each innovation site shortly after the first Leadership Team meeting to discuss the development of logic models and begin preparation for visits to each site. Subsequent adjustments were made in the methodologies and measures to accommodate guidance offered by the Leadership Team during monthly conference calls. Weekly updates were sent to the Leadership Team members and documents were uploaded on a Google Docs website for access by team members. Field visits to complete the methods depended on the planning and preparation provided by innovation site staff. Three webinars were conducted to share preliminary results for the online survey of staff, staff interviews, case file reviews, and staff focus groups. Evaluation activities initiated in 2010 were Phase I of the evaluation.

Interest in the implementation of FCP in each innovation site had similar origins across innovation sites but the paths followed differed across the sites. In addition to ensuring the safety of children, the primary focus that brought FCP to the forefront in child welfare at each innovation site was the reduction in the number of children in foster care. Related to this primary focus were two additional concerns, making permanency timely and preserving families. An historical account of how FCP emerged and became embedded in procedures and practices at each innovation site was considered.
an important tool for future replication of FCP across Florida. Relying on documents provided by each innovation site and conversations during site visits and conference calls, chronicles were written for each innovation site. The final versions of these chronicles are presented in Appendix I. Based on what was learned during the preparation of the chronicles, it will be helpful to compare family team conferences, early home visits, client engagement, and communication between the child welfare staff across the innovation sites.

The evaluation methods used in this evaluation were quantitative and qualitative. In addition, the selection of methods allowed a “mixed methods” approach in order to compare and triangulate findings across innovation sites and across methods. Measurement of the implementation of FCP was based on six constructs. The constructs and some of the criteria associated with each are displayed in Table 1.

Table 1: Family-Centered Practice Implementation Constructs

<table>
<thead>
<tr>
<th>Family-Centered Constructs</th>
<th>Description and/or Criteria for Construct</th>
</tr>
</thead>
</table>
| **Construct 1: Family Inclusion, Accommodation and Participation** | • *Family members are interviewed*  
• *Family members attend case planning and key decision making meetings*  
• *Family members are “active” participants in case planning and key decision making meetings*  
• *Minimal disruption in family routines*  
• *Involving older children in their Independent Living planning and decisions* |
| **Construct 2: Family Engagement** | • *Interaction between family members and child welfare staff demonstrates the following:*  
  ▪ *Honesty, Openness, Respect, Cultural-sensitivity, Trust-based relationships, Responsiveness, Genuine Caring* |
### Family-Centered Constructs

<table>
<thead>
<tr>
<th>Family-Centered Constructs</th>
<th>Description and/or Criteria for Construct</th>
</tr>
</thead>
</table>
| **Construct 3: Flexible, Adaptable and Individualized Services** | • Plans should be individualized  
• Needs of entire family and needs of individual family members are assessed and considered when identifying services and supports  
• An array of services should be identified and available to meet the needs of the child and family  
• Plans should be flexible and should adapt to the context and changing needs of the child and family |
| **Construct 4: Strengths and Needs-based**                     | • Family strengths are identified and given equal or more attention than risks or inadequacies of the family and individual members.  
• Assessments focus on strengths and needs of the family  
• Plans are developed based on the strengths and needs of the family |
| **Construct 5: Family Empowerment and Autonomy**              | • Expansion of knowledge and competences (parenting skills, family supports, and community resources)  
• Assumption of child caretaking responsibility by family members  
• Family members make key decisions |
| **Construct 6: Family Bonding and Strengthening**             | • Focus on improving relationships between family members  
• Clear preference for child placements that preserve family member connections  
• Clear preference for visitation between siblings, when possible  
• Clear preference for normalized visitation of children with their parent(s), when possible |

### Confidentiality and Secure Maintenance of the Evaluation Data

In order to protect the confidentiality of the participants in this evaluation, two procedures addressing the secure and confidential management of the evaluation data were initiated. The first was an agreement for accessing information maintained by the Florida Department of Children and Families (DCF) in client case files and the statewide electronic data system for storing maltreatment investigations, findings, and services called the Florida Safe Families Network (FSFN). This agreement is
the Privacy and Security Agreement in the Office of Family Safety of DCF. The second was the submission of an application to the Western Institutional Review Board (WIRB), which is a board that reviews methodological protocols and consent forms for adherence to federal standards for protecting human subjects. The application to WIRB was approved with conditions that included the submission of an application to the National Institutes of Health (NIH) for a certificate of confidentiality. Subsequent revisions to the original application to WIRB limited this requirement to interviews with clients or families and caretakers in the case files. The final approval of the NIH certificate of confidentiality is expected in early 2011.

**Preliminary Findings by Method**

Due to the number of methods and the comprehensive coverage of FCP in each method, the first compilation of the evaluation data is presented in this report. In one of the quantitative methods, additional data were gathered after the first compilation. In the qualitative methods, the volume of data requires substantial time and resources for a comprehensive compilation and presentation in a format that is informative and meaningful for comparing the implementation of FCP across the three innovation sites. With this acknowledgement, the findings presented in this progress report are considered preliminary. Subsequent updates in the findings will be incorporated in the evaluation documentation early in 2011.

**Online Survey of Child Welfare Staff**

The first method was an online survey of innovation site staff that was conducted in October and early November of 2010. This survey requested answers to a variety of questions on FCP training, knowledge, implementation, and satisfaction for staff as well as clients. A comprehensive presentation of the preliminary findings based on the analysis of the first wave of online survey data with 289 respondents are presented in Appendix II. Findings were presented for all survey respondents as well as for each innovation site. A couple of responses are presented for case managers across innovation sites. The most noteworthy among the preliminary findings based on the online staff survey are listed below.
Family-Centered Practice Training

- Among all respondents, between 30 percent and 35 percent did not attend either DCF FCP training workshops.
- The percentage of respondents who did not attend either DCF FCP training workshop in each innovation site was 27 percent in Circuit 1, 31.2 percent in Circuits 3/8 and 38.1 percent in Circuit 11.
- Among all respondents, 40 percent agreed that the training prepared them adequately for FCP.
- The percentage of respondents who agreed that the training prepared them adequately to use FCP in each innovation site were 41.8 percent in Circuit 1, 28.6 percent in Circuits 3/8, and 39.3 percent in Circuit 11.

Family-Centered Practice Knowledge

- Among all respondents, 91.7 percent agreed that they know what FCP is.
- The percentage of respondents that agreed they know what FCP is in each innovation site was 91.8 percent in Circuit 1, 80.5 percent in Circuits 3/8, and 81 percent in Circuit 11. Among just the case manager responses to this question, 53.3 percent “strongly agreed” in Circuit 1, 33.3 percent “strongly agreed” in Circuits 3/8, and 30 percent “strongly agreed” in Circuit 11.
- Another question addressing FCP knowledge asked the respondents to check items that referred to or included FCP. Among all respondents, 90 percent or more of the respondents identified 4 of the 9 items that represent FCP. These items were:
  - Involvement of family members in decision-making (94.7%)
  - Preserving, strengthening and encouraging family bonds or relationships (92.5%)
  - A primary focus on the strengths and needs of the family (92.5%)
  - Active participation by family members in decision-making (92.1%)
- Between 80 percent and 90 percent of the respondents identified 2 more FCP items
  - Trust-based relationships between the family and child welfare staff (89.1%)
  - When out-of-home placement is necessary, preference for relative or kinship care (non-licensed care) (82.3%)
- Between 70 percent and 80 percent of the respondents identified 3 more FCP items
  - Individualized services identified in case plans (77.7%)
  - Preference for in-home services when possible (72.8%)
  - Flexible and adaptable services and case plans (71.3%)
Implementation of Family-Centered Practice

- Among all survey respondents, 79.9 percent of the respondents agreed that they were confident that they used FCP.
- Among all survey respondents, questions on participation in family team conferences (FTC) indicated that:
  - 35.2 percent had never participated in a FTC
  - 33.7 percent had participated in 5 or more FTC
- Regarding FTC participation, 55.6 percent of the case manager respondents in Circuit 1 indicated they had participated in more than 4 conferences, 50 percent in Circuits 3/8, and 20 percent in Circuit 11.
- Among all survey respondents, 70.5 percent of respondents agreed that all or most of the staff they work with use FCP.
- The innovation site percentages of respondents “strongly agreeing” that all or most of the staff they work with use FCP are 77 percent in Circuit 1, 52 percent in Circuits 3/8, and 54.9 percent in Circuit 11.

Family-Centered Practice Benefits and Satisfaction

- Among all survey respondents, 91.8 percent agreed that there are benefits to the family when FCP is used.
- Among all survey respondents, 60.7 percent agreed that FCP improved their relationship with the families they served.
- Among all survey respondents, 56.7 percent agreed that FCP improved their satisfaction with their job.
- Among all survey respondents, 45.6 percent agreed that it was difficult to use FCP “sometimes.”
- Among all survey respondents, 68 percent agreed that most of the staff they work with believe FCP is beneficial for families.
- The innovation site percentages of respondents agreeing that there are benefits to the family when FCP is practiced are 86.9 percent in Circuit 1, 81.9 percent in Circuits 3/8, and 78.5 percent in Circuit 11.

A comparison of child protective investigators (CPI) and case manager responses to several questions on the online survey is presented in Table 2. Among the CPIs who responded in this first
round of the survey, a high percentage (44.4%) strongly agreed that they were confident that they used FCP. A high percentage of CPIs also strongly agreed that there are benefits to a family when using FCP.

Table 2. Comparison of CPI and Case Manager Responses to Selected Questions on the Staff Online Survey

<table>
<thead>
<tr>
<th>Survey Items</th>
<th>CPIs (Strongly Agree) Or as specified</th>
<th>Case Managers (Strongly Agree) Or as specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know what FCP is</td>
<td>44.4% (12)</td>
<td>42.1% (40)</td>
</tr>
<tr>
<td>I am confident that I use FCP</td>
<td>44.4% (12)</td>
<td>32.6% (31)</td>
</tr>
<tr>
<td>I think all or most of the staff I work with practice FCP</td>
<td>14.8% (4)</td>
<td>18.9% (18)</td>
</tr>
<tr>
<td>There are benefits to the family when FCP is used</td>
<td>63.0% (17)</td>
<td>47.4% (45)</td>
</tr>
<tr>
<td>FCP has improved my relationship with the families I serve</td>
<td>37.0% (10)</td>
<td>22.1% (21)</td>
</tr>
<tr>
<td>Using FCP has improved my satisfaction with my job</td>
<td>11.1% (3)</td>
<td>14.7% (14)</td>
</tr>
<tr>
<td>I think all or most of the staff I work with believe FCP is beneficial for families</td>
<td>14.8% (4)</td>
<td>13.7% (13)</td>
</tr>
</tbody>
</table>

Case File Review

The second evaluation method in Phase I was a review of case files at each innovation site. Using a set of criteria provided by the evaluation team, each innovation site selected 6-7 cases for review. The selection of cases included a mix of in-home, out-of-home, and several that were court-ordered. Several summary descriptors of the cases reviewed are listed below:
20 cases reviewed (7 in Circuits 3/8; 6 in Circuit 1; 7 in Circuit 11/16)
Average of 2.2 children for all cases
Type of Case (6 voluntary/diversion; 14 court-ordered; 8 in-home; 12 out-of-home or custody change)
Case Plan Goals (2 maintain and strengthen; 12 reunification)
Maltreatment history with DCF (4 did not have a history of maltreatment)

Each case was scored based on evidence in the case file that was consistent with criteria developed for each of the six FCP constructs. The scores assigned were 1 through 3 with 1 representing minimal or no evidence, 2 representing some evidence and 3 representing substantial evidence. Average scores were calculated and converted to percentages for achievement of each construct by innovation site as well as for all of the sites combined. A table displaying the preliminary scores appears in Appendix III. The construct receiving the highest percentages for achievement was #3-Flexible, Adaptable and Individualized Services (between 80% and 96%). The lowest percentages for achievement were for Construct #1- Family Inclusion, Accommodation and Participation (between 65.3% and 78.6%) and Construct #4-Strengths and Needs Based (between 60.3% and 78%). Comparing the innovation sites, Circuit 1 had the highest percentages for achievement on each construct. The power point for the webinar covering the case file review in December 2010 is in Appendix IV.

Semi-Structured Interviews with Child Welfare Staff

Another method in the evaluation was connected to the case file review. This method was semi-structured interviews with child welfare staff who worked with the families in each of the cases selected for the review. There was a concerted effort to interview at least one investigator, one case manager, and a service provider for each case. The majority of the staff interviews were conducted in person at each innovation site and the other interviews were conducted by telephone. The number of staff interviews completed in Circuit 3/8 was 15, the number in Circuit 1 was 12, and the number in Circuit 11 was 13.

At the beginning of each staff interview, the staff member was asked to complete a short questionnaire with 26 items addressing FCP in child welfare and the frequency of their actions when working with families on each. The number of questionnaires completed among the staff interviewed
was 33. The response scale was 5 points with 1=Never, 2=Rarely, 3=Sometimes, 4=Most of the time, 5=Always and I Don’t Know was assigned a 0. The items that had the highest mean responses for all respondents completing the questionnaire, each innovation site, and two staff categories (case managers and investigators) are as follows:

- **All Respondents (Innovation Sites Combined)**
  - Treat the family with respect (4.97)
  - Listen to the parents/guardians (4.88)
  - Encourage the parents/guardians to speak up during meetings with professionals when there is something that they want to say (4.85)

- **Circuit 1 Innovation Site**
  - Treat the family with respect (5.00)
  - Help the family get all of the information they want and/or need (4.91)
  - Listen to the parents/guardians (4.91)
  - Care about the entire family, not just the child(ren) with special needs (4.91)
  - Help the family get services from other agencies or programs as easily as possible (4.91)
  - Make sure the parents/guardians understand the family’s rights (4.91)
  - Encourage the parents/guardians to speak up during meetings with professionals when there is something that they want to say (4.91)

- **Circuit 11**
  - Treat the family with respect (5.00)
  - Help the parents/guardians expect good things in the future for themselves and their children (5.00)
  - Make sure the parents/guardians understand their family’s rights (5.00)
  - Care about the entire family, not just the child(ren) with special needs (4.90)
  - Encourages the parents/guardians to speak up during meetings with professionals when there is something that they want to say (4.90)

- **Circuits 3/8**
  - Listen to the parents/guardians (4.92)
  - Treat the family with respect (4.92)
  - Respect the family’s beliefs, customs, and ways that they do things in their family (4.83)
➢ Talk in everyday language that the family can understand (4.83)

- Investigators (Innovation Sites Combined)
  ➢ Treat the family with respect (4.91)
  ➢ Accept the family as important members of the team that helps the children (4.82)
  ➢ Help parents/families get all the information they want and/or need (4.82)
  ➢ Talk in everyday language that the family can understand (4.82)
  ➢ Encourage the parents/guardians to speak up during meetings with professionals when there is something that they want to say (4.82)

- Case Managers (Innovation Sites combined)
  ➢ Treat the family with respect (5.00)
  ➢ Care about the entire family, not just the child(ren) with special needs (5.00)
  ➢ Listen to the parents/guardians (4.93)
  ➢ Help the family get services from other agencies or programs as easily as possible (4.93)
  ➢ Make sure the parents/guardians understand their family's rights (4.86)

Qualitative data obtained during the staff interviews were organized by categories and themes. The first theme is how the staff who were interviewed defined or understood FCP. Some of the relevant quotes are the following:

- “FCP means you put the family in charge of the direction their family is going in.”
- “They don’t need to see it as a list of tasks to complete to get their kids back, but rather a list of opportunities to make their family better.”
- FCP works really well on the “maybe” cases—you have parents that are motivated to get their kids back and parents who aren’t and you aren’t going to change that, but there is this group in the middle that if you don’t handle it the right way, the kids will be ours (or somebody’s, but not the parents’)—if we had less paperwork and therefore more time to spend with families she thinks they can reach 70-80 percent of these families, but due to current constraints, they are probably only reaching about 50 percent of those.”
- “With you, not to you”
- “Nothing about me without me”

Another set of themes referred to what made the implementation of FCP easier and what made it more challenging. Some of the points shared regarding when it was easier were:
• When parents are willing, cooperative and/or open to services
• Not having the child in licensed care (facilitates visitation)
• “Not only do we need the families to buy in to it, but we need the CPIs to buy in also. Everyone has to believe in it, in order for it to be easy.”

Some of the comments shared regarding the times or conditions that make FCP more challenging were:

• Unwilling, resistant and/or in denial [parents]
• Domestic violence; parents who don’t want to work together
• Absent fathers
• Individuals who have no family or supports in the area
• “Balancing between FCP and the safety of the child. -- It is hard sometimes. The cases we are sending over for in-home supervision are higher and higher risk cases. It’s a judgment call, we want to keep families together, but we want to make sure kids are safe. It is a very fine line sometimes. What has helped with that is the fact that it isn’t a solo decision anymore. “

The power point for the webinar covering the child welfare staff interviews held in December 2010 is in Appendix IV.

Child Welfare Staff Focus Groups

The final method covered in this progress report is focus groups with child welfare staff at each innovation site. The versatility of focus groups as a method allowed this evaluation to adopt an exploratory approach while measuring the implementation of FCP. The focus groups were important for documenting: 1) how FCP is described and understood, 2) whether FCP is being implemented and accepted as a practice that is beneficial for families and staff, and 3) salient issues that need to be addressed regarding FCP. There were four main categories of staff represented across the four focus groups at each innovation site: 1) investigators, 2) case managers, 3) service providers, and 4) supervisors (investigator and case managers combined). The focus groups were conducted in late November and the beginning of December. In Circuit 11, six focus groups were conducted including two service provider groups and one special group that represented the Dependency Drug Court staff team. A comprehensive presentation of the preliminary findings based on the staff focus groups is in the power point in Appendix V.
Comments shared during the focus groups were important to document the current familiarity with the six constructs used in this evaluation to measure FCP implementation. Tables for each FCP construct were developed to display the comments across each staff category and innovation site. As examples, tables for two of the FCP constructs are presented below, Construct 1: Family Inclusion, Accommodation, and Participation (Table 3) and Construct 2: Family Engagement (Table 4).

