



FLORIDA INSTITUTE FOR CHILD WELFARE

AT FLORIDA STATE UNIVERSITY

FY 2017-2018 ANNUAL REPORT

Submitted to:

Governor Rick Scott

Joe Negron, *Senate President*

Bill Galvano, *Incoming Senate President*

Richard Corcoran, *Speaker of the House*

Jose Oliva, *Incoming Speaker of the House*

October 1, 2018



College of Social Work
Florida State University
Tallahassee, Florida

MISSION

The Florida Institute for Child Welfare seeks to promote safety, permanency, and well-being among the children and families of Florida that are involved with the child welfare system. To accomplish this mission, the Institute sponsors and supports interdisciplinary research projects and program evaluation initiatives that contribute to a dynamic knowledge base relevant for enhancing Florida's child welfare outcomes. The Institute collaborates with community agencies across all sectors and other important organizations in order to translate knowledge generated through ecologically-valid research, policy analysis, and program evaluation.

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




Dear Governor Scott:

On behalf of Florida State University and the Florida Institute for Child Welfare, I submit this annual report which includes institute activities, budget plan, and research/evaluation efforts for FY 2017-2018. In accordance with state legislation, the Institute has prepared recommendations for improving the child welfare system.

The statewide coalition of researchers continues to grow and with their partnership, our Institute upholds the responsibility of providing the most robust and relevant research to inform policy. In this reporting period, we have brought on new child welfare experts to serve as Affiliates, and we have collaborated with new agencies on evaluation projects. It is our goal to continue to cultivate the ongoing partnerships that we have formed with the community-based care lead agencies, Department of Children and Families and other state agencies, as well as service providers.

Over this past year, our team has worked to build a research agenda that addresses the many intersections of child welfare in social work, the judiciary, public health, mental health, and education. I look forward to continuing the great work we have started. Our child welfare system is moving towards creating a safer community for our children and families and it is my privilege to contribute to this work.

Best,



Jessica Pryce, Ph.D. MSW

Director

Florida Institute for Child Welfare

Cc: **The Honorable Joe Negron, *Senate President***
 The Honorable Bill Galvano, *Incoming Senate President*
 The Honorable Richard Corcoran, *Speaker of the House*
 The Honorable Jose Oliva, *Incoming Speaker of the House*

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SECTION I: EXECUTIVE SUMMARY

In accordance with section 1004.615, Florida Statutes, the Florida Institute for Child Welfare (hereafter referred to as the Institute), submits this annual report to the Governor. The Institute was created to provide research and evaluation that contributes to a more sustainable, accountable, and effective child welfare system. This report covers the period of October 1, 2017 through September 30, 2018 and provides current research findings and policy and practice recommendations. In addition, there is a summary of activities and an update on the budget expenditures. The Institute has maintained a productive partnership with the Department of Children and Families (hereafter referred to as DCF, Department) and the community-based care (CBC) lead agencies and is committed to continuing those partnerships going forward.

The inherent challenges of informing the legislative process with research cannot be stated enough. The Institute intends to bridge the gap between the creation of knowledge and its utilization. The Institute is working to ensure that the best child welfare research is ready and useful to policymakers to enhance evidence-based decision making. Decisions relating to child and family well-being deserve to be undergirded with rationality. The Institute faculty and research Affiliates work under the premise that effective and rigorous research can help solve the most intractable of social issues. The goal of this report is to present dispassionate analysis of our child welfare system and research-informed recommendations that can assist in the long-term social policy goals of our state.

The leadership of the Institute has shifted from focusing on funding research that answers interesting questions to funding research that answers a specific social policy question. This past year has involved pivoting towards a more targeted research agenda.

Overall recommendations pertain to the following five prominent areas of analysis:

- 1) Child Welfare Workforce
- 2) Human Trafficking
- 3) Behavioral Health of Parents
- 4) Residential Group Care Standards
- 5) Results-Oriented Accountability

SECTION II: OVERALL RECOMMENDATIONS

Child Welfare Workforce

The inability to maintain a stable child welfare workforce has been a persistent issue and has proven to be problematic for the well-being of children and families. Retention of child welfare frontline workers continues to be a challenge for organizations across the country. The Institute has prioritized research and evaluation related to workforce through the longitudinal workforce study, Florida Study of Professionals for Safe Families (FSPSF) and Children’s Home Society’s CaseAIM. Below is a synopsis of each project and the Institute recommendations.

