Northwest Region
Review of Child Welfare
Systemic Factors

Northwest Region
Family Safety Program Office
Quality Assurance Unit

June 2010
I. Purpose

Florida’s regional quality assurance model requires an annual review of each Community-Based Care (CBC) lead agency’s performance on seven child welfare systemic factors. These factors, which represent the framework that supports Florida’s capacity for achieving positive safety, permanency, and well-being outcomes for children and families, are:

- Statewide Information System;
- Case Review System;
- Quality Assurance System;
- Staff Training;
- Service Array;
- Agency Responsiveness to the Community; and,
- Foster and Adoptive Parent Licensing, Recruitment, and Retention.

Previous reviews of child welfare systemic factors were primarily focused on CBC lead agency performance. However, these factors also impact the quality of child protective investigations and other activities performed by Department of Children & Families staff. Therefore, the Northwest Region Quality Assurance Unit elected to expand its fiscal year 2009-2010 systemic factor review to include DCF Circuits 1, 2, and 14 in addition to the three CBC lead agencies. The purpose of this comprehensive review is to evaluate overall systemic factor performance at the regional level.

II. Methodology

The review was conducted over a six-month period from January through June 2010. A team of Northwest Region Quality Assurance specialists conducted a series of interviews and focus groups in each Circuit to gather information regarding performance and innovations related to the systemic factors. To ensure consistency, a standardized set of questions was developed to assess each of the systemic factors. All interviews and focus groups were conducted using these questions.

Thirty-eight interviews and 15 focus groups were conducted, each addressing one or more of the systemic factors. Interviewees included administrative and programmatic staff from Big Bend Community Based Care (BBCBC) - East and West, Families First Network (FFN), DCF, community stakeholders, and area service providers. Focus groups participants consisted of CBC and DCF staff and foster and adoptive parents.
Note to reader: Community based care lead agencies and subcontractors use a variety of terms to identify frontline staff providing case management services. For the sake of consistency, the term “case manager” is used throughout this report when referring to those staff.

III. Case Review System

This factor addresses systemic issues affecting case planning, case review, and coordination between Child Welfare Legal Services (CLS), child protective investigators, and case management staff. Information was obtained from interviews with a dependency judge in each of the three Circuits that comprise the Northwest region. Interviews were also completed with the CLS Northwest Regional Director, CLS managing attorneys in Circuits 1, 2, and 14, and a foster parent.

None of the judges reported issues with timeliness of case plan filings. The judge in Circuit 2 advised that, to his recollection, 100% of case plans have been filed timely. The Circuit 14 judge advised there have been no issues with continuing court dates due to late case plans. Directing and managing attorneys reported the vast majority of case plans are being filed timely.

The managing attorney for Circuits 2 and 14 estimated 80% to 90% of case plans are filed timely. The directing attorney for the region did report issues with case management not providing case plans to CLS in a timely manner.

The managing attorney for Circuits 2 and 14 made a similar observation and reported the lack of timeliness is negatively impacting the overall quality of case plans. He said this is due to attorneys not having sufficient time to review and revise case plans prior to filing them. The direct attorney reported she has initiated a tracking method for this issue, and they are in the process of addressing it.

The judge in Circuit 1 noted there has been a marked improvement in case planning participation, at least in part due to the implementation of family centered practice. All of the judges said parents have the opportunity to participate in case plan development during mediation or a case planning conference. The judges referenced parents’ attendance at case plan conferences as their opportunity to include their own self-expressed needs in case plans. All of the attorneys reported parents have the opportunity to provide input for their case plan tasks during family team conferences, formal mediations, and informal case planning conferences. They added that parents are participating in development of their case plans in the majority of cases.

The directing attorney and managing attorney for Circuits 2 and 14 reported some concern that case plans should be more individualized. Each said...
some of the case plan tasks are “cookie cutter” and should be more reflective of individual family issues. The managing attorney for these Circuits suggested additional family assessments and utilization of subject matter experts to better identify individual needs.

There has been discussion of and an effort to involve age-appropriate children in the dependency process. The judges in Circuits 2 and 14 acknowledged this effort, but were unsure whether children are actually participating in development of their case plans. The judge in Circuit 2 noted the Guardian ad Litem works closely with the children and brings any self-identified needs to the court’s attention. He said the case manager and Guardian ad Litem do well with conveying children’s needs to the court, and he addresses those needs as they arise.

All of the judges acknowledged the ongoing effort to involve children in court proceedings. Judges in Circuits 2 and 14 noted children come to court and are aware of their right to be heard. The judge in Circuit 1 stated he gives every child over the age of six the opportunity to speak with him in chambers prior to judicial reviews, and the judge in Circuit 2 said Guardians ad Litem are advising children of their ability to communicate with judges in court, by phone, and in writing.

The judge in Circuit 1 reported caregivers and relatives are regularly participating in court proceedings. The managing attorney for that Circuit indicated all relevant parties are invited and encouraged to participate in all hearings. However, the judge in Circuit 2 reported there has been a lack of participation in court proceedings by foster parents, caregivers, and relatives in his jurisdiction. The Circuit’s managing attorney acknowledged they have not been doing well in encouraging those parties to participate, but said they are working on revamping this process in an effort to increase participation. He reported there has been significant progress in noticing all of the parties, and he expects to see continued improvement in this area. The directing attorney stated participation varies depending on the parents and children involved, as well as the case manager’s ability to get the parties together. She said participation and input from these parties has improved significantly due to intense efforts to include them in the dependency process.

The judges in Circuits 1 and 14 reported CLS has been very effective in filing timely termination of parental rights (TPR) petitions. One judge said he collaborated with CLS and case management staff to develop a staggered timeline for their dependency cases. He stated CLS has consistently filed for termination before cases expire at 12 months. He said this approach has been very effective in reducing the number of children who remain in foster care for more than 12 months. The judge in Circuit 2 said he relies on the Guardian ad Litem and CLS to determine when TPR is
appropriate. He said achieving permanency for children is a priority for CLS and the Guardian ad Litem. As such, he does not feel there are any issues with not pursuing TPR when it is appropriate. All of the attorneys reported they have been doing very well with timely filings of TPR petitions. The managing attorney for Circuits 2 and 14 noted CLS, case management staff, and the CBC are all monitoring length of stay in out-of-home care. He said they are not allowing children to “languish” in the foster care system.