**Table 3: Construct 1: Family Inclusion, Accommodation, and Participation Based on the Staff Focus Groups**

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Circuit 3/8</th>
<th>Circuit 1</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigators</td>
<td>Bring a family together</td>
<td>Partner with the family</td>
<td>Teaming up with the family; Incorporating family in decision making; Involve the family in decision-making</td>
</tr>
<tr>
<td>Case Managers (CM)</td>
<td>Make family part of the decision; Try to allow the family to do the work; Try to come up with something together; Talking to all family members is important; Family Team Conference</td>
<td>Seeing families more; Become more involved with the family; Invite parents to case transfers; Family Team Conference</td>
<td>Family Team Conference</td>
</tr>
<tr>
<td>CPI and CM Supervisors</td>
<td>Family has more of a say in what is going to happen</td>
<td>Making the whole family part of the process</td>
<td>Extended family/friends are involved with services for the family; Meet with family and address all issues; Involve families and sometimes foster parents</td>
</tr>
<tr>
<td>Service Providers</td>
<td>--</td>
<td>Family drives the service needed.</td>
<td>Involving the family as a team player; Family Finders</td>
</tr>
</tbody>
</table>
Table 4: Family Engagement Based on the Staff Focus Groups

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Circuit 3/8</th>
<th>Circuit 1</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigators</td>
<td>Convincing families we are there to help; Trust; Interact with family and show effort</td>
<td>Let them explain what they think; Being honest; Engage from the first minute</td>
<td>Being empathetic; Repeat what they said and find a personal connection</td>
</tr>
<tr>
<td>Case Managers</td>
<td>Allow them to talk to me; Honest, straightforward; Treated as people; Listen</td>
<td>Let family tell their side; Trust; believe in the family; Don’t judge; Be transparent; Be patient</td>
<td>--</td>
</tr>
<tr>
<td>CPI and CM Supervisors</td>
<td>Put yourself on their level; Open mind; Value neutral</td>
<td>Relationships with families are stronger; More belief in family; Trust and honesty; Transparency; Hang on to every word; Non-judgmental; Don’t count families out</td>
<td>Building rapport with family and trust</td>
</tr>
<tr>
<td>Service Providers</td>
<td>Show clients we care about them; Sensitivity</td>
<td>Develop rapport with family; Meet them where they are; Develop relationship with the family</td>
<td>Not telling family what to do; Going to bat for people; Meeting the family where they are; Building rapport with family</td>
</tr>
</tbody>
</table>

In addition to documenting comments shared in the focus groups for each FCP construct, this evaluation documented the content addressing family team conferences by staff categories and innovation sites. Comments expressed by the investigators and case managers are displayed in Table 5.
Table 5: Family Team Conferences based on the Staff Focus Groups

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Circuit 3/8</th>
<th>Circuit 1</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigators</td>
<td>Don’t get asked to attend; Empowers family a little but the plans developed in a FTC are not really their plan</td>
<td>Never been invited to one</td>
<td>Have not participated in one; sometimes there is a “family conference” but that is not a FTC; At court house, sometimes there will be a meeting with the family</td>
</tr>
<tr>
<td>Case Managers</td>
<td>Allows everyone to know what is going on; Sometimes don’t know enough to plan the FTC and make necessary contacts; Scheduling of FTCs is difficult, 2 hours per FTC; Courts do not accept what was decided in a FTC</td>
<td>Sometimes FTCs can be helpful; Other times, they are a “check the box exercise”; good experience when you have a facilitator; sometimes you need 2 FTCs or more for a family; Sometimes hard to get to anything in a FTC—family members cry the entire time</td>
<td>Have one person who facilitates the FTC; Very comprehensive and cover all aspects of support system and life; In some cases, kids don’t want to participate; Try to encourage participation</td>
</tr>
</tbody>
</table>

Successes and challenges with FCP were also documented across staff categories and innovation sites. Most frequently, the successes referred to the benefits of FCP for the families. For the agencies working with the families, the successes referred to improvements in the negative image of DCF, particularly when providing in-home prevention services. A more coordinated working relationship between investigators and case management agencies was also mentioned as a success. Another success was that FCP promoted quality casework and encouraged the staff to work with the families the way they thought they should be working with the families. As a final success highlighted here, FCP implementation was associated with a paradigm shift in entire communities that was more respectful of families and focused on the preservation of families.

Challenges shared in reference to the implementation of FCP in the focus groups were numerous. Lists of the FCP challenges by innovation site are presented in the power point for the webinar in Appendix V. While several of the challenges were specific to the procedures and protocols in an innovation site, several major items were consistent across all of the sites. These are listed below as:
• Agency staff, community stakeholders, and partners communicating, coordinating efforts, and sharing a commitment to serve families using a FCP approach

• Family Team Conferences
  o Unclear goals and variation in topics/concerns covered
  o Challenges identifying and recruiting participants (family, service providers, child welfare staff, others)
  o Scheduling conferences, with sufficient notice, at convenient times and locations for all participants
  o Insufficient preparation of families for the conferences
  o Appropriate and adequate facilitation of the conferences

• CPI and CM Joint Home Visits/Early Engagement Visits were praised in some of the focus groups but there was still some confusion over roles and responsibilities, case transfers and making sure the right staff could participate in the early home visit

• Lack of coordination and/or inconsistencies between child welfare professionals and the judiciary in FCP implementation

As a final set of preliminary findings based on the staff focus groups, essentials for implementing FCP were identified. In this report, the essentials are presented by staff categories.

• Investigators
  o Engage the family as early as possible
  o Need time to interact with families
  o Services for the family are often needed immediately
  o Everyone working with the family needs to be on the same page
  o Make sure family understands
  o Joint (CPI and CM) home visits
  o Need follow-up visit with family

• Case Managers
  o Trust and believe in the family
  o Maintain value neutrality
  o Letting family talk, offer suggestions and solutions, be part of decisions
  o Transparency
  o Do not promise things that you cannot do
• Comprehensive Family Team Conferences
  o Foster parent and biological parent interaction
  o Quality services and quality case work
  o Time to think through the cases
  o Allowing families to develop their case plan
  o Court Liaisons
  o FTC Facilitators

• CPI and CM Supervisors
  o Building rapport and trust with family
  o Identifying underlying causes of problems
  o CPI and CM both working with the family in joint visits
  o Manageable caseloads
  o CPIs should be invited to FTCs
  o FTC Facilitators (arrange services, facilitate the conference)
  o FTCs should be sooner and subsequent timing of FTCs should not be mandated
  o Comprehensive assessment of family/individuals
  o Consistency between child welfare work with the family and court actions
  o Sometimes involve foster parents

• Service Providers
  o All community stakeholders need to be participating
  o Good communication between professionals serving the family
  o FCP needs to be included in every aspect of family’s services
  o No duplication of services
  o Develop rapport with family
  o Have to believe that the family can get better
  o Need tools (funding), time and training
  o Florida should have a Medicaid code for FCP and sufficient time frames allowed for services/therapies
  o Empower families with skills to nurture, budget, and communicate
  o Family Finders program
  o Better matching of CM with family (compatibility)
  o Having judges that understand therapy and evidence-based practices
Evaluation Activities in 2011

The evaluation activities planned for 2011 will build on the work completed in 2010 for Phase I. The planned activities allow the conduct of one remaining evaluation method for Phase I, semi-structured interviews with families in the case files reviewed. Activities early in 2011 will also accommodate the completion of the compilation and analysis of the data collected in both the quantitative and qualitative methods. New activities for 2011 will cover an economic analysis of FCP in Florida’s three innovation sites, semi-structured interviews with officials in the judiciary, and the administration of a second online survey of child welfare staff at existing innovation sites and new sites identified by DCF. Early in 2011, briefing materials based on the findings in this evaluation will also be prepared for distribution to policy and program officials in Florida.

Table 6: Family-Centered Practice Innovation Evaluation Activities for 2011

<table>
<thead>
<tr>
<th>Project Deliverable</th>
<th>Completion Date</th>
<th>Project Activities and Evaluation Methods Contributing to the Deliverable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conduct family interviews</td>
<td>01/21/2011</td>
<td>Quantitative and Qualitative Methods</td>
</tr>
<tr>
<td>2. Present at Family-Centered Practice (FCP) Innovation Site Meeting - Orlando</td>
<td>01/10/2011</td>
<td>The Evaluation Team will conduct family interviews at each innovation site during January 2011.</td>
</tr>
<tr>
<td>3. Host Family Interview Webinar for FCP sites and key state staff, and Casey representatives</td>
<td>01/31/2011</td>
<td>Internal project Website (Google Docs Website) Postings: FCP Progress Report 2010 Materials for FCP Innovation Site Meeting Family Interview Webinar Presentation</td>
</tr>
<tr>
<td>4. Develop evaluation briefing materials and identify methods for dissemination of the materials</td>
<td>02/11/2011</td>
<td>Briefing Materials:</td>
</tr>
<tr>
<td></td>
<td>02/25/2011</td>
<td>Content will be based on webinars, evaluation documents posted on the Google Docs website, and content in the 2010 Annual Progress Report. Highlights and policy tips from the evaluation should be included in the briefing materials.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Up to 5 cases among those reviewed in case files in this evaluation will be described without identifying the family and using a format that will be appropriate as briefing</td>
</tr>
<tr>
<td>5.</td>
<td>Develop method of calculating outcomes for FCP using FSFN Data provided by DCF</td>
<td>Options for calculating FCP outcomes will be developed for review by the Leadership Team. OPFF will finalize the outcome measurement methodology upon completion of the review.</td>
</tr>
<tr>
<td>-----</td>
<td>--------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Draft Version</td>
<td>03/01/2011 03/15/2011</td>
</tr>
<tr>
<td></td>
<td>Final Version</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Develop an economic analysis (value of FCP) methodology</td>
<td>The Evaluation Team will collaborate with the Leadership Team in developing the methodology. The methodology will include semi-structured interviews with central office staff at the Department of Children and Families and semi-structured interviews with child welfare staff at each innovation site as well as a reviewing relevant reports and documents.</td>
</tr>
<tr>
<td>7.</td>
<td>Implement the methodology</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Present findings of the analysis</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>03/31/2011 04/01/2011 09/15/2011</td>
</tr>
<tr>
<td>9.</td>
<td>Develop a Customer Satisfaction Survey Tool for FCP</td>
<td>The Evaluation Team will collaborate with the innovation sites to develop a tool to obtain feedback from clients on FCP.</td>
</tr>
<tr>
<td></td>
<td>Release Date</td>
<td>03/01/2011</td>
</tr>
<tr>
<td>10.</td>
<td>Input from the Judiciary in Innovation Sites</td>
<td>The Evaluation Team will conduct semi-structured interviews with CLS attorneys, judges, guardian ad litem, and other judicial officials at each innovation site.</td>
</tr>
<tr>
<td></td>
<td>Begin data collection</td>
<td>03/01/2011 05/31/2011</td>
</tr>
<tr>
<td></td>
<td>Host Webinar</td>
<td></td>
</tr>
<tr>
<td>Collect Child Welfare Staff data</td>
<td></td>
<td>The Evaluation Team will revise the first child welfare staff survey as needed and survey staff at the innovation sites (Circuits 1, 3/8, 11) to measure staff perceptions and knowledge of FCP approximately one year</td>
</tr>
<tr>
<td>11.</td>
<td>Develop online survey of Child Welfare Staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td>08/01/2011</td>
<td>08/15/2011</td>
</tr>
<tr>
<td>12.</td>
<td>Implement survey</td>
<td></td>
</tr>
<tr>
<td>13. Conduct staff focus groups at each site</td>
<td>09/30/2011</td>
<td>The Evaluation Team will conduct staff focus groups at each innovation site to measure FCP implementation approximately one year after first staff focus group data collection.</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>14. Conduct analysis of outcome data</td>
<td>10/31/2011</td>
<td>The Evaluation Team will utilize data from FSFN to calculate innovation site FCP outcomes for inclusion in 2011 Annual Progress Report</td>
</tr>
<tr>
<td>15. Prepare 2011 Annual Progress Report</td>
<td>12/15/2011</td>
<td>The report will include a description of all project activities and evaluation methods. Key results and lessons learned will be highlighted. Report components will include:</td>
</tr>
<tr>
<td>Report Draft</td>
<td>12/31/2011</td>
<td>Executive Summary</td>
</tr>
<tr>
<td>Final Report:</td>
<td></td>
<td>Introduction (Goals, Time Frame, Coordination with sites)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evaluation Methods (Quantitative and Qualitative)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evaluation Results</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lessons Learned</td>
</tr>
</tbody>
</table>
Appendices

Appendix I – Innovation Site Chronicles

Appendix II – Online Site Child Welfare Staff Survey Webinar

Appendix III – Family-Centered Practice Construct Scoring on Case Files

Appendix IV – Case File and Staff Interviews Webinar

Appendix V – Staff Focus Group Webinar
Family-Centered Practice Chronicle
Circuit 1

Mary Kay Falconer, Ph.D.
Senior Evaluator
Christine King Thompson, M.S.W., M.P.A.
Evaluator
Research, Evaluation and Systems

March 1, 2011

Celebrating 20 Years
The Ounce of Prevention Fund of Florida
1989 – 2009
Appendix I

Family-Centered Practice Chronicle, Circuit 1

Major Initiatives that Preceded and/or Facilitated the Emergence of Family-Centered Practice Implementation

The beginning of the foundation for family-centered practice (FCP) in Circuit 1 corresponded with the Placement Stability Workgroup in 2005-2006, which was created to improve Florida’s placement stability. This effort benefited from technical assistance from the Children’s Bureau, and several national resource centers, including AdoptUsKids, Child Welfare Data and Technology, and Family-Centered Practice and Permanency Planning (National Resource Center (NRC) for Permanency and Family Connections, and NRC for Organizational Improvement). Circuit 1 was a pilot site for this initiative.

Additional work was conducted in 2007 to evaluate the 2006 pilot and determine if outcomes were impacted. In the 2008 evaluation report of the pilot project, several findings and recommendations relevant to FCP were identified. Some of these referred to challenges associated with what was labeled family engagement that focused primarily on the relationships between the foster parents, birth parents, and relatives of the children. Differences in the way staff worked with birth parents and relatives were documented across counties and courts within the circuit and the report recognized the need for a consistent model that covered the entire circuit and all stakeholders.

FCP was the framework or central set of principles that served as the base for the recommendations in that 2008 report. These principles were:

1. The entire family is the focus of intervention.
2. Family Services Counselors work to build on the strengths, capacities, and resources of the entire family system.
3. Practice is strength-focused and looks to the family to identify the solutions to their problems—believing that the solution lies within the family system.
4. Foster and adoptive parents are engaged as team members in supporting families.

The recommendations included the development of the cohesive FCP model with a concurrent planning component that fits with communities in the circuit. The participation of line staff and stakeholders for the development of this model was suggested. A Family Engagement Task Force composed of supervisors and program managers was formed to assess the ability of, gaps in, and strategies for understanding, teaching, and supporting family engagement techniques in the values, practices, and routines of the partner agencies. Diligent search procedures and collaboration with the legal system on the use of relative placement were recommended. Increased use of family team conferences was recommended when children were in placement or at risk of placement. Improving the skills and competence of Family Services Counselors in forming relationships between birth parents and foster parents, both relative and non-relative caregivers, was also recommended. Supervisory skills and oversight became a key focus in Circuit 1 with the expansion of this effort to include a mentoring program and guidance in developing the home visiting skills of the Family Services Counselors family services counselors. Subsequent to the release of this set of recommendations, Circuit 1 requested technical assistance from the NRC for Permanency and Family Connections for the development of a FCP model in Circuit 1. According to information provided by the innovation site staff for Circuit 1, the initial stage of implementation of FCP began in FY 2009-2010.
Another strategy utilized by Circuit 1 to further implement family-centered practice has been to focus on making sure staff understand and implement the requirements of the Child and Family Services Reviews (CFSR). The CFSR is the federal review of each state’s compliance which requires meeting outcome measures around safety, permanence and well-being. Circuit 1 was the only one of the three innovation sites that was not a participant in the 2008 CFSR. The other sites have baseline information from which to develop CFSR strategies. So, Circuit 1 trained 54 leaders from DCF and Families First Network (FFN) in the CFSR process and replicated the review in all 4 counties during the fall of 2010. Additionally, on November 11, 2011, FFN had an “all staff” meeting which was the kickoff for the Circuit 1 CFSR work plan. The circuit completed a circuit assessment and plans which will contribute to further improvements in the system of care. Many of the CFSR items are aligned with family-centered practices, so the goal is to see improvements in the family-centered practice initiative as well as the CFSR items.

Planning Activities

Based on the available documentation, planning for the implementation of FCP in Circuit 1 began as early as 2006. An important part of planning the implementation of FCP was maintaining a spreadsheet that contained all of the relevant activities and tasks. A review of that monitoring document revealed the importance of a wide range of tasks with the participation of the Department of Children and Families (DCF), Families First Network (FFN), legal staff, guardian ad litem, caregivers, and providers. Some of the activities were considered part of strategic planning. Others were designed to develop a “community culture” supporting FCP. Outcome measures for FCP that were part of the quality assurance (QA) findings received attention. Several pilots were launched to try different FCP practices and then identify those that were more successful. There was an innovation site plan that was reviewed each month at a “Steering Committee” meeting with updates made as needed. A FCP plan was also developed by this committee. Consultants were engaged to advise the committee on these plans, including Janyce Fenton from the NRC for Permanency and Family Connections. Training the judiciary in FCP was included in the planning documentation. This training included the judges, parent attorneys, and Children’s Legal Services (CLS) in each county. Collaboration with the courts was ongoing. Policies and procedures in manuals were modified to incorporate FCP. During 2010, FCP training received attention with more sessions conducted for all staff across DCF and FFN as well as foster parents and the judiciary. Teams were also formed to address issues in FCP implementation. Examples included the permanency planning team and the county integration team to review services and identify gaps in services. Specialists were also trained and aligned with the service centers to facilitate FCP implementation. Overall, the planning coordinated a wide range of activities, enlisted the expertise and support of national and local resources, and covered all agencies and staff working with the families throughout the circuit.

Technical Assistance and Training

At the beginning of the FCP Innovation Site Evaluation, several questions were distributed to each innovation site for their response. One set of questions referred to FCP training and the implementation of FCP. This section presents the content from the responses from Circuit 1 innovation site staff to the training questions.

The staff positions in Circuit 1 that have been trained in FCP are:

- Child Welfare Management (DCF and Community Based Care (CBC))
- Child Protective Investigators (CPI)
The training began in October 2008 with Child Welfare Management. In December 2008, all CPI and FSC supervisors were trained. Since that time, FCP training has been on-going. In March 2011, the Family-Centered Practice Professional Development Series will start.

The training sessions and facilitators were:

- Lori Lutz of the NRC for Permanency and Family Connections
- Janyce Fenton of the NRC for Permanency and Family Connections
- Delores Cain, University of South Florida Training Consortium
- Judge Joanne Brown, National Resource Center for Judicial and Legal Issues
- Elena Aldridge, Lakeview Center Inc., FamiliesFirst Network Training Manager, Model 1 and 2 of the FCP training series
- Annual May Child Welfare In-Service Training conferences in 2009 and 2010
- Dependency Court Mini –Summits were held in 2009 and 2010 with a focus on family-centered practice

Circuit 1 received technical assistance for the implementation of FCP which included:

1. Initial technical assistance was provided as described above.
2. In the spring of 2010, Circuit 1 began working with child welfare expert coaches in the field with supervisors, CPIs, and FSC.
3. Janyce Fenton, NRC Permanency and Family Connections is coaching in North Okaloosa and Walton Counties.
4. Two trainers, Laurie Cunningham and Pamela Aeppel, from the University of South Florida’s Training Consortium coached in South Okaloosa County and Niceville.
5. Paul Vincent’s Child Welfare Policy and Practice Group provided five coaches working in Escambia and Santa Rosa Counties.

Initially, the coaches shadowed CPI and FSC counselors in the field, attended family team conferences, case staffings, case transfer meetings, and court, and observed all aspects of Circuit 1’s child welfare practice. The coaches observed, provided immediate feedback and role modeled for front line staff by employing the following methods using the family-centered practice format of Engaging, Assessing, Planning, and Peer coaching groups

- Supervisor’s use of coaching as supervisory strategy
Appendix I

Family-Centered Practice Chronicle, Circuit 1

- Shadow and coaching of individual staff members
- Peer to peer coaching model
- Connection of peer coaching groups to clinical supervision
- Evaluation of effectiveness and plan to incorporate enhancements informed by initial efforts

In July 2010, the second phase of coaching began and primary focus was on the CPI and FSC Supervisors. The coaches’ foci included: providing strategies for modeling strength based techniques in working with staff and families in regards to safety planning, safety assessments, family assessments and individualized case plans; quality and critical thinking skills; balancing partnerships with families while meeting statutory requirements and clinical supervision. More specialized trainings were also offered, including the Safe and Together model training, trauma informed care, and a session or part of MAPP to address the engagement of biological parents by foster parents.

