



State of Florida
Department of Children and Families

Rick Scott
Governor

Mike Carroll
Interim Secretary

DATE: October 28, 2014

TO: Regional Managing Directors
Regional Family and Community Services Directors

FROM: Traci Leavine, Director of Child Welfare Practice

SUBJECT: Rate Agreement to Access Action for Child Protection, Inc., Training Resources

PURPOSE: The purpose of this memorandum is to announce the availability of new safety methodology training resources developed by Action for Child Protection, Inc., which may be accessed through a statewide rate agreement.

BACKGROUND: The Department has contracted with Action for Child Protection, Inc. to develop and deliver a new series of training workshops focusing on essential elements of safety methodology practice. Much of the material is relevant for both child protective investigators and case management staff, including such topics as: *Assessing Present Danger, Assessing Impending Danger and Safety Planning.*

Workshops developed specifically for case management practice, specifically include: *Assessing and Scaling Caregiver Protective Capacities, Assessing and Scaling Child Needs, and Case Planning.*

In addition to the new material referenced above, the rate agreement with Action can continue to be used to purchase regional work sessions to assist with the identification of barriers and challenges to implementation and either on-site or off-site case reviews to ensure fidelity in application of the safety methodology and enhance case consultation skills.

ACTION REQUESTED: To assist in engaging the full array of Action for Child Protection, Inc., training resources, we have attached the rate agreement that is required to be used when purchasing these services. Regions are encouraged to partner together in either sharing costs for a workshop with a neighboring region or cost-share with their local community-based care provider. Regions or circuits hosting workshops may also share resources by simply reserving a number of slots for participants from outside their own agency or region with the understanding that the gesture will be reciprocated at a later date.

Please note that Attachment 6 of the rate agreement must be completed and returned to the HQ Contract Manager prior to the delivery of the services.

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

CONTACT INFORMATION: If you have any questions, or for additional information **on the training material** please contact Ginger Griffeth at 850-717-4654 or email at Ginger.Griffeth@myflfamilies.com.

If you have questions, or for additional information **related to use or submission of the rate agreement** please contact Gwen Cuavers, Contract Manager at 850-717-4389 or email at Gwen.Cuavers@myflfamilies.com

cc: Janice Thomas, Assistant Secretary for Child Welfare
Pete Digre, Deputy Secretary
Grainne O'Sullivan, Esq., Children's Legal Services Director
James Cheatam, Hotline Director

Attachment

ATTACHMENT 6

Florida Safety Methodology Training Workshop and Consultation Request Form

This form is to be completed by each person prior to the training being scheduled by the Provider.

Step 1: Region decide from below training packages menu the specific type of training they want to purchase and enter the number of training packages requested.

#	Service Unit Training Title	Target Audience	Audience Max #	# of Training Days	Unit Cost	Enter # of Training Packages Requested
1.	Training workshop on establishing sufficient Safety Plans. Section C-1.2.1	CPI/CM Supervisors & Staff	20	1	\$5,300.00	
2.	Training workshop on assessing Present Danger. Section C-1.2.2	CPI/CM Supervisors & Staff	20	1	\$5,300.00	
3.	Training workshop on assessing Impending Danger. Section C-1.2.3	CPI/CM Supervisors & Staff	20	2	\$7,700.00	
4.	Training workshop on assessing and scaling Caregiver Protective Capacities (Case Management). Section C-1.2.4	CPI/CM Supervisors & Staff	20	2	\$7,700.00	
5.	Training workshop on assessing and scaling child needs (Case Management). C-1.1.5	CPI/CM Supervisors & Staff	20	2	\$7,700.00	
6.	Training workshop on crafting case plan outcomes for achieving change in Caregiver Protective Capacities. Section C-1.2.6	CPI/CM Supervisors & Staff	20	2	\$7,700.00	
7.	On-site training workshop on consultation and skill building for Super SPEs/SPEs and/or Supervisors around Case Consultation, Coaching, and Training. Section C-1.2.7	Super SPEs/SPEs, CPI/CM Supervisors & Staff	20	2	\$7,700.00	
8.	State and regional work sessions to assist with identification of barriers and challenges; assist with development of recommendations. Section C-1.5	Regional Champions, SSPE's, and Regional Mgmt	25	1	\$7,150.00	
9.	State and regional work sessions to assist with identification of barriers and challenges; assist with development of recommendations. Section C-1.5	Regional Champions, SSPE's, and Regional Mgmt	25	2	\$7,775.00	
10.	State and regional work sessions to assist with identification of barriers and challenges; assist with development of recommendations. Section C-1.5	Regional Champions, SSPE's, and Regional Mgmt	25	3	\$10,200.00	
11.	Case Reviews on-site to demonstrate the application of Safety Methodology constructs and case consultation skills. Section C-1.7	CPI/CM Staff, Supervisors, CLS	25	1	\$5,100.00	
12.	Case Reviews on-site to demonstrate the application of Safety Methodology constructs and case consultation skills. Section C-1.7	CPI/CM Staff, Supervisors, CLS	25	2	\$7,400.00	
13.	Case Reviews on-site to demonstrate the application of Safety Methodology constructs and case consultation skills. Section C-1.7	CPI/CM Staff, Supervisors, CLS	25	3	\$9,700.00	
14.	Case Reviews off-site/via conference call to demonstrate the application of Safety Methodology constructs and case consultation skills – 1 case = 3 hour minimum Section C-1.7	CPI/CM Staff, Supervisors, CLS	N/A	3 hr min	\$675.00	

ATTACHMENT 6 (Cont.)

Step 2: Region complete the following section and submit to the HQ Contract manager with a copy of the signed 1121 used to obligate the funds.

TO BE COMPLETED BY REQUESTOR (REGION DIRECTOR)	
Date of Request:	
Region Contract Manager Name and Telephone Number	
Proposed Training Date(s):	
Training Location by Circuit & Region:	
Requestor's Name:	
Address:	
Telephone Number:	
Fax:	
Email Address:	
Funding Cost:	
Funding Obligated by the Region:	
Attach Signed Copy of 1121 and Budget Codes that was submitted to allocate and obligate these funds for this service	
Signature:	

Step 3: After receipt of this completed and signed form and a copy of the 1121 from the Region and DV HQ budget staff (if applicable), the Contract manager will forward this form to the Provider to obtain the dates the Provider is available for the training.

TO BE COMPLETED BY PROVIDER
Date(s) Available to complete the above request:
Signature:

Step 4: After receipt of this completed and signed form from the Provider, the Contract Manager will forward this form to the Provider and the region with the final approval to schedule the training.

TO BE COMPLETED BY CONTRACT MANAGER		
Training Approved:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Funding Confirmed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date Copy of Signed 1121 Received		
Date Approval to Provider:		
Date Approval to Region:		
Signature:		