The judge in Circuit 2 reported his primary concern regarding the dependency process is inconsistency in maintaining the same case managers on individual cases. He said this causes a lack of continuity within and breadth of knowledge of the case as a whole. However, he also stated there is good communication between CLS, the Guardian ad Litem, case managers, and the court; which allows him to ensure relevant needs are addressed.

The judge in Circuit 14 believes CLS and case management staff are coordinating and communicating fairly well. He stated there are some fundamental differences of opinion in decision making and handling of some cases, but said CLS and case management staff are able to act professionally and set aside their differences during court hearings. The judge in Circuit 2 reported CLS and case management staff communicate reasonably well. He said CLS and case management staff seem to be in concert during dependency proceedings. The judge in Circuit 1 said communication and collaboration between CLS and case management is improving, but efforts to develop an effective working relationship are still needed. The directing attorney reported the level of communication between case management staff and CLS largely dependent on the individual staff in question. She said some case management staff work well with CLS, while the relationship with others can be difficult. The directing attorney added that she and her staff have made efforts to address this issue. The managing attorney in Circuit 1 feels communication and collaboration in her Circuit is effective. The managing attorney for Circuits 2 and 14 feels case management staff and CLS attorneys on the front line are communicating very well, but added there has been some disconnect in communication between management on both sides.

IV. Service Array and Resource Development
This systemic factor addresses the availability of services to protect children in their own homes, prevent removal, and facilitate permanency for children in foster care. Interviews were conducted with providers of prevention services, the Child Protection Team Director or Coordinator in each Circuit, and community mental health providers. Interviewees were questioned regarding the effectiveness, individuality, and accessibility of services.
Services to Protect Children and Prevent Removal
Interviewees agreed the system of care across the Northwest Region includes effective services to protect children residing in their own homes and prevent removal. Family Preservation Program and Family Intervention Team were cited as examples of crisis response services offered in Circuits 2 and 14, which are specifically designed to prevent removal by providing emergency services to families with children at imminent risk of abuse or neglect. The Intensive Family Intervention Team (IFIT) in Circuit 2 provides up to 20 hours of in-home services per week based on a treatment plan prepared for the family. In Circuit 1, the Children’s Home Society CHS First program provides intensive in-home services including instruction in parenting and housekeeping to Escambia County families in crisis. Similar family preservation services are provided in other Circuit 1 counties through local agency Family Support Team programs. In Circuit 1’s Santa Rosa County, an initiative known as Clinical Response Team (CRT) provides up-front mental health and substance abuse assessment and services to families in danger of having their children removed.

Reunification Services
Interviewees also agreed services that help facilitate timely reunification are available. A provider in Circuit 2 stated there are specific programs that focus on achieving timely reunification, but advised that additional services, such as Temporary Assistance to Needy Families (TANF) funded case management, are available but underutilized. She added that, in many cases, reunification could be achieved sooner if these services were provided. A provider in Circuit 1 believes the use of Family Team Conferencing has assisted in achieving timely reunification.

Adoption and Post-Adoption Services
A provider of early intervention services in Circuit 14 believes Big Bend CBC – West does well at providing adoption services. She stated a number of children involved with her program, which serves children ages zero through three years, have been adopted while still young enough to receive services. The provider remarked that children used to languish in foster care for years, but she has seen a marked improvement in timely adoptions.

Providers in Circuits 1 and 2 also identified services to facilitate timely adoptions as a strength based on the increased rate of finalizations. One provider in Circuit 2’s Wakulla County noted that adoptions staff are passionate about achieving permanency for children in out-of-home care.

Interviewees generally agreed that post-adoption services are included in the system of care, but most were not familiar with the specific services available. However, a provider of mental health services in Circuit 2 identified an opportunity for improvement in this area. She believes many adoption workers are unfamiliar with the array of post-adoption services
available to children and families. The provider stated this situation has been a hindrance for some families in receiving these services in a timely manner.

**Individualization of Services**

Most of the interviewees from Circuit 1 believe services are individualized according to the needs of the family. The provider of preservation services stated a unique plan is developed for each family served by her agency.

Providers in Circuit 14 also agreed that services in their area are effectively individualized. The early intervention provider stated her agency offers infant mental health services that are specific to the needs of very young children. She also noted that tasks in dependency case plans are individualized and aligned with those in the child’s service plan prepared by her agency.

The majority of interviewees in Circuit 2 expressed concern that services in this area are not truly individualized. They acknowledged improvements to individualize services were attempted but do not believe the efforts have been very successful. Interviewees cited resistance by parents’ attorneys, “cookie cutter” case plans that do not address underlying or co-occurring issues, and a small provider network for some types of services as barriers to individualization of services in Circuit 2.

**Accessibility of Services**

Interviewees across the Region generally agreed that promptness of service delivery has improved and wait lists are not a barrier to timely service provision in most cases. One interviewee in Circuit 2 believes some providers have a wait list, but suspects it is related to quality service provision. Providers in Circuit 14 stated Big Bend CBC has expanded its provider network to meet the needs of families and is creative with fundraising to supplement financial resources. Circuit 1 providers indicated that Medicaid, TANF funding, and availability of sliding fee scales increase accessibility to services.

Interviewees identified three barriers to accessibility of services that are beyond the immediate control of the child welfare system. However, they bear repeating as they affect capacity to ensure positive outcomes for children and families. These barriers are inadequate funding that necessitates prioritization of services, “extraordinary” waiting lists for housing assistance and services to the homeless.

V. **Agency Responsiveness to the Community**

This factor addresses consultation and collaboration with consumers, foster parents, service providers, and community stakeholders. Information was obtained from interviews with the FFN Director, BBCBC Chief Executive
Consultation with Consumers

Families First Network and DCF Circuit 1 employ formal and informal methods to obtain feedback from consumers and foster parents. The Circuit conducts monthly customer satisfaction surveys of subjects in recently closed child protective investigations, while FFN conducts quarterly satisfaction surveys of customers served by the agency. The FFN director advised that satisfaction surveys are conducted using a questionnaire developed by the agency, which is based on input from staff and findings from previous surveys. She stated that feedback is also received from consumers invited to share their experiences during the local child welfare conference and dependency mini-summits co-sponsored by FFN and DCF Circuit 1.