Resource Documents (Protocols, Manual, Forms)

Among the numerous documents prepared for the implementation of FCP, the most informative for purposes of this evaluation were the following:

- FCP Implementation Activities (spreadsheet used for planning and monitoring progress)
- Family Engagement Pilot Program for North/Central Santa Rosa County (version 2)
- Escambia County Family Engagement Process
- Circuit One Family Preservation Service Protocol for Moderate to High Risk Case Referrals of Child Welfare Cases to Family intervention Specialists
- Child Protective Investigation/Child Protection Services Framework (Engage, Assess, Plan, and Review)
- Memorandum from DCF on Report for District 1 Pilot Project on Permanent Stability (2006)
- Family-centered Practice and Resource Families (May Conference, 2009)
- Adoption Manual: Procedure and Practice (June 2008)
- Variety of documents that identified questions, current practices, barriers, what needs to be done for a variety of issues that needed attention

In addition, there were several forms modified and/or created for FCP. One that was shared of particular importance was the Family Assessment Form. The Out of Home Care (OHC) Risk Assessment/Home Visit Template Guide was also shared.

Staffing for Family-Centered Practice Implementation

In order to integrate FCP when serving families that have contact with the child protection system, existing and new staff positions were needed. Coordination between these staff is also essential and assignment of responsibilities corresponds with risk in a case or the length of time a family has been in
services. The key staffing positions for implementing FCP in Circuits 1 are listed below with those created specifically for implementation of FCP in italics:

- Child Protection Investigator (CPI)
- Child Protection Investigator (CPI Supervisor)
- Family Services Counselor (FSC)—
- Family Services Counselor Supervisor
- Family Team Conference (FTC) Coordinator (FSC whose primary role is preparing for and facilitating FTC)
- Family Intervention Specialist (FIS)—Coordinates substance abuse services and serves as the contact with the Drug Court or Dependency Drug Court.
- Children’s Legal Services Staff

**Service Providers and Agency Coordination**

The Community-based Care lead agency in Circuit 1 is the FamiliesFirst Network of Lakeview. This agency has been the lead CBC since 2001. The services provided and/or coordinated by this agency are case management for out of home and in home placements; foster home recruitment, training, recommendation for licensure, and support; adoption support; independent living program; dependency court resource facilitation; sub-contract management; and other related services to abused and neglected children and their families. The Child Protective Services Division in the FamiliesFirst Network has a director for resource development, director of family services, director of policy and quality, and director of community relations.

Clinical Response Teams have been developed in each service area which are designed to provide up-front assessments and services in an effort to reduce removals and engage parents in developing strategies to decrease risk to the children in the home.

**Implementation of Family-Centered Practice**

As specified in the relevant protocols, several practices and service components have been highlighted for FCP implementation in Circuit 1. The protocols guiding the process for serving families vary by risk level. Low to moderate risk cases are in one category and there is another category for moderate to high risk. In both categories, there are procedures for addressing noncompliance and safety concerns. Figure 1 provides a flow chart of the steps in the procedures for both categories of cases. There is also a protocol for referrals to FIS for substance abuse treatment and recovery.

For the low to moderate risk cases, there is no judicial intervention required or expected. Services for the families that are identified by the CPI and the family can be provided in home. The services can be provided by Family Support Teams that are sub-contracted by the CBC providers. The referrals for services should be made within 2 business days. Subsequent interaction with the family is required in order to engage with the family but no required frequencies or time frames are specified for this interaction. If the family does not accept the services, the service providers communicate that to the CPI. The CPI communicates with the family to identify the problems and assesses child safety. If there are no safety concerns and the family continues to refuse services, the case is closed. If there are child
Appendix I
Family-Centered Practice Chronicle, Circuit 1

safety concerns, the CPI supervisor is consulted and the case is re-staffed or the CPI makes contact with the family and the service providers for additional assessments and decisions.

For moderate to high risk cases, a family preservation services protocol specifies steps and procedures for the CPI and FSC to follow when serving a family. The cases in this category include in home judicial or non-judicial cases and if there is noncompliance with participation in services, they have the legal sufficiency to have dependency action. FFN provides child protection services in these cases and substance abuse, mental health, and domestic violence services are provided as needed. The FSC conducts a family team conference that includes the family, their support network, the CPI, and service providers. Additional staffings will occur as needed with the family, CPI, providers, and FSC attending, as appropriate. Before the CPI closes the investigation, the CPI will contact the FSC to ensure that the family is engaged in services and there are no child safety concerns. The FSC case will remain open until the case plan is completed and the risk bringing the case to services initially has been improved. Documentation in Florida Safe Families Network (FSFN) will also be entered for these cases.

If noncompliance with services and additional safety concerns surface, the protocol specifies appropriate next steps. If the investigation is still open, the FSC, FSC supervisor, and CPI meet to discuss the case. Additional action with the case might include a joint home visit, staffing with CLS to determine additional legal action needed, and additional services for the family. If this is a non-judicial in-home case, the FSC tries to meet with the family and identify barriers that might be affecting the family’s engagement. If there continues to be refusal on the part of the family, there is a multidisciplinary staffing to include the CPI, CLS, and providers to determine next steps and the possible filing of a dependency petition. For the judicial in-home cases, the FSC and the FSC supervisor will meet and discuss the need for a family team conference or a service intervention. CLS is updated and if noncompliance continues, a staffing occurs with CLS. In the staffing, the CPI and service providers will be invited if appropriate. At the staffing, the action needed in the case will be decided, including removal of the children. If there is a new report during an open in-home case, the assigned CPI will contact the assigned FSC to discuss the allegations and the current status of the family. A joint home visit will occur if possible. If CLS is involved, they will be updated. A staffing is scheduled to discuss the case, the findings, and additional services that are needed.

Referring cases to FIS allows the provision of early interventions for substance abuse treatment and recovery. A written referral is submitted to the FIS by the CPI or the FFN staff. The FIS then sends a letter to the family (client) and the FIS attempts to contact the family by phone or in person within 3 days. If the family is contacted and cooperative, the FIS conducts a face-to-face screening within 10 business days of the receipt of the referral package. If the family is not contacted or not cooperative, the FIS notifies the CPI or FFN and a staffing is convened to decide next steps or interventions. In moderate to high risk cases, CLS is consulted. If the screening indicates that services are needed and the family is cooperative, the referrals for services are made within 48 hours and appointments are scheduled for the client to be seen within 7 business days, if possible. Ongoing monitoring of services by the FIS and updates must be provided for the CPI and/or FFN staff. If the family is non-compliant, does not complete services, and will be closed due to non-compliance, there is a transfer/status conference and written summary that all participants in the conference must sign. As indicated in the protocol, the success of this process is ongoing communication between the FIS, the CPI, and FFN staff. It was also noted that the co-location of the CPI and FFN staff ensures that the needed communication will be “immediate and clear.”
Abuse Hotline

**Low to Moderate Risk**
CPI conducts investigation and identifies service needs with the family within 2 business days.

Procedures for noncompliance with services, if CPI case is still open.

If CPI case is closed and service providers have concerns about child safety, then CPI supervisor is consulted.

**In-Home:** CPI contacts FFN for assignment of FSC.

Joint home visit made within 2 business days.

Case transfer staffing occurs within 7 business days of joint home visit. Locations of staffing can be other than the office.

FSC works with family to develop the case plan using a family team conference.

Additional staffing and family team conference conducted as needed.

Before CPI closes the case, CPI contacts FSC about status.

FSC closes the case when the family completes the case plan and risk has been reduced.

**Moderate to High Risk**
CPI conducts risk/safety assessment to determine if this will be in-home or out-of-home case.

**Out-of-Home:** CPI completes investigation process with decision to staff with CLS and filing of dependency petition.

Joint home visit made within 2 business days.

Case transfer staffing occurs within 7 business days of joint home visit. Locations of staffing can be other than the office.

FSC works with family to develop the case plan using a family team conference.

Additional staffing and family team conference conducted as needed.

Before CPI closes the case, CPI contacts FSC about status.

FSC closes the case when the family completes the case plan and risk has been reduced.

**Figure 1: Circuit 1: Risk Level Flow Chart**

Locations of staffing can be other than the office.
Circuit 1 also has an “early” family engagement process that includes a CPI and FSC joint home visit to in-home cases and a joint visit at the shelter hearing for the removal cases. Figure 2 displays the steps and the time frame for this process. For in home cases, if the CPI and the CPI supervisor determine that services are necessary, a FSC is assigned to the case. From this point on, communication and coordination between the CPI and the FSC adheres to a specified time frame. A family team conference is included in this set of procedures. A CPI and FSC joint home visit will occur within 48 hours of the FSC assignment. Preparation for a family team conference occurs during the initial contact and the family is consulted on the best schedule for having the family team conference within the first 2 weeks of initial contact. The case transfer occurs during the joint home visit. Subsequent joint home visits can be completed as needed. For the removal cases, the CPI and FSC joint visit with the family occurs at the courthouse. A family team conference is scheduled and convened. In order to transfer a case, the CPI supervisor must provide a list of documents called a case transfer packet to the FFN supervisor within 7 days of the joint home visit or visit with the family. There are specific tasks that must be completed during the joint home visit.

**Figure 2: Circuit 1 Early Family Engagement Pilot (North/Central Santa Rosa County)**

**In Home Cases**

- **Hotline Report**
  - CPI and CPI Supervisor determine if case requires services.
- **CPI and assigned FSC meet to exchange specified information.**
- **Joint home visit conducted within 48 hours of FSC assignment. FTC Preparation and FTC scheduled.**
- **Within 24 hours of initial contact, CPI & FSC meet.**
- **FSC completes all referrals within 24 hours.**
- **Within 48 hours of initial visit, FSC meets with FTC Coordinator to schedule FTC (If DV, FTCs are separate).**

Within 14 days

**Removal Cases**

Similar to in home cases except visit with family occurs at the shelter hearing and supervisor review with FSC is within 15 days to ensure all referrals have been completed.
Family-Centered Practice Chronicle
Circuit 3/8

Mary Kay Falconer, Ph.D.
Senior Evaluator
Christine King Thompson, M.S.W., M.P.A.
Evaluator
Research, Evaluation and Systems

March 1, 2011
Family-Centered Practice Chronicle, Circuits 3 and 8

Major Initiatives that Preceded and/or Facilitated the Emergence of Family-Centered Practice Implementation

A major redesign of the foster care system was the primary impetus that laid the groundwork for the implementation of Family-Centered Practice (FCP) in Circuits 3 and 8. The redesign initiative began in 2007-2008. The redesign broadened the focus from primarily out-of-home placements to include diversion and in-home services. Ensuring the safety of the children, the preservation of the family and the timely reunification of the family when out-of-home placements were necessary became paramount. The redesign effort included participants in 25 workgroups or committees. As described in relevant documentation for this redesign, several outcomes were developed to measure success “through collaborative, strength-based, and culturally appropriate family-centered practice.” These outcomes were:

1) Prevent child abuse and neglect by reducing risk factors and increasing protective factors that help strengthen vulnerable families;
2) Safely divert children from out of home care and reduce risk and recurrence of abuse and neglect by linking vulnerable families to the resources and supports needed to increase protective factors;
3) Reduce timelines to permanency and help ensure every child and youth has a forever family;
4) Insure every youth in out-of-home care has the resources, support and service they need to succeed;
5) Reduce disproportionality in Alachua County

To reach these better outcomes for child victims of maltreatment and their families, senior leaders at the Department of Children and Families (DCF) and the community based care agency, Partnership for Strong Families (PSF) set broad goals to describe the redesign work to staff, community partners and local policy makers:

1) Remove children only when their immediate safety cannot be assured & shift our practices to leave children safely in their homes by assisting their parents;
2) Introduce preventative services to prevent removals, supporting families to find solutions;
3) Develop community support for prevention services;
4) Retool and redesign existing services and protocols;
5) Analyze results and identify “Best Practices”

With these goals as a basis, many process and procedural changes were implemented over several years and these are described in the section on Planning Activities. An opportunity to pilot and evaluate a new family team conferencing process and model through a federal grant also contributed to the FCP implementation.

More recently in Circuits 3/8, Solution Based Casework (SBC) was adopted as a key component of the practice model in 2010 for guiding child welfare staff in their casework. Senior leaders for the
Appendix I

Family-Centered Practice Chronicle, Circuits 3 and 8

Department and PSF describe the decision to incorporate Solution Based Casework into the system of care as the next step in foster care redesign. They indicate that the family-centered practices in the model support changes in processes that were made as part of the redesign. The investment to implement SBC was viewed as the way to weave all the initiatives together to maintain a focus on better outcomes for children at risk of maltreatment and their families.

As explained in an excerpt retrieved from [http://www.solutionbasedcasework.com/Home_Page.html](http://www.solutionbasedcasework.com/Home_Page.html) and presented below, Solution Based Casework is a family-centered practice model.

**Solution Based Casework** is a family-centered practice model of child welfare assessment, case planning, and ongoing casework. The model targets specific everyday events in the life of a family that have caused the family difficulty. Solution Based Casework combines the best of problem focused relapse prevention approaches that evolved from work with addiction, violence, and helplessness (Marlatt & Gordon, 1985; Pithers, 1990), with solution-focused models that evolved from family systems casework and therapy (Berg, 1994; deShazer, 1988). By integrating the two approaches, partnerships between family, caseworker, and service providers can be developed that account for basic needs and restore the family’s pride in their own competence.

**Solution Based Casework** has three basic goals:
- Develop a partnership with the family
- Focus on pragmatic everyday family life tasks
- Promote specific prevention skills tied to the family’s tasks

Because the model provides for specific outcome skills necessary for relapse prevention, all providers in a service system can work toward common goals. Because Solution Based Casework utilizes a partnership approach based on what is successful, the practice model provides a method for tapping a family’s competence without diminishing the absolute need to meet certain criteria. Developing partnerships that lead to identifiable solutions in everyday family life is the best way to prevent future relapse.

**Planning Activities**

Redesign of the foster care system included participation of Department of Children and Family (DCF) staff (administrators, operations manager, contract supervisor, contracts manager/supervisors, quality assurance manager, and CPI supervisors), Children’s Legal Services, Partnership for a Strong Family (operations managers, supervisors, and several other positions), the judicial sector (general magistrate), community service partners, and case management agencies. Over 40 individuals were members of this redesign team. In addition, there were numerous workgroups or committees formed to focus on selected activities and practices. The workgroups were In Home Services/Diversion, Substance Abuse, Mental Health & Domestic Violence, Concurrent Planning, Case Management & Assessment/Rapid Reunification, Forms and Processes, Permanency, Placement Stability, Caregiver, Initial Placement, Recruitment and Retention, MDT/STFC, Independent Living, Diligent Search, Solution Based Casework, Case Plan, Family Team Conferences, Training, Continuous Quality Improvement, Data, Library Partnership, Adoption, Education, Color of Care (focused on Disproportionality), and a steering committee in each circuit.
Appendix I
Family-Centered Practice Chronicle, Circuits 3 and 8

One planning effort for which documentation was provided was tracking and monitoring progress in the foster care redesign and the implementation of FCP. The document for tracking the progress listed the major changes or actions in the system of care as well as the lead, workgroup members, measures tracked, related documents changed, new information shared with affected staff and partners, CQI process status, whether or not full implementation occurred and whether the change in the system of care (SOC) was made. The changes listed in the tracking spreadsheet were under Safe Diversion/Family Preservation, Timely Permanency, and Independent Living. Some of the workgroups specified were FCP Innovation Zone, In-Home Services (IHS) - Diversion, Library Partnership-Neighborhood Resource Center, Initial Placement Subcommittee, Forms and Processes, Domestic Violence and Substance Abuse/Mental Health, Diligent Search, Placement Stability, Concurrent Planning, Caregiver, Adoption, MDT/STFC, Independent Living, Education, and Permanency. As noted by administrative staff in this innovation site, monthly meetings with the senior leaders and Community-Based Care (CBC) contract agencies were very important as part of the FCP implementation process.

Another effort to track and monitor implementation progress referred to the Alachua County Plan: Strengthening Families Keeps Children Safe in Their Homes. This was generated to guide the work as an innovation site for family-centered practice and build on changes through foster care redesign. A spreadsheet for monitoring progress displayed the needed service or support, action steps for services and supports, timeframes and lead staff for several family-centered practices. The FCP components included engagement, assessment, safety planning, out of home placement, permanency planning, and implementation of service plans. System supports included leadership, client satisfaction, outcome measures, and communication. Earlier versions of this tracking spreadsheet also listed barriers and strengths for each component. In these tracking spreadsheets, there were references to a variety of plans (i.e., implementation plan for SBC, implementation plan for concurrent planning), coaching on SBC by Dana Christensen, specialized training (i.e., critical thinking, creating a culture of continuous positive regard), technical assistance by Casey Family Programs, and modifications to the Child Protective Investigation (CPI) Quality Assurance (QA) processes to include evidence of FCP. Timeframes referred to completion dates with some of the activities labeled as “ongoing.” The planning for and full implementation of the SBC model has become the Innovation Site plan.

Technical Assistance and Training

A combination of several trainings and technical assistance by several experts contributed to the development of the knowledge and skills necessary to implement FCP in Circuits 3 and 8. As documented by innovation site staff, a set of trainings and technical assistance were provided for all investigators and case management staff and another set was geared toward the senior leaders in the DCF circuit and Partnership for a Strong Family (PSF), the local CBC. Both sets of training commenced in Spring 2008. The training for direct service staff and supervisors included the DCF FCP training workshops as well as a mix of trainings on domestic violence, structured decision making, solution based casework with a focus on FCP, training on concurrent planning, and training on permanency planning and trauma informed care provided by the Casey Family Programs.

The training and technical assistance for DCF and PSF leadership also included a mix of topics with a family-centered focus. Two training activities included consultation with FCP programs and models in Utah and Idaho for the three innovation sites, and a site visit to Pennsylvania neighborhood resource centers. The separate trainings gave senior level staff the content and a chance to consider issues around implementation of the new lessons.
The lists of FCP relevant trainings and technical assistance activities are listed below by staff category:

**All CPI, PSF, Case Management Agency Staff**

- Spring 2008: Training to promote alternatives to out of home care for child victims
- June 2008: Introduction of Foster Care Redesign to Community Partners: training, Q & A
- 2008: for CPI’s, Training on Domestic Violence, Signs/Symptoms/Interventions by David Mandel to create subject matter experts in every CPI unit for C3/8
- Spring 2009: Training for Implementation of Structured Decision Making tools for CPI’s to use in addition to child Safety Assessment and PSF, Case Management Agencies (CMA) to use as check for progress and increased safety factors
- Spring 2010: Participated in state mandated course on Family-Centered Practice and completed both portions for CPI and CBC staff
- Summer 2010: Refresher course on Structured Decision Making tools for DCF and PSF staff
- Spring 2010: Training for all DCF, PSF and CMA staff on Solution Based Casework with Dr. Dana Christensen as more focused approach to family-centered practices
- 2010: All services staff trained on Concurrent Planning
- 2010 – Permanency Planning and Trauma Informed Care Training provided by the Casey Family Programs to CMA supervisors, program directors, Quality Management Specialist, Program Directors and placement / Utilization Management personnel.

