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Office of CBC and ME Financial Accountability

CBC Financial Viability Effective Practices

Providing training, support, and enhanced service provision to foster parents and teens in the most family like setting

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CBC Contact:

Sarah Markman-Sayar, Vice President of Operations

Family Support Service of North Florida

sarah.markman@fssnf.org

(904) 418-5825

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Authors

Family Support Services of North Florida

Bob Miller
Sarah Markman-Sayar
Chris Compton
Larry West JR.
Chuck Young
Stacey West
Naomi McGowan
Brandy Leo
Jennifer Anan

DCF Northeast Region

Patricia Medlock
Billy Kent
Paul Kellam
Melissa Walker
James Taylor

Practice Summary

Statewide, the general practice is to utilize residential group homes for teen placements. Family Support Services of North Florida's (FSSNF) philosophy ensures the best interest of children are served in the least restrictive placement. At the forefront of this philosophy is "if a home is not good enough for your own family then it is not good enough for our children". With every placement FSSNF considers the trauma to which children have been exposed and puts an emphasis on child-specific placement matching in the least restrictive setting using assessment and teamwork. Through the use of training, supports, and an enhanced service provision FSSNF has maximized the utilization of family foster homes while decreasing the use of residential group homes.

CBC Context

FSSNF serves two counties in the Northeast Region; Duval, an urban county with approximately 930K residents, and Nassau, a rural county with approximately 79K residents.

FSSNF has developed extensive relationships with formal and informal service providers to create a comprehensive array of services that meet the needs of children and families in the communities we serve. FSSNF continues to place a strong emphasis on utilizing prevention services to effectively manage the "front door" while safely reducing the number of children who enter the formal child welfare system. FSSNF has developed a strong network of services in Duval and Nassau counties that ensures the continuity of care from entry to exit which includes, but not limited to Family Preservation, a department within FSSNF that provides services to safe and unsafe children while keeping the family together when possible; Out-of-Home Care, and Post-Placement Services.

Practice Detail

This section contains three parts; a description of the core elements of the practice, a description of barriers encountered, ways they are addressed, and the resources used to implement the practice.

Core elements

1. **FSSNF takes a collaborative team approach to placement matching in a family like setting by identifying appropriate supports and services to be implemented into family foster homes.** In order to achieve this, FSSNF has restructured its Kids Central Placement Department to now include the following

3 Placement Specialists	1 Education Liaison
1 Lead Placement Specialist	1 Out of County Services/Interstate Compact for Placement of Children (OCS/ICPC) Specialist
1 Intake Specialist	
1 Behavioral Health Care Coordinator	1 Department Manager
1 Children's Health Specialist	

When a placement request is received to the department, a multi-disciplinary team staffing is scheduled and facilitated by a placement specialist. Depending on the circumstances and the anticipated needs of the child(ren) needing placement, other members of the placement team may participate in the multi-disciplinary team staffing and assessment. For all children who may have mental health or behavioral health needs, the Children's Health Specialist and Behavioral Health Care Coordinator participate in the call to assess for a higher level of care and any services that could be offered to the child and foster home to assist in making the placement successful and to address the needs of the child. The Education Liaison participates in school stability staffings and any staffings where the child has educational needs that need to be addressed. Enhanced placement board rates are utilized when necessary and are based on strict criteria (see attached foster care enhanced rate criteria) with supervisory approval.

The OCS/ICPC liaison assists with the transition of children in or out of the county of state needing placement.

All team members are available for consultation for high risk placements.

2. Quality parenting recruitment, training, and expedited licensing process. FSSNF has improved all processes related to foster home management by taking a strong customer service approach to the Quality Parenting Initiative (QPI) recruitment, PRIDE training, streamlined licensing procedures, and new ways to retain our foster homes to ensure better outcomes and stability for our foster children. FSSNF regularly recruits for foster parents using various community venues, media communications techniques and social marketing. Our dedicated FSS Recruitment and Retention Specialist utilizes targeted recruitment efforts to increase the number of quality foster homes who will serve specialized populations such as teens, LBGTQ youth, and large sibling groups. Outreach efforts are varied and focus on creating an interest in caring for our community's children. This is done through various means targeting different groups such as corporate, faith – based, lifestyle- focused events, our website, and media and social contacts.