The CEO for BBCBC stated ongoing consultation with consumers is accomplished through customer surveys, stakeholder interviews, exit interviews conducted with foster youth leaving licensed placements, and various community meetings.

The Circuit 2 Operations Manager stated informal feedback is received from the community and results of monthly child protection investigations surveys are used to determine how investigators are meeting the needs of consumers and identify gaps.

Circuit 14 conducts informal customer satisfaction surveys of subjects in recently closed child protective investigations on a monthly basis. Circuit staff also supports their customers on an informal basis. However, Circuit 14 has identified the need for a formal mechanism to obtain feedback from consumers and is incorporating this activity into their strategic plan.

The Circuit 1 Administrator believes there are opportunities to improve consultation with consumers and cited the interface between substance abuse treatment programs and their customers as an example. She noted Substance Abuse and Mental Health (SAMH) and Family Safety programs often share the same clientele and would like to see increased communication with this population by the child welfare arena.

Consultation with Service Providers

Big Bend Community Based Care facilitates monthly provider enhancement committees in Circuits 2 and 14. These committees consider applications from individuals and businesses requesting to become part of the Big Bend
provider network. Although no applications have been denied to date, a process exists to afford prospective providers due process if their application is denied. The enhancement committees also provide a forum for providers to discuss issues and concerns, offer suggestions, and manage the protocol to address formal grievances conveyed by providers. Big Bend Community Based Care is also active in the Big Bend Advocacy Association, which follows legislative developments and advocates for funding of social service providers in the Big Bend geographical area.

Big Bend CBC also collaborates with its sub-contracted case management agencies, the Department of Juvenile Justice, Guardian ad Litem Program, and DCF to ensure children’s needs are being met. Representatives from these agencies meet regularly to identify future service and placement needs.

The Operations Administrator believes Circuit 2 maintains effective consultation with service providers through a visible presence in the community. Circuit administrators and supervisors regularly attend meetings with service providers and the Children’s Coalition. Circuit 2 also collaborates with BBCBC and dependency court administration to sponsor an annual service bazaar in Leon County, which allows providers to network and share information about their array of services with the community. Service bazaar attendees include staff from the Department of Juvenile Justice, as well as case managers and child protective investigators.

Circuit 14 works closely with Big Bend CBC, its case management agencies, and community service providers. Big Bend and Circuit leadership are engaged in an ongoing workgroup to define current preservation services and expand programs to better serve the customer. A Circuit Leadership workgroup is developing a team of experts in the mental health, substance abuse, and domestic violence fields to staff cases involving removal or risk of removal in order to determine services needed to serve children safely in their own home. The workgroup is seeking technical assistance in the area of substance abuse in order to provide specialized services to families. A prospective goal of the workgroup is to review the substance abuse services offered by local providers for alignment with the needs of the child welfare system. Circuit 14 meets regularly with case management agencies in order to improve the case transfer process and is engaging in dialogue to develop an innovative training plan and improve each agency’s respective system of care.

Families First Network participates in County Integration Teams, which meet in each of the four counties located in Circuit 1. Each team includes representatives from DCF Circuit 1, local community providers and Access Behavioral Health, the Circuit 1 provider of community mental health services.
The integration teams consider the array of services available in each area and address service gaps and barriers to access. FFN also conducts provider forums to share and update information, hosts service fairs to allow agencies to share information about services they offer, and includes providers on “green belt” problem solving teams. FFN and Circuit representatives also collaborate with providers through the Family Centered Practice Steering Committee, which includes representation from Children’s Legal Services (CLS), DCF Substance Abuse and Mental Health (SAMH) Programs, the Guardian ad Litem Program, and Access Behavioral Health Consultation with Foster Care Providers.

**Consultation with Foster Care Providers**

The FFN Director believes her agency’s approach is very effective. Families First Network conducts satisfaction surveys with 100% of foster parents. Survey questions were determined based on responses of foster parents who participated in focus groups conducted by the National Resource Center for Recruitment and Retention of Foster and Adoptive Parents at AdoptUSKids. The agency also uses task forces and meetings with area foster parent associations to obtain feedback concerning the foster parent needs. Foster parents are represented on the Well-Being Workgroup, which is developing measures to improve delivery of physical and mental health services to foster children, and are invited to participate in planning activities. The FFN Director also stated that foster parents licensed through the agency's subcontracted providers are invited to FFN activities.

FFN works closely with the foster parent associations in Circuit 1 and provides support to the groups. Foster parents licensed through FFN and their partner agencies have been educated on Family Centered Practice and family engagement. The associations are reinforcing the message that foster parents should work with the children's birth parents and an increasing number of foster parents are choosing to do so.

Big Bend Community Based Care does not interface directly with foster parents. The agency sub-contracts with Camelot Community Care in Circuit 2 and Life Management Center in Circuit 14 to provide foster care management. The agency CEO advised these contracts address foster care provider recruitment, development, and retention.

**Consultation with the Juvenile Court System**

Big Bend Community Based Care participates in the Serious Habitual Offender Community Action Program (SHOCAP) in Circuits 2 and 14. Please see Section X (Innovations and Initiatives) of this report for information regarding SHOCAP. Agency representatives also participate in community advocacy groups and monthly meetings concerning youth involved with the juvenile justice system.
An additional initiative specific to Big Bend CBC – West is the appointment of a court liaison who attends all hearings for children under the agency’s care. The liaison serves as a point of contact for the judiciary and law enforcement to convey any existing concerns. The liaison is responsible for addressing those concerns with BBCBC management and sub-contractors. Circuit 14 facilitates communication with the court through “Brown Bag” lunches with the dependency Judges and Magistrate in Bay County.

Families First Network participates in crossover staffings for youth under its jurisdiction who are also involved with the delinquency system. Utilization Management serves as a liaison to the Department of Juvenile Justice and case managers collaborate with DJJ workers regarding individual children served by both agencies. Juvenile Justice staff are invited to attend Family Team Conferences and permanency staffings, and Independent Living coordinators mail self-study materials to youth unable to attend life skills training while incarcerated in DJJ facilities. FFN also employs a Dependency Court Resource Facilitator in each of the four counties in its service area.