**Training/Technical Assistance to Senior Leaders for DCF & PSF**

- Beginning Spring 2008: Access to technical assistance, inservice and subject matter experts through Casey Family Programs on domestic violence, substance abuse, mental health and child welfare issues
- 2008-Casey Family Programs contracted with the University of Denver to do an analysis of risk assessment tools that was shared with Leadership
- 2008: Presentation by staff at the Center for Family Life/Brooklyn - Impact of family-centered practices to reduce use of Out of Home Care in conjunction with C4.
- Fall 2008: Peer Technical Assistance on Neighborhood/Family Resource Centers
- February 2009: Community planning session to establish Neighborhood Resource Center
- 2008-2010: Addressing Racial Disproportionality of African American Children in out of home care in Alachua County. These are on-going consultations via teleconference
- 2009-2010: Ongoing technical assistance with senior leaders and implementing project with training for all staff working with Another Planned Permanent Living Arrangement youth. Participation with Casey Family Programs in Multi-Site Accelerated Permanency Planning Project = Improving Outcomes for Foster Children via Permanency Round Tables
- 2010: Participation by senior leaders in monthly, national teleconferences on utilizing Signs of Safety tool with Structured Decision Making for better assessments to reduce risks to children
- 2010: Work with Casey on importance of early education of children coordinated with ILABS for all three Innovation Sites
- Spring2010: - Peer Technical Assistance, coordinated by Casey Family Programs on Family-Centered Practice models in Utah & Idaho
- 2010: Training for Senior Leaders and implementation planning with with Dr. Dana Christensen Summer & Fall 2010 – Coaching on Solution Based Casework by Dr. Christensen and consultants, held monthly both in person and via video-conference for supervisors
- 2010: Conference call with a representative from Annie E. Casey Foundation about the Family to Family Initiative
Appendix I

Family-Centered Practice Chronicle, Circuits 3 and 8

- 2010: Compression planning for integration of all family-centered practice initiatives to set priorities for action, hosted by Casey Family Programs for C3/8 senior leaders at DCF and PSF
- 2010: Permanency Roundtable Training
- Spring 2010: Site visits to Pennsylvania’s Family Resource Centers, sponsored by Casey Family Programs
- Training sessions offered to supervisors statewide, "Qualitative Supervision"

Resource Documents (Protocols, Manual, and Forms)

Among the numerous documents prepared for the implementation of FCP, the most informative for purposes of this evaluation were Family Safety: Family Preservation Services Protocol and the Early Engagement Protocol. Included in the Family Safety protocol were also a Decision Team Consultant Protocol (Alachua County) and a Domestic Violence Protocol. Other helpful documents were spreadsheets that assisted with monitoring and tracking the implementation progress for FCP. A resource describing and figures depicting the “flow” of the practices was also helpful. This resource covered the development of the casework from the assessment to initial case planning and to on-going case management. There was also a section addressing relapse prevention.

The implementation of Solution Based Casework has involved modification of a variety of forms to turn practices into family-centered practice. Senior leaders have taken to heart and admonition that in social services, “function follows form.” As a result, they have worked to create forms that guide discussion and documentation addressing engaging with the family, more detailed information to guide safety assessments, involvement of families in safety plans and case plans. SBC project manager Ginger Griffeth works directly with staff to try out new versions as experience with SBC deepens understandings of how to best support field staff in applying the model. Those received during this evaluation include the following forms:

- Initial Case Staffing
- Case Progression Staffing—Out of Home Care Case
- Case Progression Staffing—In Home Case
- In Home Supervision Agreement
- Permanency—Caregiver Input Form
- Permanency—Parent Input Form
- Permanency Staffing
- APPLA Case Review Staffing
- Case Transfer Checklist—Required Documents

Staffing for Family-Centered Practice Implementation

In order to integrate family-centered practice when serving families that have contact with the child protection system, existing and new staff positions were needed. Coordination between these staff is also essential and assignment of responsibilities corresponds with risk in a case or the length of time a family has been in services. The key staffing positions for implementing family-centered practice in Circuits 3-8 are below with those created specifically for implementation of FCP in italics:

- Child Protection Investigator (CPI)
- Child Protection Investigator (CPI Supervisor)
• Family Care Counselor (FCC)—Staff from the Partnership for Strong Families contracted service provider agencies that provide protective supervision services and case management.
• Family Care Counselor Supervisor
• Diligent Search Specialist
• Family Services Facilitator (FSF)—Staff employed by Partnership for Strong Families to coordinate service referrals.
• Family Intervention Specialist
• Decision Team Consultant (DTC)—Three Positions that coordinate multidisciplinary staffings for Alachua, Columbia, Dixie, Levy and Gilchrist Counties
• Children’s Legal Services Staff
• Library Partnership-Neighborhood Resource Center Manager and Family Service Facilitator

Service Providers and Agency Coordination

The Community-Based Care lead agency in Circuits 3 and 8 is the Partnership for Strong Families (PSF). This agency has been the lead CBC since 2005. Case management services under the direction of PSF are provided by Camelot, Children’s Home Society (Adoption), Devereux, and Family Preservation Services. The directors of all the Case Management Agencies attend the monthly Foster Care Redesign meetings that include DCF and PSF senior leaders so they are very much in step with system changes, trials and communication issues. In this system of care, there are over 200 service providers paid for individualized services for children and families as needed for particular families to help them achieve their case plan goals. There are provider agencies used more frequently, such as Meridian Behavioral Health Care providing most of the substance abuse and mental health service and the domestic violence shelters. All are included in the family-centered practice changes.

Implementation of Family-Centered Practice

As specified in the relevant protocols, several practices and components have been highlighted for FCP implementation in Circuits 3/8. These are solution based casework, family team conferences, diversion services, and decision teams. Descriptions of each of these were presented in the Family Safety: Family Preservation Services Protocol as:

• Diversion Services - PSF staff are co-located with child protective investigators for improved referral processes providing faster access to services

• Solution Based Casework (SBC) - Training and coaching with staff in both organizations to implement changes in engagement strategies and in case plans to focus with families on seeking solutions to issues and relapse prevention. Adjustments in documentation reflect new focus on working with families to improve family functioning. Full implementation of SBC is planned for the coming year.

• Family Team Conferences (FTC) - These are routinely used for In Home Supervision cases and for families with children in Out of Home Care to engage families in assessing their strengths and needs in creating a case plan to improve their family's situation and keep children safe. Meetings can be led by a facilitator who is not the case manager or the Family Care Counselor (FCC)
Appendix I
Family-Centered Practice Chronicle, Circuits 3 and 8

- **Decision Teams** – Cross program and multi-disciplinary team meetings are scheduled at the start of a case to assist with assessment and safety decisions and seek alternatives to out of home placements. Meetings are facilitated by a Decision Team Consultant.

- **Early Engagement Visit**—A joint home visit with the family by the CPI and FCC expedites case assignment for In-Home Supervision cases and promotes quicker interventions and engagement of the family in services that allow the children to remain in the home safely. (While staff are committed to this in concept, the real-time demands of caseloads often make this difficult to carry out and the foster care redesign team is taking another long look at making this practical and practicable.)

The goal is for family-centered practices to be “part and parcel” of every interaction with all families. Many families are referred for assistance from community agencies as Diversion Services, whether or not a case manager is assigned and in-home services provided. Staff members are committed to “diverting” families from repeat reports to the state Hotline. The implementation of the other strategies in the above listing is based primarily on the level of risk for each case. The levels are presented in Figure I. The criteria for assignment to each level and some of the steps for interacting with the cases in each level are also listed in Figure I below.

Levels 1 through 3 serve families in which the children remain in the home. For the cases in the lower levels of risk (1 and 2), a CPI works with a Family Services Facilitator (FSF) to provide referral services to that family. A Family Care Counselor (FCC) is not involved with cases that have been identified as appropriate for Levels 1 and 2. Level 3 is labeled “In-Home Supervision” (IHS) Cases assigned to this level have structured decision making (SDM) scores of moderate, high, or very high risk including safety concerns that have potential for legal sufficiency for removal of the children. At the highest level or level 4, there is legal sufficiency for removal of the children and children are removed from the home. Services are provided for the family, children, and parents. Cases in higher risk levels 3 and 4 include a family team conference and the FCC is the staff position that assumes responsibility for documenting activities in Florida Safe Families Network (FSFN). A decision team staffing is also held early in the process of serving families in Levels 3 and 4. An early engagement visit that includes the CPI and the FCC occurs for cases in Level 3. In Circuits 3/8, a family is “engaged in services” if the lead case manager (CPI or FCC) has obtained feedback from the service providers that the family is participating actively in their case plan. Figure 2 displays the major steps for Levels 1, 2, and 3.
In cases that have safety concerns and a moderate to high level of risk (based on structured decision making) but in home supervision has been identified as appropriate, early engagement (EE) occurs. The purpose is to “expedite case assignment for in-home supervision cases in order to provide upfront intervention and engagement of services designed to safely allow children to remain in their homes.” After a FCC is appointed for the case, the CPI and the FCC discuss the case and schedule a joint visit within 2 business days. The CPI and FCC make the joint home visit and have specific responsibilities during the visit which are listed below.
Jointly the CPI and FCC must:

- Discuss the roles of CPI and the FCC
- Discuss the safety issues identified through the investigation
- Discuss the history of family involvement with DCF and/or services
- Discuss the expectations of IHS case participation by the family
- Gain Buy-In of the family regarding the identified safety concerns
- Identify urgent service needs
- Review the Safety Plan and update as needed

The FCC will also be responsible for:

- Reviewing the Child and Families Handbook with the family
- Initiate the Family Assessment
- Identify additional safety and risk factors that may need to be addressed
- Identify family strengths and needs
- Set up the Family Team Conference
- Complete any necessary funding paperwork
- Reiterate Safety Plan

At the end of the joint home visit, the FCC is secondary case manager but must provide a copy of the home service agreement to the quality operations manager and the CPI within one business day of the visit. The FCC also completes the FSFN Family Assessment, conducts a family team conference within a set number of days of the visit, and makes “urgent service referrals” within one business day of the visit. If the case is involved with the FTC grant, the FTC is completed within 5 business days of the EE visit for In-Home Supervision cases and within 10 business days of the shelter for shelter cases. The CPI prepares the Case Transfer Staffing packet which is followed by the assignment of the FCC as the primary manager for the case. A case progresses staffing occurs subsequent to the initial joint visit with a required contact frequency with the family for the FCC. If the families are not engaged within 30 days, there is a required staffing for the case with a termination summary prepared by the FCC.

Referrals to services and the documentation of the active participation of the family in services are essential in the protocols for these circuits. Special attention has been devoted to services for the IHS cases in the Circuits 3/8 protocols. Entering the documentation in FSFN is an important part of making sure the services were provided and sharing information on the services with other staff working on the case. When substance abuse is suspected in IHS cases, the services will be coordinated and managed by a Family Intervention Specialist (FIS). Included with these responsibilities is coordination with the Drug Dependency Court. The FIS visits the family and conducts a needs assessment with the results reported to the CPI and FCC. The FIS does not provide treatment services but documents the referrals and the notes from the providers. Domestic violence services are also provided consistent with the protocol. There are steps outlined for CPIs to follow when conducting investigations as well as recommended staffing and contact with and among service providers. The need for mental health services in the IHS cases is based on the Child Safety Assessment that include drug and mental health screenings. The CPI or the FCC, depending on who is the primary case manager, will make the referrals, check that they occur, and document them in FSFN. A multidisciplinary staffing can also occur when these services are needed.
Appendix I
Family-Centered Practice Chronicle, Circuits 3 and 8

**Figure 2: Circuit 3/8--Risk Level Flow Chart**

**Level 1**
Parent in need of assistance referral (Special Condition)

- Abuse Hotline

**Level 2**
Diversion - Children in Home

- CPI review referral within 24 hours.
- Call back to Hotline if full investigation needed.
- CPI on site response to determine services within 2 business days.

- Assistance Assessment
- Supervisory Review 60 days
- Case closure

**Level 3**
In-Home Supervision Children in Home

- CPI commences investigation and staffing with CPI supervisor within 72 hours.
- Conduct staffing with Decision Team consultant within 72 hours.
- Refer case to FSF for in-home "urgent services."
- Submit "urgent service" referrals to provider within 2 business days.

- Early engagement of visit CPI and FCC within 2 business days of CPI request for visit.

**Level 4**
Judicial Cases Out of Home Care

- FCC documents services and provider feedback.
- Family team conference held within 14 days of early engagement visit.
- FCC contacts family every 2 weeks. FCC requests documentation of service referrals and provider feedback within 10 business days of referral.
- Court orders out of home placement for children.

- FCC contacts family every 2 weeks. FCC requests documentation of service referrals and provider feedback within 10 business days of referral.

- Family team conference held within 14 days of early engagement visit.

- Early engagement of visit CPI and FCC within 2 business days of CPI request for visit.

- Close case.

If family is not compliant, FCC schedules staffing to determine if court action is necessary.
Appendix I

Family-Centered Practice Chronicle, Circuits 3 and 8

Differences across Circuits 3-8 or across counties within the Circuits exist based on resources within the local communities and some differences in staffing availability. For example, the routine use of a Decision Team Consultant was piloted in Alachua, then resources were identified for the same position in Columbia and most recently in the tri-county area of Dixie, Levy and Gilchrist Counties. The higher volume of cases in Alachua and Columbia Counties and richer service array also leads to changes in processes to manage the flow of communication needed in good casework that is not always a concern in the smaller communities in the Circuits. The goal of the senior leadership is to implement uniformly family-centered practices that lead to good outcomes for children and allow leeway needed for supervisors to manage cases in a variety of local conditions.
Family-Centered Practice Chronicle
Circuit 11

Mary Kay Falconer, Ph.D.
Senior Evaluator
Christine King Thompson, M.S.W., M.P.A.
Evaluator
Research, Evaluation and Systems

March 1, 2011
Family-Centered Practice Chronicle, Circuit 11

Major Initiatives that Preceded and/or Facilitated the Emergence of Family-Centered Practice Implementation

In Miami-Dade County, there has been over a decade of initiatives in the child welfare system to serve families using a more family-centered approach. In 1999, the Dependency Drug Court program developed as a pilot in Miami-Dade County. This program has continued to expand in different phases and to increase funding streams to continue its success. This innovation site evaluation also highlight the family centered nature of its work with families for this significant population. A grant from the University of Miami (Engaging Moms) was one initiative that certainly augmented the program from 2003-2007. Neighbor to Family, a full case management agency was on staff with Dependency Drug Court until 2008 when Family Resource Center joined the program. The Drug Court expanded in 2010 for an additional assessor and specialist.

In Circuit 11, the strong influence of the community-based care (CBC) alliance and the emergence of Our Kids as the lead agency in 2005 could be considered a new chapter in developing more family-centered practices (FCP) in the child welfare system. Since that time, there have been efforts to improve several aspects of the child welfare system that address timely permanency and family preservation. In 2006, there was a three-year “third party monitoring project” with professionals from Chapin Hall at the University of Chicago, to analyze issues that needed attention. Among the issues, two were infants remaining in foster care longer than in other regions of the state and the underutilization of relative placements in general. In response to these identified needs, Our Kids initiated the Workgroup to Increase Permanency for Infants and Toddlers (WIP-IT) in partnership with consultant Jim Dimas. Participants in this group included case management subcontractors, foster parents, biological parents, Guardian ad Litem Program, Protective Investigators, Children Legal Services (CLS) and other community stakeholders. This initiative succeeded in improving the timeliness and likeliness of permanency for infants and toddlers and helped our community discover that earlier engagement with families helped tremendously. There was a subsequent expansion in the focus of the workgroup to include children 3-5 and youth 15-17 years of age.

Circuit 11 interest in infant mental health topics has fueled interest in family-centered practices and modalities. In October 2005 a Memorandum of Understanding with numerous community stakeholders, including the dependency courts led by Judge Cindy Lederman, Our Kids and the University of Miami began working with closely in offering and tracking services to families for Safe Start. The impetus for this was offering dyadic therapy (now called Child Parent Psychotherapy) for families in the child welfare system to improve attachment between parents and toddlers. In late 2010, this work expanded to fill the need for families on waiting lists. Three additional organizations that have trained therapists for this specialty now join University of Miami and the Linda Ray Center in providing this important service and treatment.

It is important to note that in 2007, Our Kids contracted with Open Minds for an extensive evaluation of trends and experiences in all areas of the child welfare system specific to our community. Members in specific groups in the child welfare system were interviewed and focus groups were conducted to identify trends in all areas. Children, workers, supervisors, adoptive parents, parents with their rights
terminated, parents who had been successfully reunified, foster parents and staff from the guardian ad litem program as well as judges participated. The information culminated in the Our Kids Strategic Plan of 2008. Monitoring community satisfaction is an ongoing process in which information is obtained from many surveys and focus groups. The information collected is used to gauge progress in all areas of child welfare practice in the Miami-Dade and Monroe Counties including family-centered practice and general satisfaction with all aspects of the system of care. The surveys include foster parents every two years and all stakeholders and participants of the system every five years.

In 2008-09, more concerted attention to reducing the number of child removals in Circuit 11 led to efforts to engage and provide services for families earlier or immediately after making contact. New programs, such as Safe At Home, were created to provide services in the home that improved parenting skills and helped stabilize the family. The introduction of Structured Decision Making (SDM) was also implemented to facilitate the reduction of child removals. This decision-making framework was considered more objective and one that would remove the subjectivity in the decisions that were made regarding children and placements out of the home. The goals for SDM are to reduce subsequent child maltreatment and, as a related outcome, reduce subsequent investigations, injuries, and foster placements. The objectives in SDM are to improve decisions by identifying the critical decision points, improving the reliability and the validity of the decisions, and to target resources to the families at the highest risk. The case level data and assessments that occur cover all case characteristics, safety factors, and domains of family functioning for “every family, every time, regardless of social differences.”

In 2008, Miami was selected to participate in a Breakthrough Collaborative Series sponsored by Casey Family Programs and the Georgetown University/Center for Juvenile Justice Report. The primary focus for the series in 2008 was timely permanency through reunification. The team participating in this initiative in Miami included leaders from the Delinquency Court, the Dependency Court, Child Welfare and Juvenile Justice, The Children’s Trust, county government, and the public school system. The expansion of this effort in 2010 implemented family engagement protocols, intensive case management, and multidisciplinary staffing.

Foster parent and biological parent co-parenting have also become a focus of the FCP efforts in Circuit 11. In April 2010, the Annual Foster Parent Conference sponsored by Our Kids featured co-parenting in a plenary session. Our Kids and the community is following the Quality Parenting Initiative (Q.P.I.) and has had three additional training and brainstorming sessions since then. Currently foster parents are in the process of “re-branding” their image and role as co-parents and “stepping away” from the word foster in general. A recent statement developed by foster parents is, “In Miami-Dade, co-parents are members of our diverse community who love, support, and advocate for children separated from their families. They are respected, skilled partners who strengthen and mentor families.” Information about attachment styles and motivations of career foster parents learned at the Casey-sponsored Child Symposium in January 2011 will be circulated among placement professionals in upcoming meetings and trainings.