Florida Study of Professionals for Safe Families

Based on quantitative and qualitative findings, the transitional period from hiring to carrying a full caseload for workers is crucial, yet tenuous, here in our state. The Institute has released numerous research briefs, and three of those were centered on this transitional/onboarding period.

Recommendations

- 1) Based on findings to date, the Institute recommends an amendment to Chapter 63C-33.005 Provisional Certification: Child Welfare Training and Certification Protocol, Training Caseload 2a:

“Upon receiving provisional certification, each Child Protective Investigator, Case Manager, and Licensing Counselor shall be given a training caseload of a reduced number of investigations (for Child Protective Investigators), a reduced number of cases (for Case Managers), or a reduced number of foster family home studies (for Licensing Counselors) for 30 calendar days.”

Amended, as such: Upon receiving provisional certification, each Child Protective Investigator, Case Manager, and Licensing Counselor shall be given a training caseload of a reduced number of investigations (for Child Protective Investigators), a reduced number of cases (for Case Managers), or a reduced number of foster family home studies (for Licensing Counselors) for 30 weekdays/standard workdays. For this six-week period, each new worker would receive one new case each week. While on the *protected caseload*, their caseload should not exceed six cases. During the *protected caseload* time period, the new employee should be encouraged to assist other colleagues on their cases in order to learn protocols, agency procedures, and hone skills. However, the new employee should only have sole responsibility for one new case per week (not to exceed six cases) for the first six weeks of work after pre-service training ends.

- 2) There should be a designee who is responsible for monitoring the adherence to the Training and Certification Protocol, as well as monitoring the transitional period for new workers. This position could be given to an employee who is already working with the agency, or a newly hired employee. Historically, there have been policies and protocols put in place, but due to the nature of this work, agencies do not always comply. The research has pinpointed this onboarding process as key to enhancing the workforce; therefore, a designation of a monitoring liaison is recommended.

Children's Home Society: CaseAIM

Child welfare case managers are responsible for handling high caseloads, increasingly more complex and severe cases, and time-consuming administrative tasks. The stability of the child welfare workforce has been a consistent challenge. Children's Home Society of Florida (CHS) responded to the challenges through the application of technology. In collaboration with the Microsoft Corporation, CHS developed a new approach to case management through the implementation of CaseAIM, an innovative environmental change model that gives case managers the ability to carry out essential case-related tasks while in the field through a phone or tablet. Case managers can work on everything from home visit assessments to court documents without the necessity of being in, or traveling to, the office. CaseAIM also utilizes Unified Service Centers staffed 24/7 by veteran case managers who can provide crisis intervention and service level supports such as referrals, workload mapping, and transportation.

The Institute evaluated CaseAIM by employing a quasi-experimental research design. The variable CaseAIM was conceptually defined as: a) case managers, providers, and children who practiced or received services in units using the new CaseAIM service delivery model; and b) case managers, providers, and children who practiced or received services in units not using the CaseAIM model. The CaseAIM intervention group and the non-CaseAIM comparison group were examined using: a) descriptive statistics for demographic data; b) inferential statistics for differences and associations between CaseAIM status and the demographic variables; and c) CaseAIM status. Additionally outcome variables were assessed for both CaseAIM and non-CaseAIM groups.

Recommendations

Based on the promising results, the Institute recommends more evaluation of the CaseAIM Intervention. Future evaluations should focus on:

- 1) Mental health concerns:
 - a. Are families receiving services?
 - b. Are the services affecting mental health and case outcomes?
- 2) Examination of at least two to three years of data to identify rate of re-entry and re-abuse.
- 3) A qualitative analysis that allows a deeper dive into the experiences of CaseAIM case managers via focus groups and in-depth interviews. It is difficult to make a thorough assessment of case plan involvement, care coordination, family engagement, and quality of relationships with administrative data. Focus groups and interviews could bring more depth to the information gathered in this evaluation.
- 4) Increased rigor through a True Experiment, in order to have greater confidence and assurance that the differences discovered in the first evaluation were due to the CaseAIM intervention.