The Circuit 2 Operations Administrator stated her agency has a close working relationship with Juvenile Court and the Department of Juvenile Justice. Cases involving youth involved with both the dependency and delinquency systems are heard in Unified Family Court. Bi-monthly brown bag lunches are held with delinquency court administrators and judges to address issues concerning DCF, DJJ, the Public Defender and State Attorney’s offices, and service providers.

Staff from Circuit 2, Big Bend CBC, and Department of Juvenile Justice participate in monthly staffings of youth these agencies serve in common. The specialized service needs of these children are addressed and youth who will not return home following discharge from DJJ placement are identified. The interviewee stated that some of these youth are referred to the Challenge Group, which includes representatives from Department of Juvenile Justice, Big Bend CBC, court administration, the school system, and other child-serving agencies. The Challenge Group team identifies the means needed to overcome barriers to successful outcomes for these youth.

Circuit 1 leadership works closely with the court administrator and participates in quarterly meetings with judges, the Guardian ad Litem Program, and attorneys in each county. The primary purpose of these meetings is to discuss the dependency process and availability of resources. The group recently focused on Family Centered Practice and invited Judge Joanne Brown with the National Child Welfare Resource Center on Legal and Judicial Issues to facilitate a discussion of this topic.
Consultation with Other Agencies Serving Children and Families

Families First Network is represented on the Family Centered Practice Committee (formerly DCF/FFN Steering Committee). The agency is active in community outreach and networking. Examples include FFN's work with the Baptist Foundation and collaboration with Circuit 1 in the Art of Adoption campaign to recruit homes for waiting children.

The CEO for Big Bend CBC stated his agency consults with the majority of public and private agencies in Circuits 2 and 14. He indicated Big Bend has representatives on numerous community boards, is active in local advocacy groups, and participates in a variety of community meetings.

Circuit 1 collaborates with its community providers by involving them in strategic planning and participates in regular meetings of the Social Services Community Partners (formerly CEO Roundtable). This group is currently focusing on development of a Children's Services Council. The Circuit is also a partner in the Strengthening Families Initiative designed to prevent child abuse and neglect. Please see Section X of this report for information on the Circuit 1 Strengthening Families Initiative.

The Circuit 2 Operations Manager cited examples of pilot programs and other collaborative efforts with community providers serving children and families. The Teen Intervention Project provides services to pregnant teens and teenage mothers in Leon County who are involved in the dependency system. These “crossover” youth receive early intervention services through Healthy Start, Healthy Families, Early Learning and childcare providers, and Workforce. The Family Intervention Services (FIS) program provides immediate intervention by a substance abuse specialist who accompanies the CBC case manager to the home to assess the family’s service needs. Circuit 2 maintains an ongoing dialogue with Capital City Youth Services (CCYS), which is the contracted provider for the Child in Need of Services and Families in Need of Services (CINS/FINS) programs. These programs prevent delinquency by providing court diversion and intervention services to status offenders and their families. The Circuit also collaborates with the GAL program to identify and address gaps in service provision to families.

Circuit 14 participates in the Early Learning Coalition and collaborates with that group to serve the needs of relative and non-relative care providers. The Circuit Administrator advised that the Coalition provides cribs, bottles, and other necessities to caregivers, as well as a lending library. She also noted Circuit 14 has a strong relationship with the Guardian as Litem Program, which supports the Circuit’s Annual Reunification Day celebration.

Circuit 1 has an active Community Alliance with a core group of community providers who regularly attend meetings. Alliance membership includes the
child advocacy centers, the dependency court, Guardian ad Litem Program, and a host of local service providers. The Circuit’s Adoption Promotion and Prevention of Abuse, Abandonment, and Neglect (APPAAN) workgroups, coordinate services and identify service gaps, share a common membership and meet in concert with the Alliance. The Alliance Chairperson stated that FFN and Circuit 1 provided support to the group and was very complimentary of their efforts.

Community Alliances in Circuits 2 and 14 recently reconvened following a period of dormancy and resumed quarterly meetings effective March 2010. According to the CEO of Big Bend CBC, Alliance membership includes representatives from the school system, law enforcement, court administration, and State Attorney’s Office. As of this writing, both Alliances were reestablishing membership and developing new by-laws.

**Incorporation of Community Input into the System of Care**

The Big Bend CBC board of directors is comprised solely of members from the community. The agency’s CEO stated the board has the ability to integrate input from the community into the agency’s system of care. He also reported BBCBC utilizes a consumer complaint tracking system, which provides an analysis that is useful in identifying broad issues. The agency uses information obtained during this analysis to address identified issues.

Circuit 14 held a community meeting with the major providers, including Legislative representatives, school administrators, the Guardian ad Litem Program, and providers of mental health and substance abuse services. The purpose of the gathering was to share information about the Circuit’s programs and seek input for development of objectives for the Circuit 14 Strategic Plan. Circuit 2 held a similar community meeting with providers to obtain input for the Circuit’s Strategic Plan.

Families First Network developed Family Support Teams to address issues raised by foster parents during the National Resource Center project. The agency collaborated with the Department of Health in Santa Rosa County to increase availability of dental health services for children and established the Well-Being Workgroup to improve delivery of physical and mental health services to children in foster care.

The Community Alliance chairperson identified Family Centered Practice as a strength in Circuit 1. The Circuit Administrator stated information obtained from the Family Centered Practice Committee directs the way Circuit 1 proceeds in this area.

**VI. Foster and Adoptive Parent Licensing, Recruitment, and Retention**

This factor addresses efforts to recruit prospective foster and adoptive families, ensure a safe and nurturing environment for children residing in
foster and adoptive placements, and retain competent foster and adoptive parents. Information was obtained during a joint interview with the Program Administrator for Foster Care and Adoptions and the Component Director for Foster Parent Support Services at Life Management Center, and from interviews with licensing supervisors at Families First Network and Camelot Community Care. Additional information was gathered during focus groups with licensing specialists, case managers, child protective investigations supervisors, and foster parents. Interviewees were questioned regarding effectiveness of foster and adoptive family recruitment efforts, practices to ensure the safety and suitability of foster and adoptive homes, and provision of training for foster and adoptive parents. In addition to these issues, focus groups conducted with staff also addressed the effectiveness of retention activities. Groups conducted with foster and adoptive parents addressed their perception of the licensure and re-licensure processes, assistance and support provided to foster and adoptive parents, retention activities, and effectiveness of training available to foster and adoptive parents.