**Planning Activities**

Based on the available documentation, an innovation site plan for FCP in Circuit 11 was developed. The monitoring of that plan was documented in a spreadsheet that identified strategies, action steps, strengths/barriers, time frames, leads, and the status of each action. The strategies listed in the monitoring document included the following:
Appendix I

Family-Centered Practice Chronicle, Circuit 11

- Develop communication plan
- Enhance the capacity and array of diversion services/programs
- Expand services through substance abuse and mental health
- Develop plan for domestic violence cases
- Training on FCP
- Client satisfaction
- QIP
- Outcome measures
- Increase relative placement for the children who cannot remain safely at home
- Structured Decision Making (SDM)
- Develop the core values and beliefs for Miami

Workgroups formed to address selected strategies listed above were focused on family engagement and there was a core innovation team.

**Technical Assistance and Training**

During 2010, Circuit 11 held trainings for Child Protective Investigators (CPI) on implementing SDM in each region (north, central, and south). In October and November, trainings relevant to FCP for community partners and child welfare staff occurred as part of a regional summit. The Department of Children and Families (DCF) FCP trainings were also scheduled in the fall of 2010 led by Cheryl Polite-Eaford of Choices et al, Inc.. Technical assistance has occurred through a variety of initiatives that have focused on family preservation and adoption. As mentioned the WIP-iT project and expansion to teens co-facilitated by Jim Dimas and the Our Kids QA Director. Our Kids Regional Directors and Quality Assurance staff have also been working FCMA and Family Finders to reconnect youth with family or family-like individuals in the youth’s life. This assistance starts with discussions of all options for children—especially those with the legal goal of APPLA (Another Planned Permanent Living Arrangement). Our Kids has developed a type of subsidized permanent guardianship program as well entitled SUPPORT to help children find permanency. Ongoing technical assistance on proper use of Structured Decision Making Tools (including assessing strengths and needs of family every 6 months) is done with case readings, file reviews and feedback sessions with protective investigators and supervisors as well as full case management case managers.

Additionally, Our Kids began contracting with a provider (Mayra Matos, LCSW, QCSW, with the South Florida Center for Family Counseling, Inc.) for Family Team Conferencing three years ago. This knowledge and skill set has been transferring to the full case management agencies from the start as the case managers participate in those conferences. There is also a requirement for the agencies to participate in trainings offered by this vendor, the next one is scheduled on February 25, 2010 on the topics of Domestic Violence, Ethics and Medical Errors and how they relate to our families and offers CEU’s.


Among the numerous documents prepared for the implementation of FCP, the most informative for purposes of this evaluation were the following:

- Miami Innovation Site: Family Centered Practice Guide (Power Point)
- Overview of SDM Policy and Procedures
Southern Region Family Preservation Protocol for Moderate to Near High Risk Cases (July 2010; updated version November 2010)
Miami-Dade Child Welfare Values and Beliefs, Version 1.3 (7/20/2010)
Dependent Drug Court (DDC), Juvenile Court, 11th Judicial Circuit, in and for Miami-Dade County (10/28/2009)

Forms completed for case file documentation have been developed for use as part of SDM. There are six tools used including a safety assessment, a family risk assessment, a reunification assessment and a strength and needs assessment for both children and caregivers.

**Staffing for Family-Centered Practice Implementation**

In order to practice FCP when serving families that have contact with the child protection system, existing and new staff positions were needed. Coordination between these staff is also essential and assignment of responsibilities corresponds with risk in a case or the length of time a family has been in services. The key staffing positions for implementing FCP in Circuits 11 are listed below with those created specifically for implementation of FCP in italics:

- Child Protection Investigator (CPI)
- Child Protection Investigator (CPI Supervisor)
- Case Manager (specific to a program)—Parents as Partners or Safe at Home, or a full case management agency (FCMA) in court ordered cases.
- Case Manager Supervisor
- Intake Specialist
- Family Team Conference (FTC) Coordinator
- Family Intervention Specialist (FIS)—Conducts assessments and coordinates substance abuse treatment and services.
- Children’s Legal Services (CLS) Staff
- Dependency Drug Court (DDC)
  - Dependency Drug Court Specialist
  - Protective Services Caseworkers/Counselors (Family Resource Center)
  - Substance Abuse Treatment Providers
  - Reunification Specialist
  - Parenting Skills Trainers and Developmental Assessment Professionals (Linda Ray Intervention Center)
  - Trauma and Domestic Violence Counselors
- Children’s Legal Services (CLS) Staff

**Service Providers and Agency Coordination**

The CBC, Our Kids, Inc., provides ongoing case management with direct service delivered through six subcontracted agencies in Circuit 11. These agencies are Charlee, Children’s Home Society, Family Resource Center, His House Children’s Home and Wesley House Family Services. The child protection
investigation is divided into two regions north and south with nine operational investigative units in both regions.

**Implementation of Family-Centered Practice**

As specified in the relevant protocols, several practices and service components have been highlighted for FCP implementation in Circuit 11. Relevant services are provided in a variety of agencies in the child protection system, including Department of Children of Families, Our Kids, Inc. and several community-based care providers, as well as in the judiciary (Dependency Drug Court). The protocols guiding the process for serving most of the families vary by risk level. As specified in the *Southern Region Family Preservation Protocol (November 2010)*, the risk levels are the following:

- **Low Risk**—Cases in which there is no imminent risk of removal and the likelihood of repeated maltreatment is low.
- **Moderate Risk**—Cases in which there is no imminent risk of removal, but there are sufficient risk factors that require services for the family to mitigate future safety issues to reduce the likelihood of repeated maltreatment.
- **Near High Risk**—Cases in which there is imminent risk of removal if the services provided to the family do not succeed in resolving the danger to the children.
- **High Risk**—Means a high likelihood of subsequent verified maltreatment following an initial verified maltreatment. If a case is deemed high risk, court action must be taken.

The procedures in the family preservation protocol begin with a structured decision-making risk and safety assessment conducted by the CPI. If the risk is moderate but the children can remain in the home with services provided, the CPI refers the case to the Our Kids intake specialist. If the case is near high risk, the CPI makes the referral immediately to Our Kids and a service agency goes to the location within 2 hours to determine the supports that are necessary for the children to remain in the home. In a high risk case in which the children need to be removed from the home, the CPI and the CPIS arrange for the children to be placed with a relative or with Our Kids. A staffing with CLS also occurs to confirm legal sufficiency for a shelter petition. If there is alleged substance misuse or mental health issues in a case, the FIS conducts assessments to identify the needed treatment and services. The FIS provides updates on each case to the CPI with a complete assessment summary submitted to the CPI and Our Kids within 21 days. This summary is entered in the Florida Safe Families Network (FSFN) as well as updates from the substance abuse and mental health providers. Cases that include domestic violence are assigned to a subject matter expert (SME) or there is consultation with a SME. A domestic violence protocol is followed.

Figure 1 displays the risk levels and specifies the programs to which a family is referred for ongoing in-home services for the low to moderate risk levels. There are required contact frequencies for each of these programs. Low to moderate risk cases are referred to the *Family Empowerment Program* by the CPI. These families receive full case management services for up to six months with an emphasis on the first three months. A Family Plan is developed during a Family Team meeting with reference to the needs assessment. The CPI keeps the investigation open for seven days for the case manager to determine that the family is willing to receive services. In the *Parents as Partners* program, the CPI is responsible for the family services agreement that is signed by the parents or legal guardian. For this program, the case manager meets with the family to develop Child Safety Plan and a Case Services Plan. Referral of the case to the case manager occurs within 15 days but after the completion of a safety and needs assessment by the case manager. In the *Safe at Home* program, the CPI and the case manager
conduct a joint home visit within 2 hours of the case manager referral and assignment. The CPI is still responsible for the signing of the family service agreement by the family but the case manager accepts primary responsibility for the case at the joint visit after the agreement is signed. A child safety plan and a case services plan is also developed when the case manager meets with the family in this program. The CPI does not close this case within 30 days in order to allow the case manager to complete the safety and needs assessment. The protocols also specify procedures when new or additional safety factors appear which involve case manager supervisor and possibly the CPI, CPI supervisor, and CLS.

**Figure 1: Circuit 11 - Risk Level Descriptions**

<table>
<thead>
<tr>
<th>Low Risk</th>
<th>Low - Moderate Risk</th>
<th>Moderate to High Risk</th>
<th>In-Home Court Ordered Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>If it is determined that the case poses low risk and ongoing case management of the family is not needed, CPI will provide the family with any appropriate referral information and close their investigation.</td>
<td>If it is determined that the case poses low to moderate risk and ongoing case management services are needed, the CPI will make a referral to Our Kids within 7 days of assessing the risk level. Our Kids will assign the family to one of their case management agencies, to either provide the service or to monitor the service provided by another community agency.</td>
<td>If the CPI has determined that abuse or neglect has occurred, the child is at moderate to high risk, but services can be provided that will allow the child(ren) to remain safely in the home and therefore lower the risk, the CPI will immediately make a referral to Our Kids. Our Kids will respond to the scene within two hours (for Safe at Home) and 48 hours (for Parents as Partners) to make a determination as to what supports are necessary for the family to stay together safely.</td>
<td>If the CPI has determined that abuse or neglect has occurred, the child is at moderate to high risk and there is legal sufficiency for dependency action and danger can be mitigated with In-Home Court Ordered Supervision, the decision may be made to file a direct file dependency petition.</td>
</tr>
<tr>
<td>Family Empowerment Program</td>
<td></td>
<td>Parents as Partners</td>
<td></td>
</tr>
<tr>
<td>Safe at Home</td>
<td></td>
<td>Safe at Home</td>
<td></td>
</tr>
</tbody>
</table>

The Dependency Drug Court (DDC) protocol follows a Family Treatment Court Model. Families eligible to participate in this model need substance abuse treatment and are in a dependency case. Families volunteer to participate in DDC and must sign an agreement and an acknowledgement of DDC procedures which specify the expectations and requirements for each participant. Services for these families are monitored for 12-18 months and families progress through five phases. The timing of court appearances vary across these phases with Phase I requiring a court appearance once a week for one month, Phase II requiring an appearance every other week for 3 months, Phases III and IV once a month for four months each, and Phase V which has a required court appearance every other month for six months. Services provided during participation in this model include substance abuse screening, assessment, and referrals for substance abuse treatment, mental health counseling, parenting skills training, therapeutic interventions, intensive case management, and other wraparound services. A Children and Families Case Plan is developed with each family, including a section that addresses substance abuse treatment. In the court hearings, participants are grouped by compliance status with progress discussed among all participants in the hearing. Family achievements are rewarded and non-
Appendix I

Family-Centered Practice Chronicle, Circuit 11

compliance leads to sanctions that are based on level of severity and recidivism. This court model relies on a partnership between the judge, the Family Resource Center for counselors and other professional supports, case workers, attorneys, and DDC specialists.
Overview of Preliminary Results
Innovation Sites Combined

- Entire Sample (Response Percentages)
- Employment positions and experience
- Family Centered Practice Training
- Family Centered Practice Knowledge
- Family Centered Practice Implementation
- Family Centered Practice Benefits
- Family Centered Practice Satisfaction
- Subgroup Analysis based on Employment Position (CPIs, Case Managers)

Overview of Preliminary Results
Innovation Site Comparison

- Entire Sample for Each Innovation Site (Response Percentages)
- Positions and employment experience
- Family Centered Practice Training
- Family Centered Practice Knowledge
- Family Centered Practice Implementation
- Family Centered Practice Benefits
- Family Centered Practice Satisfaction
Survey Strengths and Limitations

**Strengths**
- Opportunity for a wide selection of child welfare staff at each innovation site to participate and share their knowledge, experiences, opinions and perspectives on FCP.
- Survey measured opinions about their FCP knowledge and their actual knowledge.
- Survey provided baselines for participation in Family Team Conferences.
- Survey provided an opportunity for child welfare staff to share experiences with and views of FCP using open-ended response items.

**Limitations**
- Convenience sample and not representative of all categories of child welfare staff who work in each innovation site.
- Did not have mandatory response items and this resulted in missing data; more data cleaning for some items needed.
- This is only one source of information in this evaluation of FCP implementation.

Innovation Sites Combined

**Staff Positions and Length of Employment for Respondents**
- CPIs—9.6% (27)
- CPI Supervisors—4.3% (12)
- Case Managers—32.7% (92)
- Case Manager Supervisors—10.7 (30)
- 81% of all respondents had been employed more than 1 year in their current position.

Innovation Sites Combined

**Family Centered Practice Training**
- Between 30-35% did not attend either DCF training.
  - DCF Workshop 1—Opportunities in Family Centered Practice
  - DCF Workshop 2—Effective Family Centered Casework: Tools and Applications
- 40% agreed that the training prepared them adequately for FCP.
Innovation Sites Combined
Family Centered Practice Training

- Open-ended responses to question asking about the FCP training that was the most helpful
- Individual trainers/instructors mentioned: Rusty Branch, Janyce Fenton, Elena Aldridge, Jim Dimas, Beth Skidmore, Cheryl Polite
- Training reinforced what they had learned when earning their degree
- Solution Based Casework training
- Training that made them aware of how to customize case plans to a family (not using cookie-cutter case plans)
- FCP II—refreshed my knowledge about not being biased in conducting investigations
- Helping foster parents make the transition to FCP

---

Innovation Sites Combined
Family Centered Practice Knowledge

- 91.7% agreed that they knew what FCP is

The next question asked the respondents to check items that referred to or included FCP

- 90% or more of the respondents identified 4 of the 9 items that represent FCP
  - Involvement of family members in decision-making (94.7%)
  - Preserving, strengthening and encouraging family bonds or relationships (92.5%)
  - A primary focus on the strengths and needs of the family (92.3%)
  - Active participation by family members in decision-making (92.1%)

---

Innovation Sites Combined
Family Centered Practice Knowledge

- Between 80% and 90% of the respondents identified 2 more FCP items
  - Trust-based relationships between the family and child welfare staff (89.1%)
  - When out-of-home placement is necessary, preference for relative or kinship care (non-licensed care) (82.8%)
- Between 70% and 80% of the respondents identified 3 more FCP items
  - Individualized services identified in case plans (77.7%)
  - Preference for in-home services when possible (72.8%)
  - Flexible and adaptable services and case plans (71.3%)
Innovation Sites Combined
Family Centered Practice Knowledge

- Items that are not considered as FCP but were identified by more than 10% of the respondents as FCP
  - A primary focus on family risks and weaknesses (21.9%)
  - Primary goal is family compliance with case plan (19.6%)
- Low response percentages that were consistent with the FCP framework
  - Restrictive visitation plans for all families (1.5%)
  - Case managers working independently of investigators or other staff serving the family (2.6%)
  - Identifying the same service referrals in case plans for most families served (3.8%)

Innovation Sites Combined
Family Centered Practice Implementation

- 79.9% of the respondents agreed that they were confident that they used Family Centered Practice
- Family Team Conferences
  - 35.2% of the respondents had never participated in a family team conference (FTC)
  - 33.7% of the respondents had participated in 5 or more family team conferences (FTC)

Innovation Sites Combined
Family Centered Practice Implementation

- Family Team Conferences
  - Among the respondents who had participated in family team conferences:
    - 83.3% thought the FTC promoted active participation on the part of family members
    - 82.6% thought the FTC included all relevant family members or members of the family’s support system
    - 82.6% thought the FTC focused on family and individual strengths and needs
    - 79.6% thought the FTC promoted openness
    - 77.4% thought the FTC promoted respect of the family, promoted trust-based relationships
    - 76.1% thought the FTC promoted decision making by the family members
Innovation Sites Combined
Family Centered Practice Implementation

- Home Visits
  - 39.5% of respondents had participated in 10 or more home visits
  - 39.2% of respondents had participated in no home visits
  - Among those respondents who had participated in home visits (highest percentage):
    - 73.4% thought the home visits promoted openness

- Supervision
  - Direct supervision of investigation is supporting FCP
    - 40.6% of respondents said "yes"
    - 47.4% of respondents did not know
  - Direct supervision of case management is supporting FCP
    - 69.8% of respondents said "yes"
    - 26.5% of respondents did not know
  - 70.5% of respondents agreed that all or most of the staff they worked with used FCP

- Open-ended responses to the "best example of Family-Centered Practice in the work that I do with families is":
  - Having families maintain contact with you after their case is closed to let you know they are doing ok
  - Allowing family to speak freely without interruption
  - Engaging all family members and actively listening
  - Always asking family members if they have it right, is there anything more I can do to help, and referring to them as the experts on their family
  - Assisting them with resources in their area
  - Attempting to meet families where they are, not expecting families to meet our needs
  - Attempting to schedule FTCs conveniently for the family and encouraging families to involve their support
  - Being open and honest with families about DCF’s concerns and seeking their input and involvement in addressing the concerns
  - Being open to situations that arise that cause them to come to care
  - Coaching and modeling for my staff
  - Family Team Conferencing
Innovation Sites Combined
Family Centered Practice Implementation

- **Open-ended responses to the “best example of Family-Centered Practice in our circuit or county is when we”:**
  - All administration and attorneys are on the same page with Family Centered Practice.
  - All are able to come together to work with the families for a common goal, reunification or maintaining placement.
  - All work together and present a united front to the family so that they feel we are a joint team help rather than someone they need to fear.
  - Conduct Family Team Conferences as well as reviewing any and all court documentation directly with the parents, before court, to ensure that they understand the tasks and/or the updates provided through Judicial Reviews.
  - Conduct joint visits with the protective investigators.
  - Counselors are allowed to “think outside the box” to help their clients.