Human Trafficking

As indicated in the June 2018 OPPAGA No. 18-05 report, youth who were verified as commercially sexually exploited between 2013 and 2016 have not made significant progress on child welfare, criminal justice, and education indicators. Adequate screening and assessment is crucial to providing the appropriate types of treatment and interventions for this special needs group. The Human Trafficking Screening Tool (HTST, Tool) has been used since 2016, though child protective investigators (CPIs) and dependency case managers were not using the tool as intended and expressed concerns with the utility. In early 2018, the Institute administered a survey that gathered data on the utility of the HTST and the

efficacy of DCF employees who used it. Although this survey rendered important information, it did not assess the reliability or validity of the tool. Standardization of the tool is becoming increasingly more imperative.

Recommendations

The Institute recommends validation of the HTST as soon as there is sufficient data. Validating the HTST would provide a level of assurance that it is a reliable screening tool that provides the same results when administered repeatedly. In practical terms, if two screeners used the HTST on the same child victim, they should come up with very similar results. In addition, establishing validity, specifically criterion validity, would provide assurance that the tool is making accurate *predictions* based on the criteria (indicators) on the tool.

Behavioral Health of Parents

The overall goal of this project, *Behavioral Health Provider Capacity to Address Key Child Welfare Outcomes among Parents with Behavioral Health Issues*, is to determine the capacity of behavioral health providers who contract with Big Bend Managing Entity (Circuits 2 and 14) to effectively address behavioral health issues among parents involved in the child welfare system. In addition, the project seeks to determine the training and system-level needs that will improve the ability of behavioral health providers to effectively address parental behavioral health. The project centered on the investigation of specific parental behaviors that directly affect child well-being, safety, permanency, and risk of future child maltreatment. The extent to which such specific behaviors are systematically detected and treated will be determined. Determination of behavioral health providers' capacities and needs will be directly linked to child welfare behavioral health detection and referral procedures including case manager screening and referral practices, and case manager supervisor behavioral health supervision capacity.

Recommendations

- 1) Provide cross-system training on child welfare specific content for all providers and professionals who serve child welfare involved families.
- 2) Increase access to behavioral health services for parents who are involved in the child welfare system, most often funded through Medicaid. This may involve re-allocating or identifying new funding streams, providing incentives for existing and new providers to take Medicaid clients, and ensuring these services are accessible (e.g., providing transportation services, offering appointments outside of usual business hours).
- 3) Promote a shift in the practice orientation from child welfare to a *family welfare system*. This expanded focus recognizes the centrality of parental health, well-being, and economic and social stability to successful service outcomes. This shifting perspective is more consistent with recent federal policy that places greater emphasis on prevention and is of importance for increasing rates of successful reunification and to prevent future re-entry into care. This can be spearheaded through initiatives led by the Department of Children and Families and Community-Based Care Lead Agencies, and cross-systems trainings.

Residential Group Care Quality Standards

The Group Care Quality Standards statewide work group was established by the Department and the Florida Coalition for Children in April 2015. The aim of the workgroup was to develop a set of core

quality standards for DCF licensed residential group homes to ensure children receive high quality needed services that surpass the minimum thresholds currently assessed through licensing. The standards were derived from published literature delineating proposed standards for group care and the combined expertise of the workgroup members. A set of draft standards was completed in August of 2015. Following DCF approval of the standards, the Institute was asked to take the lead in the development and validation of an assessment tool that will evaluate Florida group homes' implementation of the quality practice standards. Language for developing and validating a quality accountability system that includes residential group homes was written and signed into statute (HB 1121) during the 2017 legislative session. The Group Care Quality Assessment serves as the basis for the statewide accountability system for group homes. Over the past year, there has been a feasibility study and field test of the assessment tool and the implementation protocol. In addition, the pilot study was launched statewide in April 2018.

The Family First Prevention Services Act became law in spring 2018 and has several implications for residential group care. The foremost example is it limits funding for group homes that do not meet the criteria for a qualified residential treatment program. The work that is being supported by the Institute and DCF has put our residential group care system ahead of the curve on the following criteria.