Foster and Adoptive Family Recruitment
Life Management Center is the Big Bend CBC subcontractor responsible for foster and adoptive parent recruitment and licensure in Circuit 14. The agency has a full-time staff dedicated to recruiting foster and adoptive families. Recruitment efforts are tailored to meet specific placement needs, which are identified through monitoring of placement and child demographic data and the Component Director’s attendance at placement staffings. Recruitment activities include presentations at civic organizations, churches, and community events. Focus group participants in Circuit 14 stated challenges include recruitment of families for hearing impaired children and teens with behavioral issues, but added that individualized recruitment is used for children with behavioral needs. The need for additional Hispanic foster homes to keep pace with the increasing population and homes to accommodate sibling groups was also noted.

Camelot Community Care is one of four subcontracted agencies in Circuit 2 responsible for recruiting and licensing foster or adoptive homes. The interviewee representing Camelot clarified that his agency is responsible for recruitment and retention of foster, but not adoptive, homes. He stated their recruitment efforts focus primarily on contacts during community events. Licensing staff set up booths to promote fostering at community events, festivals, schools, and other venues. Attendance at these events facilitates direct contact with individuals and assists in networking within communities. The interviewee added that recruitment of diverse foster families is accomplished by seeking out areas and events that are predominantly associated with the desired demographics.

Rather than subcontract, Families First Network, the Circuit 1 lead agency, retains responsibility for foster and adoptive home recruitment and
licensure. The FFN interviewee advised her agency has strategies for recruiting racially diverse foster families. Licensing specialists conduct targeted recruitment through African American churches, civic organizations, and businesses. FamiliesFirst Network advertises in minority publications and staff has appeared on radio stations that are primarily African American. The agency recently held a contest in which the public was invited to suggest a slogan to attract African American foster families. A local African American artist donated an original oil painting to complement the winning slogan, which was printed on posters that are distributed to the local community. The agency is also making efforts to recruit foster families for placement of sibling groups and has just completed a television commercial for that purpose. Focus group participants noted that one FFN foster parent is conducting his own recruitment campaign using billboards along U.S. Highway 98.

**Initial Licensure Practices to Ensure a Safe and Healthy Environment**

The Camelot Community Care licensing supervisor stated he attempts to complete a home visit with prospective foster parents before they begin Model Approach to Partnership and Parenting (MAPP) classes. This provides an opportunity to gain insight into family dynamics and discuss requirements related to fostering. All Camelot foster parents are required to complete training and certification. A home study is part of that process. References are significant in gathering information about prospective foster parents and additional insight is gathered during home visits with the prospective family.

Interviewees from Life Management Center stated licensing guidelines for each of their programs are specified in administrative code. They indicated that following the requirements results in a thorough home study. The Component Director advised that information regarding prospective foster parents is obtained from references during initial licensing. The Program Administrator noted she is unaware of any initial licensure packets that have been rejected by DCF on homes Life Management Center has approved.

The FFN licensing supervisor believes the agency is effective in this area. She stated the agency complies with statute and operating procedures and is very selective in choosing prospective foster parents. In addition to conducting background checks and collaterals with neighbors and school staff, prospective foster parents are asked detailed questions during the home study process requested to complete a safety questionnaire.

**Re-licensure and Practices to Ensure Continued Compliance**

The Camelot licensing supervisor stated staff complete home visits at least quarterly with all of their licensed foster parents. Licensing standards associated with the home environment and related requirements are
explored. The supervisor and staff also follow up on issues identified during exit interviews with children who have moved from a licensed placement.

Life Management Center licensing staff also conducts quarterly home visits with foster parents, as well as monthly phone contacts. Staff complete safety inspections during visits to ensure requirements are maintained and address concerns raised by case managers and providers or identified during exit interviews. The Component Director stated staff also obtain feedback from providers involved with foster parents, speak with case managers, and complete references during the re-licensure process.

The Families First Network licensing supervisor stated her agency maintains constant communication with foster families. Licensing and placement staff monitor foster parents’ compliance with requirements prior to re-licensure, and the agency employs two foster parent liaisons who make visits to the foster homes. The supervisor stated her unit also monitors exit interviews and holds a staffing with the child protective investigator when an abuse report is received on a foster home. Focus group participants stated FFN staff accompany investigators responding to the home on foster care referrals and receive feedback regarding the outcome.

Foster parents attending focus groups in Circuits 1 and 14 commented on the repetitive nature of the re-licensure process. Many questioned the necessity of requiring foster parents who have experienced no change in their situation to provide the same information year after year; several commented on the increasing cost associated with maintaining licensure requirements. Although suggestions for revision differed, the majority of foster parents would welcome streamlining of the re-licensure process.

**Foster and Adoptive Parent Training**

Camelot Community Care provides bi-monthly trainings for foster parents to maintain the training hours needed for re-certification. Training is offered on various topics related to fostering. The agency also notifies foster parents of additional trainings that are available in the area. The Camelot licensing supervisor said his agency is also responsible for facilitating MAPP classes for prospective foster parents, but does not provide training to adoptive parents or relative caregivers.

Interviewees with Life Management Center stated MAPP training is a prerequisite for licensure and meets the training needs of prospective foster and adoptive parents. The Component Director stated the agency provides “almost” monthly trainings and added that training must be done in person to ensure the required trainings are completed. Therapeutic foster parents receive child-specific training, and Foster Parent Support Services responds to requests for specific training by identifying or creating training materials to
meet the requestor’s needs. The Program Director for Foster Care and Adoptions believes Life Management Center provides ongoing training that meets needs of foster and adoptive parents. Focus group participants in Circuit 14 expressed concern that there is no training provided for relative caregivers. Although caregivers are given a relative caregiver brochure, staff believe training on dependency court procedures and accessing financial assistance would be beneficial.

Families First Network supplements MAPP training with segments on Family Centered Practice and psychotropic medications. The licensing supervisor stated foster parents are invited to all trainings offered by FFN. Training is also provided through the area foster parent associations. Web-based training is available through Families First Network’s Foster Parent College. The licensing supervisor indicated on-line training is convenient due to the busy lifestyle of foster parents.