FSSNF has developed a unique, enhanced foster parent training class structure to supplement the standard Parent Resources for Information, Development and Education (PRIDE) curriculum. The FSSNF Pride Training Specialist coordinates CPR and first aid training during the course, invites child welfare and community guests such as Children's Medical Services, Foster Closet, Neighbor to Family, and other providers. The curriculum is based on trauma informed care techniques and meets the statewide Quality Parenting Initiative standards. Topics range from trauma-informed care, attachment disorder, co-parenting, transition planning, bonding and positive behavior management to name a few.

During PRIDE class, the licensing packet is initiated by the Licensing Coordinator to start the licensing paperwork process to support the prospective foster parents while training. This results in the licensing packets being submitted to DCF for approval usually within 3-4 weeks after the PRIDE class is completed, successfully reducing the licensing time from 25 weeks to 14 weeks from when a family expresses interest in fostering to actually receive placement into their newly licensed home.

The permanent FSSNF Licensing Counselor is assigned to the family foster home prior to graduation to ensure any issues that need to be addressed are being handled immediately. Retention efforts are significantly increased as Licensing Counselors work closely with newly licensed parents to ensure their experience with fostering is well supported by ongoing trainings, individualized support and services plans, and facilitation of both verbal and written communication.

3. Enhanced service provision and supports for foster parents.

FSSNF has standard processes in place to gather data and feedback from foster families; a 30-day survey followed by a 90-day survey for newly licensed foster parents, exit interviews, and FSC review of foster homes in order to gather information from foster parents, children, and case management to improve quality standards and supports for caregivers. Through feedback from the surveys and exit interviews, FSSNF focused on providing trauma informed training to our foster parents. Tri-annual trainings are provided in addition to camps, enrichment activities, and events for our foster parents.

FSSNF contracted with Children's Home Society to develop an Acute Intervention Team that provides after-hours in-home therapeutic crisis response services within 1 hour . This service can be utilized from the hours of 3 pm to 3 am and is coordinated by the on call FSSNF placement specialist who works directly with the foster parent and Acute Intervention Team to de-escalate any situations in the foster home.

The Acute Intervention Team utilizes masters level clinicians trained in trauma informed care to assist foster parents with de-escalation and behavior management techniques and provide on-going therapeutic wraparound services. The Acute Intervention Team has the ability to Baker Act to avoid use of law enforcement to reduce further trauma to the child. Since implementation of the Acute Intervention Team in September 2017, FSSNF has seen a reduction in placement disruptions in the middle of the night as well as a reduction in the need for emergency respites after hours. Of the 35 crisis calls that the team has responded to since September, only 4 children had to be Baker Acted after hours, 1 call resulted in an incarceration and 6 placements were disrupted. Of the 6 placements that ultimately disrupted, all placements were stabilized for the night or weekend and did not have to be re-placed until the next business day.

Foster parents have access to the Acute Intervention Team and other emergency assistance via the Kids Central on call service. This on call service is a company contracted by FSSNF and operates from the hours of 5 pm to 8 am to relay messages and calls to the FSSNF Kids Central Placement Specialist on call. The foster parent, case manager or DCF Child Protective Investigator only has to call one after-hours number to reach the designated on call placement specialist with FSSNF. The on call placement specialist then reaches out to the foster parent and the Acute Intervention Team to coordinate services directly or assist in any other emergency needs of the foster parent and child.

FSSNF also employs a dedicated foster Family Resource Advocate (FRA) that is referred by Kid's Central for foster parents receiving placement from DCF, or newly licensed foster parents receiving their initial placement, as well as foster parents in need of additional supports to maintain child placement. The FRA assists with communication, navigation and education of dependency system, provision of basic needs, and assistance with referrals and community resources. FRA is available for after-hours crisis response and has a 3 hour response time². When the FRA position was first implemented in 2016-2017, placement stabilization rate of the 45 referrals received as at 56%, meaning that 56% of the placements were saved and the youth was able to remain in the home without placement disruption. For 2017-current, placement stabilization rate is currently at 65% among the 45 referrals submitted for assistance.

FSSNF contracted with Justice Works Youth Care program to provide intensive wrap-around case management services to high risk cross-over teens. Justice Works utilizes bachelors level Family Resource Specialists to work with the adolescent and foster parent in the home and in the community for a minimum of 6 hours per week. The intensive case management services provide support to the teen and foster parent to stabilize behaviors and decrease risk or recidivism³.