- **FCP Benefits and Satisfaction**
  - 91.8% of the respondents agreed that there are benefits to the family when FCP is used
  - 60.7% of the respondents agreed that FCP improved their relationship with the families they served
  - 56.7% of the respondents agreed that FCP improved their satisfaction with their job
  - 45.6% of the respondents agreed that it was difficult to use FCP “sometimes”
  - 68% agreed that most of the staff they work with believe FCP is beneficial for families

- **Goals and Percent of Respondents that thought FCP would help them achieve these goals:**
  - Family Preservation 90.1%
  - Family Reunification 88.5%
  - Child Placement Permanency 80.6%
  - Prevention of Child Maltreatment 71.4%
  - Child Safety 80.6%
  - Child Well-being 84.5%
### Subgroup Analyses based on Employment Position (CPIs, Case Managers) - Innovation Sites Combined

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>CPIs (Strongly Agree)</th>
<th>Case Managers (Strongly Agree)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know what FCP is</td>
<td>44.4% (12)</td>
<td>47.1% (10)</td>
</tr>
<tr>
<td>I am confident that I use FCP</td>
<td>44.1% (12)</td>
<td>43.4% (10)</td>
</tr>
<tr>
<td>I think all or most of the staff I work with practice FCP</td>
<td>18.8% (4)</td>
<td>18.9% (4)</td>
</tr>
<tr>
<td>There are benefits to the family when FCP is used</td>
<td>61.0% (17)</td>
<td>47.4% (14)</td>
</tr>
<tr>
<td>FCP has improved my relationship with the families I serve</td>
<td>27.0% (10)</td>
<td>22.1% (10)</td>
</tr>
<tr>
<td>Using FCP has improved my satisfaction with my job</td>
<td>11.1% (3)</td>
<td>14.7% (4)</td>
</tr>
<tr>
<td>I think all or most of the staff I work with believe FCP is beneficial for families</td>
<td>14.8% (4)</td>
<td>13.7% (3)</td>
</tr>
<tr>
<td>It is difficult to practice FCP</td>
<td>18.8% (4)</td>
<td>11.7% (3)</td>
</tr>
</tbody>
</table>

### Innovation Site Comparisons

**Circuit 1, Circuit 3/8 and Circuit 11**

**Preliminary Results**

### Innovation Site Comparison

**Staff Positions and Length of Employment for Survey Respondents**

<table>
<thead>
<tr>
<th>Position</th>
<th>Circuit 1</th>
<th>Circuit 3/8</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Survey Respondents</td>
<td>122</td>
<td>77</td>
<td>84</td>
</tr>
<tr>
<td>CPIs</td>
<td>12.3% (15)</td>
<td>1.3% (1)</td>
<td>13.1% (11)</td>
</tr>
<tr>
<td>CPI Supervisors</td>
<td>4.1% (4)</td>
<td>--</td>
<td>8.3% (7)</td>
</tr>
<tr>
<td>Case Managers</td>
<td>16.9% (44)</td>
<td>19.0% (10)</td>
<td>23.8% (30)</td>
</tr>
<tr>
<td>Case Manager Supervisors</td>
<td>11.9% (17)</td>
<td>7.8% (6)</td>
<td>8.9% (7)</td>
</tr>
<tr>
<td>CLS Attorneys</td>
<td>--</td>
<td>10.4% (8)</td>
<td>--</td>
</tr>
<tr>
<td>Current Position &gt;12 mos.</td>
<td>83.6% (102)</td>
<td>77.4% (54)</td>
<td>86.9% (70)</td>
</tr>
</tbody>
</table>
### Innovation Site Comparison Training

#### Participation in Training

<table>
<thead>
<tr>
<th>DCF Training Options</th>
<th>Circuit 1</th>
<th>Circuit 3/8</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCF Workshop 1 (Opportunities in FCP)</td>
<td>53.3% (65)</td>
<td>40.3% (31)</td>
<td>44.0% (37)</td>
</tr>
<tr>
<td>DCF Workshop 2 (Effective Family Centered Casework: Tools and Applications)</td>
<td>41.0% (50)</td>
<td>36.4% (28)</td>
<td>36.9% (31)</td>
</tr>
<tr>
<td>None of the Above</td>
<td>27.0% (33)</td>
<td>31.2% (24)</td>
<td>38.1% (32)</td>
</tr>
<tr>
<td>Do Not Know</td>
<td>15.4% (19)</td>
<td>16.9% (13)</td>
<td>10.7% (9)</td>
</tr>
</tbody>
</table>

#### The training prepared me adequately to practice Family Centered Practice

<table>
<thead>
<tr>
<th>Response Values</th>
<th>Circuit 1</th>
<th>Circuit 3/8</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>16.4% (20)</td>
<td>1.3% (1)</td>
<td>9.3% (8)</td>
</tr>
<tr>
<td>Agree</td>
<td>24.4% (31)</td>
<td>27.3% (21)</td>
<td>29.8% (25)</td>
</tr>
<tr>
<td>Neutral/No opinion</td>
<td>23.0% (28)</td>
<td>19.3% (15)</td>
<td>14.3% (12)</td>
</tr>
<tr>
<td>Disagree</td>
<td>.8% (1)</td>
<td>6.5% (5)</td>
<td>2.4% (2)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>-</td>
<td>1.1% (1)</td>
<td>1.2% (1)</td>
</tr>
<tr>
<td>Did not Participate</td>
<td>31.1% (38)</td>
<td>32.5% (25)</td>
<td>38.1% (32)</td>
</tr>
</tbody>
</table>

#### I know what Family Centered Practice is:

<table>
<thead>
<tr>
<th>Response Values</th>
<th>Circuit 1</th>
<th>Circuit 3/8</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>55.7% (68)</td>
<td>28.8% (23)</td>
<td>40.5% (34)</td>
</tr>
<tr>
<td>Agree</td>
<td>36.1% (44)</td>
<td>51.9% (40)</td>
<td>40.5% (34)</td>
</tr>
<tr>
<td>Neutral/No opinion</td>
<td>2.5% (3)</td>
<td>10.4% (8)</td>
<td>8.3% (7)</td>
</tr>
<tr>
<td>Disagree</td>
<td>--</td>
<td>--</td>
<td>1.2% (1)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>--</td>
<td>1.3% (1)</td>
<td>2.4% (2)</td>
</tr>
<tr>
<td>Case Managers Only</td>
<td>Strongly Agree</td>
<td>53.1% (24)</td>
<td>31.3% (10)</td>
</tr>
<tr>
<td></td>
<td>Agree</td>
<td>40.0% (18)</td>
<td>50.0% (15)</td>
</tr>
<tr>
<td></td>
<td>Neutral/No opinion</td>
<td>--</td>
<td>10.0% (3)</td>
</tr>
</tbody>
</table>
Innovation Site Comparison Knowledge

- 90% or more of all respondents across innovation sites combined identified 4 of the 9 items that represent FCP
  - Circuit 1
    - 4 of 9 FCP items 90% or higher
  - Circuit 1/8—
    - 0 of 9 FCP items 90% or higher
    - 5 of 9 FCP items 80% or higher
  - Circuit 11
    - 0 of 9 FCP items 90% or higher
    - 3 of 9 FCP items 80% or higher

Innovation Site Comparison Implementation

- I am confident that I practice Family Centered Practice

<table>
<thead>
<tr>
<th>Response Values</th>
<th>Circuit 1</th>
<th>Circuit 1/8</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>45.1% (44)</td>
<td>24.7% (19)</td>
<td>32.1% (27)</td>
</tr>
<tr>
<td>Agree</td>
<td>38.5% (47)</td>
<td>21.4% (18)</td>
<td>36.9% (31)</td>
</tr>
<tr>
<td>Neutral/No opinion</td>
<td>11.5% (14)</td>
<td>23.4% (18)</td>
<td>20.2% (17)</td>
</tr>
<tr>
<td>Disagree</td>
<td>--</td>
<td>1.3% (1)</td>
<td>--</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>--</td>
<td>2.6% (2)</td>
<td>1.3% (1)</td>
</tr>
</tbody>
</table>

Innovation Site Comparison Implementation

- Family Team Conference Participation

<table>
<thead>
<tr>
<th>Response Values</th>
<th>Circuit 1</th>
<th>Circuit 1/8</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>20.5% (25)</td>
<td>48.1% (37)</td>
<td>38.1% (32)</td>
</tr>
<tr>
<td>One</td>
<td>16.4% (20)</td>
<td>5.2% (4)</td>
<td>2.4% (2)</td>
</tr>
<tr>
<td>2-4</td>
<td>18.9% (21)</td>
<td>10.4% (8)</td>
<td>31.0% (26)</td>
</tr>
<tr>
<td>&gt; 4</td>
<td>40.2% (49)</td>
<td>29.9% (23)</td>
<td>20.2% (17)</td>
</tr>
<tr>
<td>Case Managers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>8.9% (4)</td>
<td>53.1% (10)</td>
<td>10.0% (4)</td>
</tr>
<tr>
<td>One</td>
<td>8.9% (4)</td>
<td>--</td>
<td>5.0% (1)</td>
</tr>
<tr>
<td>2-4</td>
<td>22.2% (10)</td>
<td>16.7% (5)</td>
<td>15.0% (7)</td>
</tr>
<tr>
<td>&gt; 4</td>
<td>55.6% (15)</td>
<td>50.0% (15)</td>
<td>20.0% (4)</td>
</tr>
</tbody>
</table>
Innovation Site Comparison Implementation

- Family Team Conference was a good demonstration of FCP because it:
  - Circuit 1 (highest response percentage)
    - Promoted the expansion of parenting knowledge (66.4%)
  - Circuit 3/8 (highest response percentage)
    - Promoted active participation on the part of family members (68.8%)
    - Circuit 11 (highest response percentage)
      - Promoted active participation on the part of family members (71.4%)

---

### Is the direct supervision of investigations supporting family centered practice?

<table>
<thead>
<tr>
<th>Response</th>
<th>Circuit 1</th>
<th>Circuit 3/8</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>37.7% (46)</td>
<td>29.9% (23)</td>
<td>39.3% (33)</td>
</tr>
<tr>
<td>No</td>
<td>12.3% (15)</td>
<td>10.4% (8)</td>
<td>7.1% (6)</td>
</tr>
<tr>
<td>Do Not Know</td>
<td>39.3% (48)</td>
<td>50.6% (39)</td>
<td>38.1% (32)</td>
</tr>
</tbody>
</table>

---

### Is the direct supervision of case management supporting family centered practice?

<table>
<thead>
<tr>
<th>Response</th>
<th>Circuit 1</th>
<th>Circuit 3/8</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>64.8% (79)</td>
<td>58.3% (45)</td>
<td>58.3% (49)</td>
</tr>
<tr>
<td>No</td>
<td>2.5% (3)</td>
<td>5.2% (4)</td>
<td>2.4% (3)</td>
</tr>
<tr>
<td>Do Not Know</td>
<td>21.8% (26)</td>
<td>26.0% (20)</td>
<td>21.8% (20)</td>
</tr>
</tbody>
</table>

---
**Innovation Site Comparison Implementation**

- I think all or most of the staff I work with practice family centered practice.

<table>
<thead>
<tr>
<th>Response</th>
<th>Circuit 1</th>
<th>Circuit 1/8</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>22.1% (27)</td>
<td>18.3% (11)</td>
<td>11.9% (10)</td>
</tr>
<tr>
<td>Agree</td>
<td>54.9% (67)</td>
<td>37.7% (29)</td>
<td>42.9% (36)</td>
</tr>
<tr>
<td>Neutral/No opinion</td>
<td>9.8% (12)</td>
<td>26.0% (20)</td>
<td>36.3% (22)</td>
</tr>
<tr>
<td>Disagree</td>
<td>5.7% (7)</td>
<td>9.1% (7)</td>
<td>7.1% (6)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>--</td>
<td>1.3% (1)</td>
<td>1.3% (1)</td>
</tr>
</tbody>
</table>

**Innovation Site Comparison Implementation**

- It is difficult to practice Family Centered Practice.

<table>
<thead>
<tr>
<th>Response</th>
<th>Circuit 1</th>
<th>Circuit 1/8</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>16.4% (20)</td>
<td>14.3% (11)</td>
<td>13.1% (11)</td>
</tr>
<tr>
<td>Rarely</td>
<td>32.8% (40)</td>
<td>18.2% (14)</td>
<td>22.6% (19)</td>
</tr>
<tr>
<td>Sometimes</td>
<td>36.9% (45)</td>
<td>37.7% (29)</td>
<td>41.7% (35)</td>
</tr>
<tr>
<td>Often</td>
<td>3.3% (4)</td>
<td>6.5% (5)</td>
<td>6.0% (5)</td>
</tr>
<tr>
<td>Always</td>
<td>--</td>
<td>2.6% (2)</td>
<td>--</td>
</tr>
</tbody>
</table>

**Innovation Site Comparison Satisfaction and Benefits**

- There are benefits to the family when family centered practice is practiced.

<table>
<thead>
<tr>
<th>Response</th>
<th>Circuit 1</th>
<th>Circuit 1/8</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>67.3% (76)</td>
<td>45.5% (35)</td>
<td>45.2% (38)</td>
</tr>
<tr>
<td>Agree</td>
<td>24.6% (30)</td>
<td>36.4% (28)</td>
<td>31.3% (28)</td>
</tr>
<tr>
<td>Neutral/No opinion</td>
<td>4.9% (6)</td>
<td>9.1% (7)</td>
<td>7.1% (6)</td>
</tr>
<tr>
<td>Disagree</td>
<td>--</td>
<td>--</td>
<td>1.2% (4)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>
Innovation Site Comparison Satisfaction and Benefits

* Family Centered Practice has improved my relationship with the families I serve.

<table>
<thead>
<tr>
<th>Response</th>
<th>Circuit 1</th>
<th>Circuit 3/8</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>36.1% (44)</td>
<td>20.8% (16)</td>
<td>11.1% (11)</td>
</tr>
<tr>
<td>Agree</td>
<td>10.1% (17)</td>
<td>24.7% (19)</td>
<td>12.1% (27)</td>
</tr>
<tr>
<td>Neutral/No opinion</td>
<td>24.6% (30)</td>
<td>37.7% (29)</td>
<td>41.7% (35)</td>
</tr>
<tr>
<td>Disagree</td>
<td>--</td>
<td>3.9% (1)</td>
<td>1.2% (1)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>.8% (1)</td>
<td>1.1% (1)</td>
<td>--</td>
</tr>
</tbody>
</table>

* Family Centered Practice has improved my satisfaction with my job.

<table>
<thead>
<tr>
<th>Response</th>
<th>Circuit 1</th>
<th>Circuit 3/8</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>27.0% (33)</td>
<td>16.9% (13)</td>
<td>10.7% (9)</td>
</tr>
<tr>
<td>Agree</td>
<td>47.5% (58)</td>
<td>39.0% (30)</td>
<td>41.7% (35)</td>
</tr>
<tr>
<td>Neutral/No opinion</td>
<td>12.8% (40)</td>
<td>29.9% (23)</td>
<td>38.1% (32)</td>
</tr>
<tr>
<td>Disagree</td>
<td>.8% (1)</td>
<td>5.2% (4)</td>
<td>3.6% (3)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>--</td>
<td>3.9% (1)</td>
<td>3.6% (3)</td>
</tr>
</tbody>
</table>

* I think all or most of the staff I work with believe Family Centered Practice is beneficial for families.

<table>
<thead>
<tr>
<th>Response</th>
<th>Circuit 1</th>
<th>Circuit 3/8</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>22.1% (27)</td>
<td>10.4% (8)</td>
<td>14.3% (12)</td>
</tr>
<tr>
<td>Agree</td>
<td>47.1% (56)</td>
<td>39.0% (30)</td>
<td>41.7% (35)</td>
</tr>
<tr>
<td>Neutral/No opinion</td>
<td>16.4% (20)</td>
<td>23.1% (17)</td>
<td>36.2% (27)</td>
</tr>
<tr>
<td>Disagree</td>
<td>4.1% (5)</td>
<td>10.4% (8)</td>
<td>3.6% (3)</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>--</td>
<td>1.9% (1)</td>
<td>2.4% (2)</td>
</tr>
</tbody>
</table>
**Innovation Site Comparison Achievement of Goals**

- Family Centered Practice will improve our ability to achieve the following goals:

<table>
<thead>
<tr>
<th>Goals</th>
<th>Circuit 1</th>
<th>Circuit 3/8</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Preservation</td>
<td>88.5% (108)</td>
<td>71.4% (55)</td>
<td>75.0% (63)</td>
</tr>
<tr>
<td>Family Reunification</td>
<td>87.7% (107)</td>
<td>76.0% (57)</td>
<td>69.0% (48)</td>
</tr>
<tr>
<td>Child Placement Permanency</td>
<td>81.1% (99)</td>
<td>63.6% (49)</td>
<td>64.3% (44)</td>
</tr>
<tr>
<td>Prevention of Child Malpractice</td>
<td>71.0% (89)</td>
<td>53.1% (41)</td>
<td>58.5% (49)</td>
</tr>
<tr>
<td>Child Safety</td>
<td>79.5% (97)</td>
<td>66.9% (50)</td>
<td>65.5% (55)</td>
</tr>
<tr>
<td>Child Well Being</td>
<td>81.6% (102)</td>
<td>67.5% (52)</td>
<td>69.0% (48)</td>
</tr>
<tr>
<td>None of the Above</td>
<td>.8% (1)</td>
<td>3.9% (3)</td>
<td>3.6% (3)</td>
</tr>
</tbody>
</table>

**Next Steps**

- Final Results will be Released mid-December
- A file for each innovation site will be prepared that will provide frequency distributions for responses on each survey item (closed ended and open ended)
- More analysis of responses by employment position or other subgroups within the entire sample will be conducted
- Some analysis to identify statistical differences across the innovation sites will be conducted

**Questions and Suggestions**

- Please contact:
  Mary Kay Falconer
  mfalconer@ounce.org
  850-921-4494 X 134
### Appendix III
Family-Centered Practice Case File Review

#### Case File Review Construct Scoring for All Sites and Cases—Preliminary Results

<table>
<thead>
<tr>
<th>Circuit</th>
<th>Case Number</th>
<th>Length of Case</th>
<th>Construct Scores</th>
<th>Average</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Rpt Date</td>
<td>Months</td>
<td>#1 Inclusion</td>
<td>#2 Engagement</td>
</tr>
<tr>
<td>Circuits 3/8: Gainesville</td>
<td>1</td>
<td>9/14/09</td>
<td>13</td>
<td>2.67</td>
<td>2.11</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>12/12/09</td>
<td>10</td>
<td>2.00</td>
<td>2.44</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>2/16/10</td>
<td>8</td>
<td>2.00</td>
<td>2.18</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>5/13/10</td>
<td>5</td>
<td>2.00</td>
<td>1.80</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>6/4/10</td>
<td>4.25</td>
<td>1.80</td>
<td>1.82</td>
</tr>
<tr>
<td></td>
<td>6a</td>
<td>9/1/09</td>
<td>13.5</td>
<td>2.33</td>
<td>2.30</td>
</tr>
<tr>
<td></td>
<td>6b</td>
<td>6/26/10</td>
<td>3.5</td>
<td>2.60</td>
<td>2.00</td>
</tr>
<tr>
<td>Average</td>
<td></td>
<td></td>
<td>8.18</td>
<td>2.20</td>
<td>2.09</td>
</tr>
<tr>
<td>Percentage</td>
<td></td>
<td></td>
<td></td>
<td>73.33%</td>
<td>69.76%</td>
</tr>
<tr>
<td>Circuits 1: Pensacola</td>
<td>7</td>
<td>9/28/09</td>
<td>12.5</td>
<td>2.10</td>
<td>2.45</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>1/29/10</td>
<td>9.5</td>
<td>2.57</td>
<td>2.92</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>4/3/10</td>
<td>6.25</td>
<td>2.42</td>
<td>2.55</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>9/3/09</td>
<td>13.5</td>
<td>2.14</td>
<td>2.75</td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>12/9/09</td>
<td>10</td>
<td>2.40</td>
<td>2.18</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>2/19/09</td>
<td>8</td>
<td>2.50</td>
<td>2.45</td>
</tr>
<tr>
<td>Average</td>
<td></td>
<td></td>
<td>9.96</td>
<td>2.36</td>
<td>2.55</td>
</tr>
<tr>
<td>Percentage</td>
<td></td>
<td></td>
<td></td>
<td>78.67%</td>
<td>85.00%</td>
</tr>
<tr>
<td>Circuits 11: Miami</td>
<td>13</td>
<td>5/5/09</td>
<td>17.25</td>
<td>1.58</td>
<td>2.00</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>7/15/10</td>
<td>3</td>
<td>2.72</td>
<td>2.92</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>12/6/09</td>
<td>10.25</td>
<td>1.55</td>
<td>1.60</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>3/16/10</td>
<td>7</td>
<td>1.63</td>
<td>2.00</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>10/1/09</td>
<td>12.5</td>
<td>1.75</td>
<td>1.38</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>6/12/10</td>
<td>4</td>
<td>2.16</td>
<td>2.16</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>2/23/10</td>
<td>7.75</td>
<td>2.36</td>
<td>2.45</td>
</tr>
<tr>
<td>Average</td>
<td></td>
<td></td>
<td>8.82</td>
<td>1.96</td>
<td>2.07</td>
</tr>
<tr>
<td>Percentage</td>
<td></td>
<td></td>
<td></td>
<td>65.33%</td>
<td>69.00%</td>
</tr>
<tr>
<td>All</td>
<td>Average for All</td>
<td></td>
<td>8.99</td>
<td>2.16</td>
<td>2.22</td>
</tr>
<tr>
<td>Percentage</td>
<td></td>
<td></td>
<td></td>
<td>72.13%</td>
<td>74.10%</td>
</tr>
</tbody>
</table>
### Construct Scores