Foster and adoptive parents reported satisfaction with available training opportunities. They appreciate the ability to access training through various means, particularly on line. Focus group participants reported they completed training on a number of relevant topics over the past year, including family engagement, child abuse, car seat safety, and dependency court procedures. Foster and adoptive parents’ suggestions for additional training opportunities included Positive Parenting classes and a refresher course in discipline and managing difficult behavior.

**Effectiveness of Foster and Adoptive Parent Retention Efforts**

Staff participating in focus groups addressing foster and adoptive parent licensing believe their agency’s retention efforts have been effective. Staff in Circuit 1 reported improvement in the area’s retention rate. They stated FFN’s calendar of events conducted throughout May during Foster Parent Appreciation Month is a cornerstone of the agency’s retention plan, and noted the contributions made by the community to support foster and adoptive parents. Staff in Circuit 14 stated that area has a high retention rate anchored by a core group of foster parents. They noted that foster parents in Circuit 14 receive a formal acknowledgement for their years of service. Staff input regarding retention in Circuit 2 was not available for inclusion in this report. Focus group participants identified two primary barriers to retention of experienced foster parents: relocation of military families and attrition due to foster parent adoptions. Staff stated some foster parents leave the program after adopting, and noted that the increased rate of foster parent adoptions has resulted in the loss of additional foster homes.

To assess the effectiveness of retention efforts, foster and adoptive parents in each Circuit were asked how the licensing agency shows its appreciation for their efforts. The majority of foster and adoptive parents acknowledged
feeling appreciated and stated they are treated with respect. Several focus group participants in Circuit 14 indicated there were previous issues with the working relationship between foster parents and Life Management Center. However, they agreed that these issues have been resolved over the past year and both sides are now working well together.

Foster and adoptive parents expressed gratitude for the support they receive from agency liaisons and case managers, as well as the variety of appreciation activities and events, which are too numerous to list. Among the more creative: a sock hop, free childcare, a yacht cruise, and dinner prepared and delivered to a foster family. Focus group participants also offered suggestions for improving assistance and support to foster and adoptive parents. These include:

• Providing emergency contact information for each child placed in the home.
• Ensuring caregivers receive all medication, medical devices, necessary training, and written care instructions at time of or prior to placement of children with special needs.
• Using Live Scan for fingerprinting prospective sitters in order to speed the approval process.

VII. Quality Assurance System

This systemic factor addresses the activities used to evaluate the quality of child protective investigations, case management, and service delivery to strengthen families and ensure child safety, permanency, and well-being. Information was obtained from interviews with the FFN Director, Big Bend CBC Chief Executive Officer, FFN Director of Policy and Quality, Big Bend Quality Management Director, and a member of the Big Bend CBC Board of Directors. Interviewees were questioned regarding the basic structure of their agency’s quality assurance system, effectiveness of QA activities, and use of information obtained from QA activities to guide policy and procedure.

Quality Assurance Structure and Focus

Big Bend Community Based Care employs a Quality Management Director and four Quality Assurance Specialists. The agency’s CEO advised that Big Bend’s system integrates quality assurance and quality improvement functions. He perceives quality assurance as a means to monitor past performance that concentrates on processes rather than outcomes, and added that Big Bend focuses on continual performance monitoring, adjusting their approach as issues arise. Using this model, front line staff and specialists are provided with the tools needed to monitor performance and implement performance improvement measures.

FamiliesFirst Network employs a Policy and Quality Director, a Quality Review Manager, and two Quality Review Specialists. The agency’s quality
management system includes both quality assurance and quality improvement functions, but FFN’s structure is less integrated than Big Bend’s. The Quality Review Manager and specialists conduct quality assurance activities, while the agency’s operations management teams focus on quality improvement.

The DCF Northwest Region Quality Assurance Unit is comprised of a Quality Assurance Manager and five QA Specialists. The unit is responsible for QA oversight of child protective investigations within the Region’s three Circuits, collaborates with community based care QA staff on side-by-side case management reviews, and conducts additional reviews requested by Region and Circuit administration. Quality improvement activities are the responsibility of the Region’s Family Safety Program Office and individual Circuits.

**Effectiveness of Quality Assurance Activities**

**Evaluating Quality of Services**

Big Bend’s QM Director reported that statistical data analysis and feedback from stakeholders and community partners are used to evaluate the quality of services provided. The agency’s CEO stated data is compiled for the agency’s community report cards and balanced scorecards. The Big Bend management team meets monthly to discuss the agency’s overall performance. Monthly meetings are also held with the Big Bend provider network to discuss achievement of performance measures and address areas targeted for improvement. The interviewee representing Big Bend’s Board of Directors stated the Council on Accreditation (COA) accredited the agency within one year of application, which she believes is a testament to the quality of services provided by Big Bend staff.

The FFN Director of Policy and Quality stated “special” reviews, in addition to those required by Florida’s Regional Quality Assurance Model, target particular areas identified as needing further evaluation. Examples include an internal review of cases involving children on psychotropic medication, which was conducted as a follow-up to the 2009 statewide psychotropic medication review. The agency is also planning a mock Child and Family Services Review (CFSR) using the process developed by the Children’s Bureau to evaluate Florida’s child welfare system of care. CFSR leadership training has already been provided and reviewers will be trained in July 2010. The review will be conducted in August and September 2010.

The FFN Director identified limited staff resources as a barrier to effective quality assurance. To address this situation, the agency is considering certifying supervisors as QA reviewers to assist with additional QA reviews not mandated by the Regional Model.
Identifying Strengths and Opportunities for Improvement
Big Bend’s QM Manager stated in addition to the standard requirements contained in all CBC lead agency contracts, Big Bend’s contract includes negotiated performance measures. She advised that Big Bend’s internal performance targets are often higher than these contractual requirements. The agency CEO identified the Six Sigma quality model as the primary means of evaluating strengths and areas needing improvement. Section X of this report describes Big Bend’s use of the Six Sigma model. The agency also considers stakeholder and provider feedback and analyzes reports from FSFN and internal data management systems to identify strengths and areas needing improvement.