4. Intensive wraparound services, supports, and enrichment programs for teens. FSSNF utilizes the teen umbrella services to include the FSS Family Resource Advocate, Justice Works Youth Care program, Children's Home Society Acute Intervention Team as well as FSS teen enrichment programs such as SPLASH, The Challenge, Tour de TRAILS, and Just Like Me to provide enhanced services based on child specific needs. The teen umbrella provides services to promote positive development and well-being, pro-social skills, life skills instruction, mentoring, and educational supports. The enhanced service provision provides supports necessary to stabilize high risk behaviors that could hinder permanency and safety.

Services provided within the licensed home setting:	Resources
Parenting	<i>Nurturing Parenting training</i>
Behavior Modification	<i>Behavior Modification training</i>
Biopsychosocial Assessment	<i>Mental health assessment tool to evaluate trauma</i>
Mentoring	<i>Mentor Matters program and secondary case</i>
Trauma Therapy	<i>Contracted CMO staff therapists assigned to teens</i>
Crisis Response & De-escalation	<i>MSW therapists provide in-home therapeutic supports</i>
Anger Management	<i>Evidenced based program materials</i>
Targeted Case Management	<i>Contracted case management organization certified staff</i>
Life Skills Instruction	<i>Contracted service providers & FSS staff</i>

¹ Children’s Home Society Acute Intervention Team available within 1 hour of call to Kid’s Central

² Family Resource Advocate available for crisis response within 3 hour of call to Kid’s Central

³ Justice Works Youth Care available for crisis response within 3 hour of call to Kid’s Central

Standards are in place to ensure manageable workloads for support services:

- Licensing Counselors maintain a 1 to 40 foster home case ratio that is monitored by supervisors and program manager.
- Children’s Home Society Acute Intervention Team assigns therapists for wraparound case management services as necessary and caseloads are monitored by program director.
- FSS Family Resource Advocate maintains open referrals for 30-60 days of short term support and carries a maximum of 10 open referrals.
- Justice Works Youth Care Family Resource Specialists maintain a maximum of 8 cases per each FTE (2 contracted FTE) due to working with the youth for 4-6 months on average.

Barriers encountered and methods to address

Barriers encountered	Addressed by:
Lack of foster homes willing to take high risk teen placements.	FSSNF uses targeted recruitment strategies to include communication of services and in-home wrap around supports available for foster parents who are willing to take this population of children.
Issue of communication between foster parents and other parties to a child’s case and concern that the foster parents’ voice is heard.	FSSNF takes a QPI team approach with foster parents to increase transparency and communication between all parties. FSSNF licensing and placement staff utilize team emails between FSSNF, CMO, GAL, foster parents, and any other parties to ensure everyone is kept up to date on case activities. FSSNF also utilizes supports and services plans in writing to the foster parents for clear and direct communication. FSSNF conducts foster parent surveys to get direct feedback. Foster parents participate on the FSSNF board, are represented on the QPI steering committee, and run the FAPA groups.
High turnover and high caseloads of caseworkers at the Case Management	FSSNF regularly monitors caseloads of the CMOs by analyzing data of caseloads per FTE and each agency. This is presented and assessed during barrier breaker meetings, DCF/CBC partnership meetings, CMO CEO meetings and various other avenues to constantly monitor and evaluate.

Organizations.	Current Data: Total number of dependency case managers= 117, cumulative turnover rate: 15.57% (avg weighted); case managers with <1 year experience: 37.61% (avg. weighted). Average kids per worker caseload is 12.89.
Lack of training for foster parents to handle the trauma and behaviors associated with high risk youth placements.	FSSNF conducts tri-annual trainings for foster parents and kinship caregivers. FSSNF brings in outside expert trainers for different topics presented in order to provide caregivers with quality training and support. FSSNF contracts with Anna Farin to train on trauma informed care in every PRIDE class of new foster parents. In addition, FSSNF will put together specific training for the foster parent through the use of a support and services plan, when appropriate, to address any specialized placements in their home.
Issues of communication and collaboration within the system of care.	FSSNF participates in bi-weekly “Barrier Breaker” meetings with DCF, CMO, GAL, Medical Examiner and other stakeholders to strategically address any issues that may be affecting the successfulness of the system of care between DCF and the CMOs. In addition, FSSNF facilitates monthly CMO director and supervisor meetings to discuss any placement barriers, new rules, and new services to be utilized to help with foster family placements.