<table>
<thead>
<tr>
<th>Circuit</th>
<th>Case Number</th>
<th>Date/Time Opened</th>
<th>Construct Scores</th>
<th>Average</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Date</td>
<td>Months</td>
<td>#1</td>
<td>#2</td>
</tr>
<tr>
<td>3/8</td>
<td>Total</td>
<td>8.18</td>
<td>2.20</td>
<td>2.09</td>
<td>2.44</td>
</tr>
<tr>
<td></td>
<td>Percentage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Total</td>
<td>9.96</td>
<td>2.36</td>
<td>2.55</td>
<td>2.89</td>
</tr>
<tr>
<td></td>
<td>Percentage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Average</td>
<td>8.82</td>
<td>1.96</td>
<td>2.07</td>
<td>2.52</td>
</tr>
<tr>
<td></td>
<td>Percentage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All</td>
<td>Total Avg</td>
<td>2.16</td>
<td>2.22</td>
<td>2.60</td>
<td>2.04</td>
</tr>
<tr>
<td></td>
<td>Percentage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Family-Centered Practice
Case File Reviews and
Staff Interviews

DECEMBER 16, 2010
OUNCE OF PREVENTION FUND OF FLORIDA

Introduction

Evaluators
- Mary Kay Falconer
- Christine K. Thompson

Case File Reviews
- Conducted in October, November and December 2010
- Each file reviewed twice
- Total of 20 files reviewed

Interviews
- Conducted in October, November and December 2010
- Approx. 30 conducted

Child Welfare Work with Families Questionnaire
- Administered in October, November and December 2010
- 33 collected

Agenda

- Case File Reviews
- Staff Interviews
- Observations
- Child Welfare Work with Families Questionnaire
- Discussing Particulars
Case File Reviews

- Number of Files Reviewed
  - 7 in Circuits 3/8
  - 6 in Circuit 1
  - 7 in Circuits 11/16

- Set-Up
  - Hard-copy versus electronic

- Challenges

Case File Reviews: Description of Cases

- 20 cases reviewed
  - 7 in Circuits 3/8
  - 6 in Circuit 1
  - 7 in Circuits 11/16

- Average of 2.2 children

- Type of case
  - 6 voluntary/diversion; 14 court-ordered
  - 8 in-home; 12 out-of-home or custody change

- Case Plan Goal
  - 2: Maintain and strengthen
  - 12: Reunification

- History with DCF
  - 4 did not have a history
  - 16 had a history with the department

Case File Reviews: Data Collected

- Summary of allegations
- Type of case (in/out-of-home; court-ordered/voluntary)
- Case plan goals
  - Primary goal
  - Concurrent goal
  - Changes in case plan goal

- Various dates, including...
  - Case plan goal achievement
  - Assessments

- Staff/service providers assigned to the case
- Involved parties in the case and their roles
Case File Reviews: Data Collected

- Investigation details
  - Report date
  - Investigation close date
  - Interviews with collaterals during the investigation
  - History with the Department
  - Maltreatment allegations and findings
  - Recommended services
  - Joint home visit or early engagement

- Information about the children
  - Number of children
  - Dates of birth
  - Gender

- Placements and changes in placements
  - Dates
  - Type of placement
  - Reason ended

- Family Team Conferences
  - Date
  - Purpose
  - Attendees
  - Notes

- Case Plan
  - Who was involved in the development
  - Content
  - Date
  - Dates of revisions

- Referrals
  - Date
  - For whom
  - For what

- Staffings
  - Date
  - Type/purpose
  - Attendees
  - Notes

- Court Hearings
  - Dates
  - Type/purpose
  - Attendees
  - Notes
### Case File Reviews: Data Collected

- **Visitation**
  - Type of visitation permitted (supervised/unsupervised; supervised by who; restrictions; overnight/weekends)
  - Date of changes
  - Document obtained from (e.g., visitation order)
  - Notes
- **Documents reviewed**
- **Additional notes**
  - Dates arrested and released from jail
  - Service provider recommendations
  - Information regarding relatives

### Helpful Documents Reviewed

- **Plans**
  - Case Plan
  - Family Plan
  - Safety Plan
  - Continuing Care Plan
- **Reports from providers/schools**
  - Comprehensive assessments
  - Parenting
  - Substance abuse treatment
  - Domestic violence providers
  - Treatment/family plans
  - Psychosocial reports
  - IEP plans/documentation

### Helpful Documents Reviewed, cont’d.

- **Referrals**
- **Staffing documentation**
- **Visitation/custody change orders**
- **GAL reports**
- **Family Team Conference documentation**
  - Natural support map
  - Drug Court action plan
- **FSFN case notes**
- **Drug Court Progress Reports (Circuit 11)**
- **JR/JRSSR reports**
- **Mental health/substance abuse assessments**
Helpful Documents Reviewed, cont’d.

- Sometimes…
  - Investigative Summary
  - Initial Family Assessment (IFA) (Circuit 1)
  - Initial in-home safety assessments
  - Caregiver Strengths and Needs Assessment
  - Child Strengths and Needs Assessment
  - SDM Family Risk Assessment
  - SDM Family Risk Re-assessment
  - SDM Intake Safety Assessment

Case File Reviews: Scoring Rubric

- Scoring Rubric
  - Six constructs
    - Family inclusion, accommodation, and participation
    - Family engagement
    - Flexible, adaptable, and individualized services
    - Strengths and needs based
    - Family empowerment and autonomy
    - Family bonding and strengthening
  - Items within each construct: 1 to 19
  - Each item rated on 3 point scale:
    - 1 = Minimal or no evidence (0-10%)
    - 2 = Some evidence (11-70%)
    - 3 = Substantial evidence (71-100%)
  - Average score for each construct and for each case

Case File Reviews: Construct #1

Family Inclusion, Accommodation, and Participation

- Parent and support system attendance and involvement in case planning and other key decision-making meetings
- Involvement of older children in planning/decision-making
- Accommodating family schedules for meeting times, etc.
- Parent provides information about possible relative placements
- Co-parenting between caregiver and parent (out-of-home cases)
### Case File Reviews: Construct #2

**Family Engagement**
- Honesty
- Openness
- Respect
- Cultural-sensitivity
- Trust-based relationships
- Responsiveness
- Genuine care and concern
- Consideration, cooperation, compromise
- Encouragement
- Positive communication
- Engagement by parents
- Engagement by support system members

### Case File Reviews: Construct #3

**Flexible, Adaptable, and Individualized Services**
- Services and/or plans are individualized
- An array of services was used
- Services and/or plan was flexible and adapted to the changing needs of the family and each family member
- All "major issues" were addressed through services
- If needed, services were provided to ensure the child(ren)’s academic success

### Case File Reviews: Construct #4

**Strengths and Needs Based**
- Family strengths were acknowledged
- Family strengths (and needs) were identified in assessments
- Assessments focused on strengths (and needs)
- Services or plans were developed based on strengths
- Services or plans were developed based on needs
- Needs and strengths of entire family and individual members were assessed and considered when identifying services and supports
Case File Reviews: Construct #5

**Family Empowerment and Autonomy**
- Parent expansion of parenting knowledge, competencies, skills
- Parents taking (additional) responsibility for...
  - Child(ren)'s physical and/or medical needs
  - Child(ren)'s educational needs
- Support system members taking (additional) responsibility for child(ren)'s physical, medical and/or educational needs
- Parents assume and maintain responsibility for...
  - Self-sufficiency (e.g., employment, housing)
  - Their needed treatment, recovery, rehabilitation or skill building
  - Their child(ren)'s treatment, rehabilitation, counseling

Case File Reviews: Construct #6

**Family Bonding and Strengthening**
- If needed, focus on improving the relationship between the parents
- Focus on improving the relationship between the parents and children
- If needed, focus on improving relationships between parents and support system members
- Efforts to increase visitation rights and responsibilities, when safe for the child
- Clear preference for...
  - Child placements that facilitate visitation with parents/siblings
  - Child placements that preserve family member connections
  - Normalized visitation between parents and children, when possible
- If siblings are separated, efforts made to provide and encourage visitation between siblings
- Exceptions for child’s needs or if no willing/appropriate caregiver is available

Case File Reviews: Scoring

- Discussion of details
- Review
Interviews: Introduction

- **Individuals Interviewed**
  - CPIs
  - Case Managers
  - Services Providers
  - CM or CPI Supervisors (a few)

- **Set-Up**
  - In-person
  - Telephone interviews

- **Challenges**
  - Staff on medical leave
  - Staff no longer employed
  - Scheduling interviews

Interviews: Topics Covered

- **Brief description of the case**
- **Length of employment in current position**
- **Family-Centered Practice**
  - Definition/description
  - Challenges to practicing FCP
  - Things that make it easier to practice FCP
  - Important aspects
  - Barriers to practicing FCP
  - Benefits of FCP

Interviews: Topics Covered

- **Approach with families**
- **Building trust and engaging families**
- **Transition to Family-Centered Practice**
- **Family Team Conferences**
  - Scheduling/timing
  - Benefits
  - Challenges
  - Components of an effective FTC

- **Judicial Involvement**
Interviews: Family-Centered Practice

Define/Describe
- “FCP means you put the family in charge of the direction their family is going in.”
- “They don’t need to see it as a list of tasks to complete to get their kids back, but rather a list of opportunities to make their family better.”
- FCP works really well on the “maybe” cases—you have parents that are motivated to get their kids back and parents who aren’t and you aren’t going to change that, but there is this group in the middle that if you don’t handle it the right way, the kids will be ours (or somebody else’s, not the parents’)—if we had less paperwork and therefore more time to spend with families she thinks they can reach 70-80 percent of these families, but due to current constraints, they are probably only reaching about 50% of those.
- “With you, not to you”
- “Nothing about me without me”

Interviews: Family-Centered Practice

Easier
- When parents are willing, cooperative and/or open to services
  - Not having the child in licensed care (facilitates visitation)
  - Not only do we need the families to buy in to it, but we need the CPIs to buy in also. Everyone has to believe in it, in order for it to be easy.

Harder/Challenges
- Unwilling, resistant and/or in denial
  - Domestic violence; parents who don’t want to work together
  - Absent fathers
  - Individuals who have no family or supports in the area
  - “Balancing between FCP and the safety of the child... It is hard sometimes. The cases we are sending over for in-home supervision are higher and higher risk cases. It’s a judgment call, we want to keep families together, but we want to make sure kids are safe. It is a very fine line sometimes. What has helped with that is the fact that it isn’t a solo decision anymore.”

Interviews: Building Trust and Engaging

Techniques
- Sharing a personal story/identify with them
- Be honest
- Be straightforward
- Do what you say you’ll do (don’t break promises)
- Take an interest in them
- Treat them as human beings
- Treat them with respect
- If client speaks language other than English, having a worker who speaks their language

Engaging family/support system members
- “Mom is having this issue and that issue. Mom trusts you. Can you be there for her? This is what families are for.”
- “Pull the ‘kid card’ – It’s important to work together for the sake of the kids.”
### Interviews: Family Team Conferences

#### Benefits
- Have a voice
- Not feel alone, be supported
- Recognize the problem
- Take it more seriously
- Holds everyone accountable
- Opportunity for families to bring up problems they need assistance with that aren’t in the allegations
- “At the FTC, what I really like is when they go around and have everyone say something good about the person. I think that builds them up, builds up their self-esteem and how they feel about what they are doing in parenting and things like that.”

#### Good in theory, but . . .
- “Not always happy with the results—sometimes they’ll spend 3 hours in a FTC and come out with nothing more than a visitation agreement.”

#### Concerns/Improvements
- Writing referrals (putting services in the home)
- Scheduling
- Location
- Length

### Interviews: Judicial Involvement

- Depends on the judge
- Judges need more training on risk versus safety
- Parents are more cooperative and take it more seriously when there is judicial involvement
- “The difference is the amount of real power the family has in the sense that the court is the ultimate decision maker, but I think the practice stays the same. I think you can still empower and encourage the family to feel like they are part of the situation.”
Transition to FCP

- More in-home supervision cases and fewer removals
- No longer going in and saying “this is what you’re going to do”
- Fewer restrictions on what can be done
- Had always been doing it, but now more formalized
- Made a more concerted effort

Interviews: Investigators

View of Family-Centered Practice

- “It’s not our job – it’s the case manager’s job to be family-centered”
- “FCP, I feel, mainly applies to the services, we just kind of cover the front end of it as investigators.”

Their Approach with Families

- “Listening a lot, listening to the parents, listening to the children. I think that’s what made the difference on a lot of my cases. Most of the time these families need someone there, a support, that they don’t have.”
- “I’m there to help them, versus making it more stressful.”
- “The first thing that is on my mind is getting them to see me as another human and not as a big, horrible, nasty DCF person that is coming to make their lives miserable and take their kids.”
- “For the most part, they do work with you, but in my experience, when you let them know that this is their family and they are in control of their family and you are just trying to help their family, you get a lot more cooperation, even among difficult ones”

Interviews: Case Managers

View of Family-Centered Practice

- “Our job is meant to be temporary. Empower them, help them come up with their own ideas and keep their family together. How will you overcome?”

Their Approach with Families

- Non-judgmental
- “I’m not DCF”
- Ask for their side of the story
- Empower, engage and encourage
Concerns/Barriers

- Time
- Paperwork
- Cooperation and communication between staff
- The judge/general magistrate
- Being understaffed

Case File and Interview Observations

- Some are “stuck” on a particular aspect
  - Family Team Conferences
  - Placing the child with family
- Areas of weakness
  - Focusing on strengths
  - Documenting FCP in case file
- Some case files stronger at different points

Child Welfare Work with Families Questionnaire

- Completed by staff just prior to the interview
- 26 items
- Asks the respondent to indicate the frequency with which they do the action or behavior in each item when they work with families. A few examples:
  - Accept the family as important members of the team that helps the children
  - Help the parents/family get the help they want from their family, friends and community
  - Listen to the parents/guardians
  - Treat the family with respect
  - Criticize what the parents/guardians do with their children (reverse coding)
- Response Scale
  - 1=Never
  - 2=Rarely
  - 3=Sometimes
  - 4=Most of the time
  - 5=Always
  - 0=I Don’t Know
Questionnaire: Respondents

- 33 completed questionnaires
- By Circuit
  - 11 were in Circuit 1
  - 12 in Circuits 3/8
  - 10 in Circuit 11
- By Staff Position
  - 11 were CPIs or CPI supervisors
  - 14 were case managers or case manager supervisors

Questionnaire: Responses by Circuit

- All Respondents
  - Treat the family with respect (4.97)
  - Listen to the parents/guardians (4.88)
  - Encourage the parents/guardians to speak up during meetings with professionals when there is something that they want to say (4.85)
- Circuit 1
  - Treat the family with respect (5.00)
  - Help the family get all of the information they want and/or need (4.91)
  - Listen to the parents/guardians (4.91)
  - Care about the entire family, not just the child(ren) with special needs (4.91)
  - Help the family get services from other agencies or programs as easily as possible (4.91)
  - Make sure the parents/guardians understand the family’s rights (4.91)
  - Encourages the parents/guardians to speak up during meetings with professionals when there is something that they want to say (4.91)
- Circuit 11
  - Treat the family with respect (5.00)
  - Help the parents/guardians expect good things in the future for themselves and their children (5.00)
  - Make sure the parents/guardians understand their family’s rights (5.00)
  - Care about the entire family, not just the children) with special needs (4.90)
  - Encourages the parents/guardians to speak up during meetings with professionals when there is something that they want to say (4.90)
- Circuits 3/8
  - Listen to the parents/guardians (4.92)
  - Treat the family with respect (4.92)
  - Respect the family’s beliefs, customs, and ways that they do things in their family (4.83)
  - Talk in everyday language that the family can understand (4.83)
Questionnaire: Responses by Position

- **Investigators**
  - Treat the family with respect (4.91)
  - Accept the family as important members of the team that helps the children (4.82)
  - Help parents/families get all the information they want and/or need (4.82)
  - Talk in everyday language that the family can understand (4.82)
  - Encourage the parents/guardians to speak up during meetings with professionals when there is something that they want to say (4.82)

- **Case Managers**
  - Treat the family with respect (5.00)
  - Care about the entire family, not just the child(ren) with special needs (5.00)
  - Listen to the parents/guardians (4.93)
  - Help the family get services from other agencies or programs as easily as possible (4.93)
  - Make sure the parents/guardians understand their family’s rights (4.86)

Discussing Particulars

- **Individual discussions by circuit**
  - Scores for each case file in your circuit
  - Interviews as specific to your circuit
  - General observations and impressions for your circuit

- **Schedule 30-60 minutes**
  - Length of time is mostly dependent on how long you’d like and how much additional information you want

- **Contact Information**
  CK Thompson, MSW, MPA
  Email: cking@ounce.org
  Office: 850-921-4494 ext. 163
  Cell: 727-501-3773
Family-Centered Practice
Child Welfare Staff Focus Groups
Preliminary Results

FCP Innovation Site Evaluation
Ounce of Prevention Fund of Florida
December 15, 2010

Child Welfare Staff Focus Groups
- Circuits 3/8, November 30
  - Investigators (8), Case Managers-FCCs (5), CPI and FCC Supervisors (5), Service Providers (5)
- Circuit 1, December 3
  - Investigators (7), Case Managers-FSCs (9), CPI and FSC Supervisors (11), Service Providers (6)
- Circuit 11, December 6-8
  - Investigators (8), Case Managers (8), CPI and CM Supervisors (9), 2 Service Provider Groups (7, 4), Dependency Drug Court Group (8)

Focus Group Questions
1) Thinking back through the past year, was there a definite date or month when family centered practice started in your unit or circuit? If yes, what was that date/month? If not, why not?
2) How does family centered practice affect how you work with families? Has there been a clear difference between the way you worked with families prior to a formal implementation of FCP in this circuit and after? If yes, describe the differences.
3) Apart from what is offered in your current employment, was your education and related training important in preparing you for family centered practice?

Note: Questions with lighter font were not posed in all focus groups.
Focus Group Questions (cont’d)

4) Is it ever difficult to practice family centered practice? If yes, when?
   • (follow-up to address reports during non-regular business days and times, assignment of CPI and CM with different philosophies regarding FCP to a case, staff time constraints, resource and/or provider constraints in a community, changes in staff assigned to a case, and coordination among all professionals working with a case)

Focus Group Questions (cont’d)

5) How do you feel about Family Team Conferences and the way decisions are made about the child, child placement, the case plan and the family as a whole?
   • Does the timing of FTCs work well here?
   • Are the conditions or circumstances that lead to a FTC appropriate?
   • What are your suggestions regarding FTCs?