The FFN Policy and Quality Director advised that the agency has a formal quality improvement plan. Service center management teams play an integral role in quality improvement functions. These teams review data, composite measures, and QA reports at monthly meetings and share opportunities for improvement. Meetings are also held with team leaders to address identified areas needing improvement and QA review findings and reports are shared with supervisors and case managers.

Evaluating Program Improvement Measures
The Big Bend QM Manager stated the Six Sigma model provides the primary framework for evaluating program improvement measures. A discussion of the agency’s use of this model is presented in Section X of this report. Ongoing evaluation of performance improvement measures is also addressed during regularly scheduled operations, management, and provider network meetings, according to Big Bend’s CEO.

The FFN Director reported that agency performance measures are annually set. These include measures designated as the Focus Five, which represent those areas identified for greater concentration of effort. The current Focus Five measure performance related to family engagement, children seen, timeliness of Judicial Reviews, placement stability, and family team conferencing. The Focus Five are tracked using corresponding data measures that reflect the level of compliance. Each case management unit that meets the predetermined level of compliance for one of the Focus Five measures is recognized as a Unit of Excellence in that area. The FFN Director stated that although it has become more difficult to gain recognition as a Unit of Excellence, a greater number of units are achieving this distinction. She added that one unit has achieved recognition as a Unit of Excellence in all of the Focus Five areas. Additional quality improvement initiatives undertaken by FFN include staff participation in a Utah Quality Review System review and an upcoming Federal Child and Family Services Review (CFSR).
Agency Utilization of Findings from Quality Assurance Activities
The Big Bend Quality Management Director stated findings obtained from QA analyses are used to guide and augment the agency's policies and procedures. The agency's CEO believes Big Bend's comprehensive approach for integrating information from quality assurance analysis into policies and procedures is effective. He identified training and leadership from supervisors and management as the means for educating staff on policy and procedural revisions and implementing changes. The CEO also mentioned that Big Bend specialists, who are co-located at some service centers, serve as a resource for frontline staff. The representative from Big Bend’s Board of Directors described the agency’s approach to quality assurance and quality improvement as “fluid”. She noted that quality assurance is not limited to the individuals who monitor performance, but rather is integrated into the agency as a whole.

The FFN Director cited a number of examples illustrating ways that the agency uses QA findings to guide policy and procedure. Staff are collaborating to develop a family centered practice model. The agency’s policy manual was reviewed to ensure it is family centered and guidelines regarding placement of sibling groups were strengthened. The policy governing administration of psychotropic medication was expanded to cover all children in out-of-home care. The agency is also revising its normalcy policy for adolescents in licensed out-of-home care based on input received from focus groups conducted with foster teens.

The FFN Policy and Quality Director discussed additional ways the agency incorporates findings from QA activities into its daily operations. Findings from QA reviews are posted in each service center and shared with supervisors and case managers. Staff receive training to address quality of practice standards that are not achieved, as well as other issues identified during QA reviews. A curriculum adapted from the National Resource Center for Permanency and Family Connections was used to train workers in conducting quality home visits with children, parents, and caregivers.

VIII. Staff Training
This systemic factor addresses the development and delivery of training that provides child welfare and protective investigations staff with the knowledge and skills necessary to achieve a satisfactory level of performance. Information was obtained from interviews with the FamiliesFirst Network Training Manager, Big Bend CBC Training Coordinator, and focus groups conducted with training specialists, case managers, and child protective investigations staff. Interviewees and focus group participants were questioned regarding their agency's provision of staff training and use of quality assurance findings to develop training to address opportunities for improvement. Additional questions for focus group participants addressed
agency responsiveness to individual training needs and accessibility to training for staff stationed in outlying areas.

A. Strengths
Interviewees identified the following strengths in provision of staff training within the Northwest Region:

- Utilizing a single provider to conduct case management and child protective investigations pre-service training in Circuit 1 in order to promote consistency and enhance the continuum of care.
- Effectiveness of pre-service training provided to Big Bend CBC case managers, as evidenced by 100% of trainees passing the post-test following completion of training.
- Additional training provided to Big Bend staff that is specific to the challenges of providing case management services in a rural setting.
- Use of an in-house automated system by lead agencies to track staff training. Big Bend’s system provides supervisors with a monthly report containing the number of training hours attained by each of their staff. FamiliesFirst Network also uses their database to track training received by employees of the agency’s service providers.
- Trainers with both agencies use information obtained from managers, supervisors, staff, and Quality Assurance reviews to identify and meet individual and collective training needs.
- Online training opportunities improve accessibility for staff posted in outlying counties.

B. Opportunities for Improvement
Focus group participants offered the following suggestions for improving the provision of staff training in the Region:

- Increase seating capacity or offer additional sessions for popular trainings to ensure that all interested staff are able to attend.
- Offer advanced level in-service training for experienced staff who wish to enhance their knowledge and practice skills.
- Provide additional field-based and shadowing experiences during the second phase of pre-service training.
- Provide additional opportunities for mentoring and hands-on training for new staff.

IX. Statewide Information System
This systemic factor addresses the use of Florida Safe Families Network (FSFN) in child protective investigations and case management. Information was obtained from interviews and focus groups conducted with DCF and lead agency managers, supervisors, and staff. Interviewees and focus group participants were questioned regarding FSFN data input, extraction, and utilization of FSFN data and reports in daily business operations. Focus group participants were asked additional questions concerning the effectiveness of training provided to FSFN users.
A. Strengths

**Data Integrity:** Interviewees and focus group participants reported using a variety of methods used to ensure the integrity of data maintained in FSFN. These included:
- Conducting person searches using multiple identifiers, such as name, date of birth, and Social Security number, prior to creating a new subject in FSFN.
- Comparing demographic information entered in FSFN with data in other systems, such as ACCESS and Vital Statistics, and making necessary corrections.
- Using the merge function to link subjects and providers with multiple system identifiers under a single name and identification number.
- Using the data change function to correct errors and ensure accuracy of information maintained in the system.
- Regular evaluation of FSFN data integrity through Client Satisfaction Surveys, Quality Assurance and supervisory reviews, and ongoing monitoring by staff entering data into the system.
- Use of Mindshare software by one CBC lead agency to compare available data for accuracy.