Resources used to implement

- FSSNF contracts for in-home after-hours therapeutic crisis response with Children’s Home Society at \$62,598.00 for 365 days per year. Therapeutic wraparound services not eligible for Medicaid reimbursement are invoiced to FSSNF at the Medicaid rate. The non-reimbursable expenses would be in addition to the contracted rate of \$62,598. At this time there have been no additional, non-Medicaid eligible expenses.
- FSSNF contracts for in-home secondary wraparound case management services with Justice Works Youth Care at \$14,000.00 per month for 2 FTE Family Resource Specialist.
- FSSNF employs 1 FTE Family Resource Advocate at \$56,253.00 (amount includes benefits). Teen enrichment activities are supported through donations, grants and state funding at a total annual approximate cost of \$74,000.

Staff Feedback

Feedback from critical stakeholders and partners support that our approach has decreased stress and improved moral for Kid’s Central placement staff as well as Family Service Counselors assigned to high risk teens. The Licensing Counselors have also expressed gratitude for the additional supports that they are able to share with foster parents.

CMO feedback: “We have Justice Works assigned to 2 of our teens and they have been incredible! They truly have been a help in transporting our kids to appointments and really trying to work with them to participate and actually go to the appointments. It’s really a benefit to communication, as we all know these teens can be a handful for our case managers and the support programs have alleviated some of that stress off of the workers! I love love love the programs!” (M. Oxford, Dependency Case Manager Supervisor, Children’s Home Society)

Department of Juvenile Justice Probation feedback: "So far, the Justice Works program has been working well for the kids on my caseload. I have found it very helpful for them to have someone that is continuously present in their progress. Working with Justice Works has been a pleasure. I appreciate the updates and it helps to have that extra hands to ensure things are getting done. All of my youth that are in the program have reported to me that they do like their Justice Works Manager. From my behalf, I would say – so far, so good. And, Thank you for recognizing the need." (A. Santiago, Juvenile Probation Officer, Circuit 4)

Foster parent feedback: "It is so nice to know that if I have a problem in my home I can call Kid's Central and access services. So often in the past I have tried to deal with situations on my own and I have felt overwhelmed and even frightened at times. Having the crisis response team available and the Resource Advocate has not only provided support but has helped me to learn new skills." (K. Thomas, FSSNF teen foster parent)

Statement from CBC leadership: "From a community- based care perspective it is essential that our foster teens are provided a family-centered, collaborative environment to live rather than a residential group home setting. If they can be placed in specialized, quality (or traditional) foster homes with caring people that are trained to understand and handle the specific behavioral issues affecting these youth, and supported by the appropriate wraparound services, they are afforded better opportunities to have positive, long- term outcomes." (Bob Miller, CEO of Family Support Services)

Practice Example

GH is a 17 year old female in foster care. Since coming into care November 2016 until September 2017, the child had 9 placement disruptions along with multiple Baker Acts, arrests, and runaway episodes. There were concerns as her high risk behaviors continued to increase in frequency and she started hanging out with other children who were negatively influencing her. As a result, the child was placed on probation through the Juvenile Justice System.