6) When using family centered practice, do you find the families to be more engaged? If so, how?

Focus Group Questions (cont’d)

7) Are there key steps, approaches, activities and services that should be included when practicing family centered practice with the families you serve in this circuit? If yes, what are these? (Make sure each group has an opportunity to address investigations, case management, and the provision of services through referrals.)
Focus Group Questions (cont’d)

8) Do you think family centered practice is beneficial to families? Why or why not?

9) Do you feel family centered practice improves family outcomes? If yes, which outcomes and why or why not?

10) Is there anything else you would like to share regarding family centered practice?

When did Family Centered Practice Begin in this Circuit?

<table>
<thead>
<tr>
<th>Investigators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circuit 3/8</td>
</tr>
<tr>
<td>Circuit 1</td>
</tr>
<tr>
<td>Circuit 11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case Managers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circuit 3/8</td>
</tr>
<tr>
<td>Circuit 1</td>
</tr>
<tr>
<td>Circuit 11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CPI and CM Supervisors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circuit 3/8</td>
</tr>
<tr>
<td>Circuit 1</td>
</tr>
<tr>
<td>Circuit 11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circuit 3/8</td>
</tr>
<tr>
<td>Circuit 1</td>
</tr>
<tr>
<td>Circuit 11</td>
</tr>
</tbody>
</table>
Apart from what is offered in your current employment, was your education and related training important in preparing you for family centered practice?

Investigators

<table>
<thead>
<tr>
<th>Circuit</th>
<th>Important Qualities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circuit 3/8</td>
<td>On the job experience is important; it matters who you hire; need some life experience; use to do shadowing and mentoring of staff.</td>
</tr>
<tr>
<td>Circuit 1</td>
<td>Having a BSW made it easier to know how to obtain information from families. Experience with relevant employment prior to this position; Training on FCP covered the concepts and then scenarios.</td>
</tr>
<tr>
<td>Circuit 11</td>
<td>FIU training that addressed FCP, having a background in professions that work with people helped, training on understanding behavior helped.</td>
</tr>
</tbody>
</table>

Case Managers

<table>
<thead>
<tr>
<th>Circuit</th>
<th>Important Qualities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circuit 3/8</td>
<td>Academic degrees and previous employment experience helped.</td>
</tr>
<tr>
<td>Circuit 1</td>
<td>Learning more from others and by doing. Don’t think that FCP is an academic discipline; BSW and then on the job experience; Internships are helpful.</td>
</tr>
<tr>
<td>Circuit 11</td>
<td>UM conducted training. Judge Cohen presented FCP.</td>
</tr>
</tbody>
</table>

CPI and CM Supervisors

<table>
<thead>
<tr>
<th>Circuit</th>
<th>Important Qualities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circuit 3/8</td>
<td>Degree should not matter; common sense; DCF pre-service training.</td>
</tr>
<tr>
<td>Circuit 1</td>
<td>Variety of degrees accepted; Social workers have a “leg up” and already know the principles of FCP.</td>
</tr>
<tr>
<td>Circuit 11</td>
<td>DCF training on FCP (August).</td>
</tr>
</tbody>
</table>

Service Providers

<table>
<thead>
<tr>
<th>Circuit</th>
<th>Important Qualities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circuit 3/8</td>
<td>Safe and Together Care model training; sensitivity training.</td>
</tr>
<tr>
<td>Circuit 1</td>
<td>FCP covered in social work education; FCP has been mentioned in “community” meetings; Training has been available for all providers.</td>
</tr>
<tr>
<td>Circuit 11</td>
<td>Training on therapeutic techniques; FTC training in March (Our Kids); Safe and Together Model (Our Kids); Marriage and Family Therapy degree helpful.</td>
</tr>
</tbody>
</table>

Family Centered Practice Awareness and Implementation Measurement using FCP Constructs

- In this set of slides, we refer to the mention of terms or concepts that correspond with each FCP Construct in notes taken to document responses to all questions posed during each Focus Group. (Terms that counter or do not endorse FCP are not highlighted.)

- Without transcripts and/or additional sessions listening to the recording for each group, the measurement presented here is preliminary.

- More complete coverage for this set of measures should be available during the meeting on January 10 in Orlando.
## Family Centered Practice Constructs

<table>
<thead>
<tr>
<th>Construct 1: Family Inclusion, Accommodation, and Participation</th>
<th>Description and/or Criteria for Construct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family members are interviewed.</td>
<td></td>
</tr>
<tr>
<td>Family members attend case planning and key decision making meetings</td>
<td></td>
</tr>
<tr>
<td>Family members are “active” participants in case planning and key decision making meetings.</td>
<td></td>
</tr>
<tr>
<td>Minimal disruption in family routines</td>
<td></td>
</tr>
<tr>
<td>Involving older children in their Independent Living planning and decisions</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Construct 2: Family Engagement</th>
<th>Description and/or Criteria for Construct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interaction between family members and child welfare staff demonstrates the following:</td>
<td></td>
</tr>
<tr>
<td>Honesty, Openness, Respect, Cultural-sensitivity, Trust-based relationship, Responsiveness, Genuine Caring</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Construct 3: Flexible, Adaptable and Individualized Services</th>
<th>Description and/or Criteria for Construct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plans should be individualized.</td>
<td></td>
</tr>
<tr>
<td>Needs of entire family and needs of individual family members are assessed and considered when identifying services and supports.</td>
<td></td>
</tr>
<tr>
<td>An array of services should be identified and available to meet the needs of the child and family.</td>
<td></td>
</tr>
<tr>
<td>Plans should be flexible and should adapt to the context and changing needs of the child and family.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Construct 4: Strengths and Needs-based</th>
<th>Description and/or Criteria for Construct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family strengths are identified and given equal or more attention than risks or inadequacies of the family and individual members.</td>
<td></td>
</tr>
<tr>
<td>Assessments focus on strengths and needs of the family.</td>
<td></td>
</tr>
<tr>
<td>Plans are developed based on the strengths and needs of the family.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Construct 5: Family Empowerment and Autonomy</th>
<th>Description and/or Criteria for Construct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expansion of knowledge and competence (parenting skills, family supports, and community resources)</td>
<td></td>
</tr>
<tr>
<td>Assumption of child caretaking responsibility by family members</td>
<td></td>
</tr>
<tr>
<td>Family members make key decisions</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Construct 6: Family Bonding and Strengthening</th>
<th>Description and/or Criteria for Construct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus on improving relationships between family members</td>
<td></td>
</tr>
<tr>
<td>Clear preference for child placements that preserve family member connections</td>
<td></td>
</tr>
<tr>
<td>Clear preference for visitation between siblings, when possible</td>
<td></td>
</tr>
<tr>
<td>Clear preference for normalized visitation of children with their parent(s), when possible</td>
<td></td>
</tr>
</tbody>
</table>
Construct 1: Family Inclusion, Accommodation, and Participation

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Circuit 1/8</th>
<th>Circuit 1</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigators</td>
<td>Bring family together</td>
<td>Partner with the family</td>
<td>Training up with the family; incorporating family in decision making; involve the family in decision making</td>
</tr>
<tr>
<td>Case Managers</td>
<td>Make family part of the decision; try to allow the family to be the leader; try to come up with something together; telling the family how it is important; Family Team Conference</td>
<td>Making the whole family part of the process; Extended family involved in services for the family; short with family and address all issues; involve families and sometimes foster parents</td>
<td></td>
</tr>
<tr>
<td>CPI and CM Supervisors</td>
<td>Family has more of a say in what is going on</td>
<td>Making the whole family part of the process</td>
<td></td>
</tr>
<tr>
<td>Service Providers</td>
<td>--</td>
<td>Family above the service needed</td>
<td>Involve the family as a main player; Family facilitates</td>
</tr>
</tbody>
</table>

Construct 2: Family Engagement

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Circuit 1/8</th>
<th>Circuit 1</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigators</td>
<td>Convincing families we are there to help, clear, honest with family and show effort</td>
<td>Let them explain what they think they need, engage from the first minute</td>
<td>Being approachable, expect what they need and find a personal connection</td>
</tr>
<tr>
<td>Case Managers</td>
<td>Allow them to talk in any lower, non-threatening; treated as people, from</td>
<td>Let families tell their story, work, close to the family, family; trust; believe in the family; don't judge; be transparent; be patient</td>
<td>Nothing support with hands-on and trust</td>
</tr>
<tr>
<td>CPI and CM Supervisors</td>
<td>Professional, open and warm</td>
<td>Relationship with families is more; more family/trusted family; more family; trustful; transparency, being to every need, are involved, they mean families are</td>
<td>Not telling family what to do, being but for people, meeting the family where they are, building support with family</td>
</tr>
<tr>
<td>Service Providers</td>
<td>Have clients care about themselves</td>
<td>Develop support with family, meet them where they are, develop a relationship with the family</td>
<td></td>
</tr>
</tbody>
</table>

Construct 3: Flexible, Adaptable and Individualized Services

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Circuit 1/8</th>
<th>Circuit 1</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigators</td>
<td>The right services needed; need more specialized services; should not cut off all the services, need services</td>
<td>Services are needed immediately, particularly with substance abuse; step by step “fake it till you make it”</td>
<td>Disconnected family to resources; need good list of resources</td>
</tr>
<tr>
<td>Case Managers</td>
<td>Need to have knowledge about the family and what they need</td>
<td>Service providers provide good feedback; clinical response to address needs of the family</td>
<td>Quality service providers to help prepare for FTC; preparing skilled for FTC</td>
</tr>
<tr>
<td>CPI and CM Supervisors</td>
<td>--</td>
<td>Assigning services, needed thinking outside the box, say yes, need to understand the family</td>
<td>Family should have a say about services, but need support</td>
</tr>
<tr>
<td>Service Providers</td>
<td>Need appropriate service providers, need feedback from other professionals</td>
<td>Family drives the services needed</td>
<td>Services that are MDR need the family, not just for people, system in place, to understand family and make the family’s services &quot;right size&quot; services to the family's needs services</td>
</tr>
</tbody>
</table>
Construct 4: Strengths and Needs Based

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Circuit 3/8</th>
<th>Circuit 1</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigators</td>
<td>--</td>
<td>--</td>
<td>Working with the family in a way that does not set them up for failure; strengths-focused; focus on what is positive.</td>
</tr>
<tr>
<td>Case Managers</td>
<td>Needs-based knowledge about the family and work with the family before they really know what is needed.</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>CPI and CM Supervisors</td>
<td>Focus on individual needs and strengths.</td>
<td>Focus on strengths — what worked for the family prior to the involvement of DCF.</td>
<td></td>
</tr>
<tr>
<td>Service Providers</td>
<td>Strength-based approach.</td>
<td>Bring services to the needs of the client; meet the family’s needs; must celebrate strengths.</td>
<td></td>
</tr>
</tbody>
</table>

Construct 5: Family Empowerment and Autonomy

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Circuit 3/8</th>
<th>Circuit 1</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigators</td>
<td>Communication after case is closed — family letting provider know their successes.</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Case Managers</td>
<td>Communication after case is closed — family letting provider know their successes.</td>
<td>We don’t belong in these families, the more we are involved, the more the family depends on us, they can help themselves, need for the family to provide supporting support.</td>
<td></td>
</tr>
<tr>
<td>CPI and CM Supervisors</td>
<td>More involved in family and families start to follow in themselves.</td>
<td>More involved in family and families start to follow in themselves.</td>
<td></td>
</tr>
<tr>
<td>Service Providers</td>
<td>--</td>
<td>We don’t belong in these families, the more we are involved, the more the family depends on us, they can help themselves, need for the family to provide supporting support.</td>
<td></td>
</tr>
</tbody>
</table>

Construct 6: Family Bonding and Strengthening

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Circuit 3/4</th>
<th>Circuit 1</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigators</td>
<td>FCP is bringing a family together that no longer has foster parents.</td>
<td>Better to place the child with someone familiar to them; Government is not a good parent</td>
<td></td>
</tr>
<tr>
<td>Case Managers</td>
<td>Family Team Conference</td>
<td>Family Team Conference</td>
<td>Family Team Conference (comprehensive)</td>
</tr>
<tr>
<td>CPI and CM Supervisors</td>
<td>FTC address violation (punishment)</td>
<td>Needs positive support system (difficult).</td>
<td>Extended family/biological families are involved with services with the family; sometimes involve foster parents</td>
</tr>
<tr>
<td>Service Providers</td>
<td>Safe and Positive Care Model training; Foster care families need to be more informed about the case; interactions between foster parents and biological parents</td>
<td>Foster parents have much included in FCP and making decisions; Foster parents must informed and can’t get information too late; Foster parents need to be involved (FTC)</td>
<td>Cooperative model.</td>
</tr>
</tbody>
</table>
Family Team Conferences

- How do you feel about family team conferences and the way decisions are made about the child, child placement, the case plan and the family as a whole?
  - Does the timing of FTCs work well here?
  - Are the conditions or circumstances that lead to a FTC appropriate?
  - What are your suggestions regarding FTCs?

Selected Responses to Family Team Conference Question

<table>
<thead>
<tr>
<th>Staff Category</th>
<th>Circuit 1/8</th>
<th>Circuit 1</th>
<th>Circuit 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Managers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPI and CM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Providers</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Successes and Challenges
Implementing FCP
Early Lessons Learned

Based primarily on responses to the following questions:
• Is it ever difficult to practice family centered practice? If yes, when?
• Are there key steps, approaches, activities and services that should be included when practicing family centered practice with the families you serve in this circuit? If yes, what are these?

FCP Successes and Challenges
Circuits 3/8  (Successes in green font)
• FCP recognized as beneficial for family. Have ownership and a say in something that is going on in their life
• Service providers are practicing FCP (even though they might not be trained in FCP along with child welfare staff)
• View of DCF (CPI) has changed (from negative to positive)
• Family Team Conferences
  • When there is enough time to get to know the family, the FTC was better
  • When the family is more open, the FTC is more successful
  • Scheduling is very difficult in order to get family members, child welfare staff, and service providers to attend; rescheduling also occurs often
  • CPIs not always invited or attending
  • FTC takes a lot of time (2 hours)
  • Courts and attorneys sometimes do not accept a case plan developed with the family during a FTC
  • Not covering enough (only visitation)
  • FTCs should be sooner, fewer follow-up FTCs, no mandatory time frame for FTCs, sometimes family is engaged and receiving services before FTC

FCP Successes and Challenges
Circuits 3/8 (continued)
• FCC and CPI Working Relationship
  • Hard for the FCCs to come into the case after the CPI
  • FCCs not getting services in the home soon enough
  • FCC doing joint home visit is not FCC assigned to the case
• Differences in child removal decisions between the Child Protection Team (CPT) and those who are practicing FCP and think the child(ren) should remain in the home
• Difficult when there is domestic violence in the home
• Need training and enough time to learn and implement
• Challenges with the interface between SBC and FCP and multiple forms that record the same information
• High caseloads and not enough time to spend with families
FCP Successes and Challenges
Circuit 1 (Successes in green font)

- Procedurally, brought us together and “mended the gap” between CPI and FFN (Escambia)
- As the first contact with family, FCP works well; FCP gives opportunities for positive outcomes
- FCP is quality casework rather than compliance casework (good casework with FCP can turn a family around)
- A paradigm shift toward FCP in the community
- Co-location of CPI and FFN is helpful
- Joint (CPI and FSC) home visits can be helpful; CPI does introduction and then FSC takes over (however, differences of opinion on whether decisions are made jointly)

Other professionals working with the family might not “be with FCP” (i.e., judiciary)
- Lack of “real” resources in the entire community (i.e., public transportation not helpful)
- When there is substance abuse, family should get immediate assistance—need to step it up. FSC should take ownership quicker.
- Documentation Issues—More time needed to enter information in FSFN and some information is not in FSFN for updates on client treatment (i.e., mental health services)
- Exclusion of foster parents and voice of children not heard
- Need more communication and respect among the service providers
- Time frames for FTCs need to be addressed (i.e., need to be held at the right time with the right people, don’t need deadlines)
- Too many assessments required and too many recommendations based on these assessments
- Challenges developing a “positive support system”

FCP Successes and Challenges
Circuit 11 (Successes in green font)

- Beneficial for Family—Gives an opportunity for a family that can step in and do it
- FCP makes a difference in how families respond
- More positive view of DCF when FCP and in-home prevention services are being provided
- Family Team Conferences comprehensive with one FTC facilitator
- Support for FCP varies across judges and with Child Protection Team (CPT)
- Decisions made in FTC might not be accepted by client attorneys
- Relocation of families without extended family members or friends available
- Immigration issues (Haitian children)
FCP Successes and Challenges
Circuit 11 (continued)
• Challenges with Medicaid (need FCP codes and allowances for more time providing FCP services)
• Funding Services (without clients being eligible for Medicaid and when insurance coverage changes)
• Cultural competence and sensitivity
• Challenges with co-parenting (foster parents not always willing)
• Engaging the fathers (when beginning contact with family)
• Need adequate time to interact with the families
• Access to resources to help the families
• Professionals working together to ensure consistency in family requirements

Essentials for Implementing FCP Successfully by Staff Category
(All Circuits/Innovation Sites Combined)
• Investigators
  • Engage the family as early as possible
  • Need time to interact with families
  • Services for the family are often needed immediately
  • Everyone working with the family needs to be on the same page
  • Make sure family understands
  • Joint (CPI and CM) home visits
  • Need follow-up visit with family

Essentials for Implementing FCP Successfully by Staff Category
(All Circuits/Innovation Sites Combined)
• Case Managers
  • Trust and believe in the family
  • Maintain value neutrality
  • Letting family talk, offer suggestions and solutions, be part of decisions
  • Transparency
  • Don’t promise things that you can’t do
  • Comprehensive Family Team Conferences
  • Foster parent and biological parent interaction
  • Quality services and quality casework
  • Time to think through the cases
  • Allowing families to develop their case plan
  • Court Liaisons
  • FTC Facilitators
Essentials for Implementing FCP Successfully by Staff Category (All Circuits/Innovation Sites Combined)

- CPI and CM Supervisors
  - Building rapport and trust with family
  - Identifying underlying causes of problems
  - CPI and CM both working with the family in joint visits
  - Manageable Caseloads
  - CPIs should be invited to FTCs
  - FTC Facilitators (arrange services, facilitate the conference)
  - FTCs should be sooner and subsequent timing of FTCs should not be mandated
  - Comprehensive Assessment of Family/Individuals
  - Consistency between child welfare work with the family and court actions
  - Sometimes involve foster parents

- Service Providers
  - All community stakeholders need to be participating
  - Good communication between professionals serving the family
  - FCP needs to be included in every aspect of family’s services
  - No duplication of services
  - Develop rapport with family
  - Have to believe that the family can get better
  - Need tools (funding), time and training
  - Florida should have a Medicaid code for FCP and sufficient time frames allowed for services/therapies
  - Empower families with skills to nurture, budget and communicate
  - Family Finders program
  - Better matching of CM with family (compatibility)
  - Having judges that understand therapy and EB practices

Comments and Observations

- Community Stakeholders and Partners
- Family Team Conferences
  - Goals and Topics/Concerns Covered
  - Participants (family, service providers, child welfare staff, others)
  - Scheduling and Timing
  - Location
  - Preparation and Facilitation
- CPI and CM Joint Home Visits/Early Engagement Visits
- Coordination between Child Welfare Professionals and Judiciary