**Data Utilization:** Managers, supervisors, investigators, and case managers reported regular use of FSFN data and reports for a variety of purposes. Examples included:
- Use of FSFN management reports and ticklers by supervisors, investigators, and case managers to manage workload and track milestone dates.
- Using FSFN to facilitate communication and exchange of information between primary and courtesy case managers.
- Use of management reports by leadership staff to track performance measures and monitor agency performance.
- Circuit Administrators’ and supervisors’ use of the daily management report distributed by Northwest Region Family Safety Program Office to monitor performance indicators, manage caseloads, and address performance issues with staff.
- Child protective investigations supervisors’ use of FSFN management reports to assess employee performance during completion of annual evaluations.

B. Opportunity for Improvement

**Delivery of FSFN Training:** Focus group participants unanimously agreed there are opportunities for improving delivery of FSFN user training. Suggestions included:
- Offering training on new functionalities that includes opportunities for hands-on practice in a computer lab environment. Some staff indicated that recent webinar training on the Unified Home Study and
• Judicial Review Social Study Report (JRSSR) conducted via webinar did not adequately prepare them to use the new templates.
• Scheduling training on new functionalities as close as possible to the anticipated rollout date.
• Offering a refresher training when a significant amount of time has elapsed between training and rollout of a new functionally.
• Designating a FSFN “expert” in each locale who is available for coaching and assistance with problem solving.
• Offering training to managers and supervisors in using the management and ad hoc reporting functions.

X. Initiatives and Innovations

In the process of gathering information for this project, interviewers discovered a number of initiatives and innovative practices occurring throughout the Northwest Region. All of these are noteworthy. However, the following summary highlights those deserving of special recognition.

Big Bend Community Based Care’s QA system operates on a continuum guided by the Six Sigma model. Simply defined, Six Sigma is a data-driven methodology for improving processes in order to achieve the best possible outcomes. The Six Sigma model is applied to each of the six program areas defined in Big Bend’s lead agency contract. Using the Six Sigma approach, staff develop comprehensive process flow charts and data analysis models to monitor and guide the agency’s performance. This model also provides the agency’s primary method of evaluating strengths and areas needing improvement. Big Bend typically focuses on several underperforming measures each year. The model is applied to these measures to conduct provide a comprehensive root cause analysis. Countermeasures to eliminate the root causes are developed and their effectiveness monitored through ongoing analysis.

Big Bend Community Based Care collaborates with the Department of Juvenile Justice and juvenile court on the Serious Habitual Offender Community Action Program (SHOCAP). According to the Big Bend CEO, this program is a collaborative effort among agencies and individuals involved with youth under the dual jurisdiction of the dependency and delinquency courts. SHOCAP participants meet monthly in Circuits 2 and 14 to address the current challenges faced by these youth and collaborate on strategies to prevent future issues.

Circuit 1 was chosen as an innovation site for Family Centered Practice. This designation enabled FamiliesFirst Network to receive Federal funding to retain experts in the family centered practice model. Coaches hired through this initiative have provided one-on-one mentoring in family centered practice to case managers and child protective investigators in the four counties served by the agency. Recommendations for the next phase
of this program include mentoring supervisors to enhance their clinical supervision skills.

FamiliesFirst Network and Circuit 1 collaborated on a comprehensive Placement Stability Initiative. This project was conducted in partnership with the National Resource Center (NRC) for Child Welfare Data and Technology, NRC for Permanency and Family Connections, and NRC for Recruitment and Retention of Foster and Adoptive Parents at AdoptUSKids. The goals of this initiative were to improve foster and adoptive home recruitment and retention, reduce the number of unnecessary movements experienced by children placed in licensed out-of-home care, and expedite permanency for children. Successes cited as a result of the Placement Stability Initiative include a decline in the rate of attrition for foster and adoptive homes, a significant increase in the number of children experiencing no more than two out-of-home care placements (the statewide standard for placement stability), and establishment of Family Additions Teams in each county within Circuit 1.

Circuit 1 and its community partners were recently awarded an AmeriCorps VISTA grant to build capacity for strengthening families. The Circuit 1 Community Relations Consultant is the lead for this project. Known as the Strengthening Families Initiative, it focuses on five family Protective Factors. Research has shown that these factors—parental resilience, social connections, knowledge of parenting and child development, concrete supports for parents, and healthy social and emotional development of children—are pivotal in reducing child abuse and neglect. Funding will be used to provide stipends to VISTA volunteers who will work with local teams in each of Circuit 1’s four counties to address issues related to the Protective Factors.

XI. Summary and Recommendations
A comprehensive review of the seven child welfare systemic factors was conducted to evaluate systemic performance within the Northwest Region. The Region and its CBC and Circuit partners are encouraged to consider the information contained in this report to identify opportunities for systemic improvement within their respective operations, with particular focus on the following:

1. Review and revise the process for re-licensure of foster homes in the Northwest Region, focusing on procedures that can be streamlined to avoid repetition and control out-of-pocket expenditures. This activity should be a collaborative effort among the CBC lead and case management agencies, DCF, and foster parents.

2. Review current practices to determine where additional mentoring and coaching for case management and child protective investigations staff
is needed and identify resources for building additional capacity. Agencies may wish to consider replicating the process currently used in Circuit 1.

3. Review in-service training curricula for alignment with needs identified by supervisory and frontline staff. Particular focus should be placed on availability of intermediate and advanced level instruction that allows experienced staff to continuously refine their practice skills.

4. Offer training in creating FSFN ad hoc reports to interested staff and identify system “experts” in each service area who could be available to assist staff with issues such as troubleshooting and running management reports.

5. Conduct an assessment to determine the training needs of relative and non-relative caregivers. Invite caregivers to attend training provided to foster and adoptive parents and explore community resources that may be available to meet the needs of this population.

XII. Next Steps
Guidelines for reviewing the child welfare systemic factors have been revised for fiscal year 2010-2011. The annual review of all seven factors will be replaced by an in-depth assessment of two systemic factors per year. These factors will be selected in concert with the CBC director or CEO, circuit administrator or operations manager, and the CBC contract manager. Circuit and CBC leadership are encouraged to begin the process of considering which systemic factors should be selected for in-depth assessment during the 2010-2011 fiscal year.
Signed by:

Operation Review Specialist

Quality Assurance Manager

Family Safety Program Manager

7/15/2010

07/20/10

7/20/10