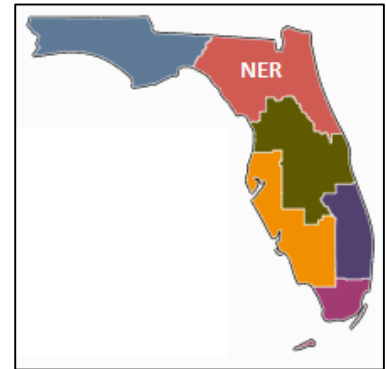
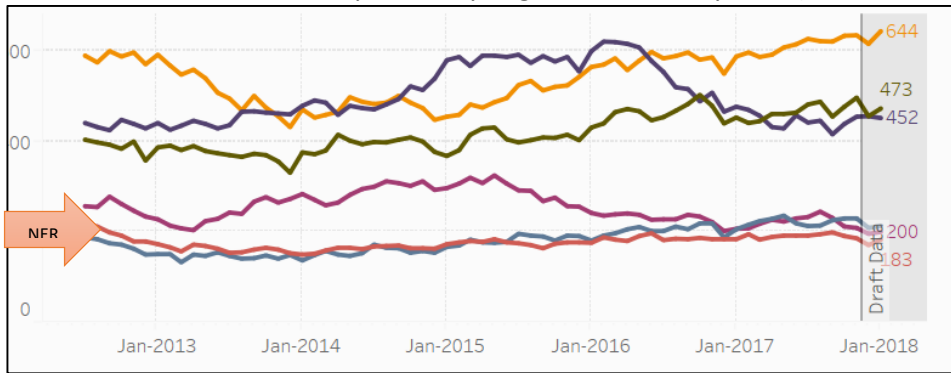
In September 2017, Kids Central called the CHS Acute Intervention Team (CHS AIT) over a weekend to stabilize the placement that was disrupting in the current foster family home in efforts to save this placement, as it was her 8th. The CHS AIT went to the foster home multiple times over the weekend often speaking to the child directly when she felt like she wanted to run away and could not cope with issues in the foster home. The team took the child out of the environment for lunch and to walk around at the mall to help calm her down. The CHS AIT worked closely with the foster parents, the child, and Kids Central and kept her stable throughout the weekend. CHS AIT built a rapport with GH who still continues in her placement to date. Additionally, GH was referred for the Justice Works program in October 2017 for support to the child and foster parent.

Since the implementation of both the CHS AIT and Justice Works team, GH has been stable in her placement and has made positive changes in all areas of her life. There have been no new arrests, Baker Acts or run episodes since being in this placement. Justice Works continues to monitor GH on a weekly basis.

Results

Through assessment, evaluation and oversight of the FSS placement program, we have seen a measurable and substantial increase in the number of children placed in family foster home settings compared to historic residential group care settings. The chart below shows that the Northeast Region has the lowest number of children in group care compared to other regions across the state.

Children in Group Home by Region as of January 2018 (Source – Child Welfare Dashboard):



Currently, 86% of the children in licensed care are placed in family foster homes. We are consistently more than one deviation above the statewide goal for placement moves per 1,000 children. This is indicated on the most recent FSNF OCWDRU report and shows consistency in this measure since 2014.

Placement Moves per 1,000 Days in Foster Care For Children Entering Care

CBC Lead Agency	10/1/14 - 9/30/15	1/1/15 - 12/31/15	4/1/15 - 3/31/16	7/1/15 - 6/30/16	10/1/15 - 9/30/16	1/1/16 - 12/31/16	4/1/16 - 3/1/17	7/1/16 - 6/30/17	10/1/16 - 9/30/17	1/1/17 - 12/31/17
Big Bend CBC	4.07	3.64	3.70	3.38	3.65	3.37	3.63	3.45	3.20	4.04
Families First Network	4.47	4.92	5.02	5.62	5.90	6.10	6.50	6.06	6.19	5.71
Community Partnership for Children	3.21	3.42	3.31	3.14	3.10	3.14	3.48	3.55	3.64	3.39
Family Integrity Program	2.81	2.45	2.28	2.74	2.91	3.02	3.29	3.71	5.49	5.51
Family Support Services of North Fla	2.80	3.38	3.46	3.82	3.77	4.08	4.07	3.94	3.66	3.14
Kids First of Florida, Inc.	2.87	3.04	2.92	2.47	1.79	1.72	1.65	1.40	1.95	2.34
Partnership for Strong Families	3.70	3.79	3.50	3.25	3.64	3.33	3.35	4.10	3.99	3.99
Brevard Family Partnership	3.11	2.97	2.64	3.44	4.18	3.92	3.76	3.24	3.16	2.85
Community Based Care of Central Fla	3.91	3.66	4.16	3.49	3.60	3.89	4.13	4.80	5.03	4.75
Community Based Care of Central Fla (Seminole)	4.13	3.49	3.44	3.63	3.74	3.24	3.73	3.23	3.24	3.78
Heartland for Children	3.37	2.87	2.70	3.05	3.73	3.48	3.13	2.83	2.99	3.14
Kids Central, Inc.	3.98	3.46	3.44	3.65	4.21	4.40	4.14	4.47	3.98	3.84
Childrens Network of SW Florida	5.39	5.02	5.29	5.45	6.39	6.31	6.48	6.40	5.81	5.45
Eckerd Community Alternatives	3.65	3.71	3.48	3.65	3.86	4.03	4.07	4.41	4.36	4.32
Eckerd Community Hillsborough	4.59	4.54	4.91	5.53	5.58	5.55	5.58	5.28	5.70	6.29
Sarasota Y/Safe Children Coalition	4.20	3.95	4.32	4.27	4.68	4.55	4.48	4.29	4.18	4.23
ChildNet-Broward	3.25	3.14	3.12	3.46	3.46	3.38	3.52	3.34	3.18	2.98
ChildNet-Palm Beach	3.00	2.96	3.10	3.23	3.54	3.58	3.80	3.50	4.02	4.56
Devereux CBC	4.57	3.94	3.93	3.54	4.53	4.11	4.06	3.96	3.79	3.74
Our Kids of Miami-Dade/Monroe, Inc	5.09	4.95	4.88	5.16	5.62	5.63	5.76	5.14	5.13	5.23
Statewide	3.94	3.80	3.83	4.03	4.37	4.38	4.47	4.39	4.36	4.35
National Standard	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12	4.12

Good

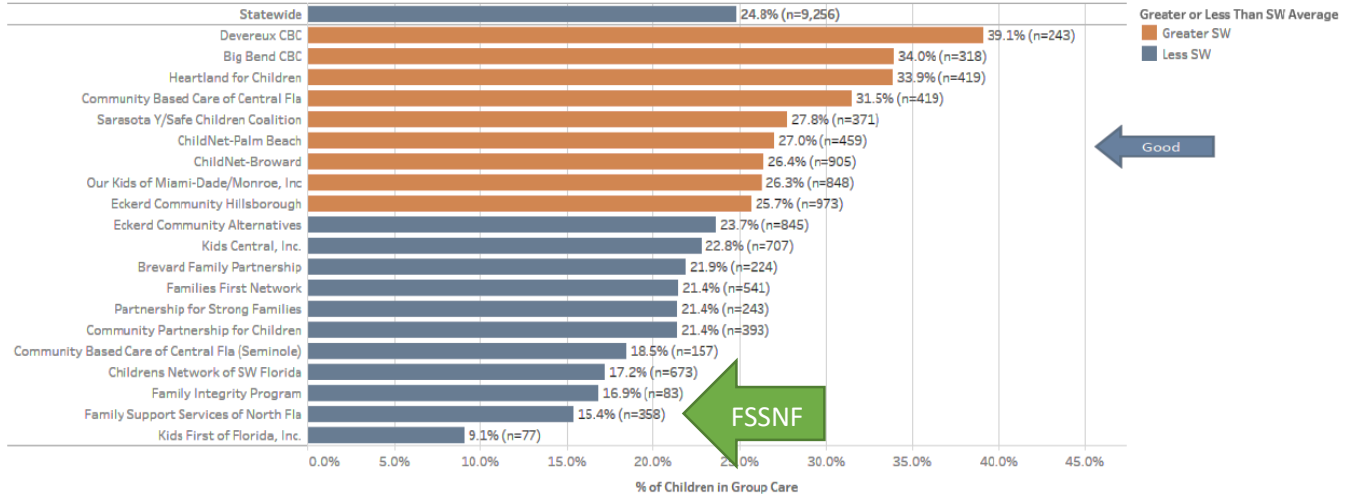
FSSNF

As noted earlier in the report, matching and success for children in their initial foster placement is paramount to success. FSSNF is amongst the leaders in diverting all ages of children from entering residential group care settings.

Percent of Children in Licensed Care Who Were Placed in Group Care as of December 31, 2017

Ages 0-5, 6-12, 13-17

"n=" represents the number of children placed in licensed care



Justice Works and CHS AIT

Nine cross-over kids referred to Justice Works in October 2017 were averaging 2 placement disruptions per month. As of December 2017, the same group averaged .25 placement disruptions per month.

Similarly, nine high-risk teens referred to the Acute Intervention Team in September 2017 were averaging 2 placement disruption per month. As of December 2017, the same group averaged .22 placement disruptions per month.