Criteria for designation as a qualified residential treatment program:

- 1) Licensed by at least one of the following:
 - a. The Commission on Accreditation of Rehabilitation Facilities
 - b. Joint Commission on Accreditation of Healthcare Organizations
 - c. Council on Accreditation
- 2) Utilizes a trauma-informed treatment model that includes service of clinical needs
- 3) Must be staffed by a registered or licensed nursing staff that:
 - a. provide care within the scope of their practice as defined by state law
 - b. are on-site according to the treatment model
 - c. are available 24 hours a day and seven days a week
- 4) Be inclusive of family members in the treatment process, if possible
- 5) Offer at least six months of support after discharge

Recommendation

The Institute recommends continued monitoring of the process for qualifying the residential group care in Florida so that quality will continue to increase and there will be no disruption in federal funding and support.

Results-Oriented Accountability

The Department of Children and Families requested the Institute to conduct a developmental evaluation of the Results-Oriented Accountability Program (hereafter referred to as ROA). A developmental evaluation is an approach that suits new innovative programs that were created to solve complex problems. It constitutes a continuous developmental loop by examining the adaptations and emergent realities of the intervention.

The goal of this study was to conduct a retrospective analysis of the onset of ROA and development. Capturing and assessing this developmental information can inform stakeholders of important insights on ROA. Such insight can provide important direction on continued ROA development and implementation to ultimately improve child safety, permanency, and well-being.

The evaluation consisted of a review of documents, reports, and meeting minutes from the course of the development of ROA. In addition, the researchers conducted interviews with key ROA committee members and DCF staff.

Recommendations

Based on the developmental evaluation, the Institute recommends that the Department:

- 1) Prioritize the messaging around ROA to ensure that stakeholders understand that ROA is not a temporary project and that it subsumes CQI.
- 2) Prioritize training and education of the frontline caseworkers and leadership on the purpose of ROA and how to access and utilize the products and resources.
- 3) Ensure that frontline leadership is a part of the Governance and Technical Committee with the goal of communicating the correct message through all organizational levels.

SECTION III: FLORIDA INSTITUTE FOR CHILD WELFARE

Background

In 2014, the Florida Legislature established the Florida Institute for Child Welfare at the Florida State University College of Social Work. The mission of the Institute is to promote safety, permanency, and well-being among the children and families of Florida that are involved with the child welfare system. To accomplish this mission, the Institute supports interdisciplinary research projects and program evaluation initiatives that contribute to a robust knowledge base that improves Florida's child welfare outcomes. The Institute collaborates with community agencies across all sectors and other important organizations in order to translate relevant knowledge generated through ecologically-valid research, policy analysis, and program evaluation.

The Institute's goals and priorities were specified in section 1004.615, Florida Statutes, with an overarching mandate to make practice and policy recommendations. The purpose of the Institute is to advance the well-being of children and families by improving the performance of child protection and child welfare services through research, policy, analysis, evaluation, and leadership development.

The four pillars that provide the framework of the Institute's foundation are Partnerships, Research, Technical Assistance/Training, and Policy. The partnerships, research and technical assistance and training all inform and contribute to policy recommendations. An illustration of the Institute's current activities is in Appendix C.

By statute, the Institute is required to:

- ◆ Maintain a program of research contributing to scientific knowledge related to child safety, permanency, and child and family well-being.
- ◆ Advise DCF and other organizations about the scientific evidence regarding child welfare practice.
- ◆ Provide advice regarding management practices and administrative processes.
- ◆ Evaluate pre-service and in-service training and advise DCF on improvement.
- ◆ Assess the readiness of social work graduates to assume job responsibilities in the child welfare system.
- ◆ Develop a program of training/consulting to assist organizations with employee retention.
- ◆ Develop a definition of a child or family at high risk of abuse or neglect.
- ◆ Evaluate the educational/training requirements for the child welfare workforce provided for in the bill.
- ◆ Recommend improvements in the state's child welfare system.
- ◆ Submit an annual report to the Governor and legislature outlining activities, significant research findings, and recommendations for improving child welfare practice.

Institute Affiliate Network

The Institute continues to nurture and expand its Affiliate network. There are currently 34 Faculty Affiliates and eight Research Affiliates. Stipends are provided to the colleges or schools for the Affiliates to utilize to cover travel costs to attend child welfare related conferences, meetings in which they represent the Institute, the Institute Symposium, or the annual Affiliate meeting. Several Affiliates have

been asked to serve as representatives for the Institute when the director or program director are not able to attend in person. In 2017, Dr. Pryce invited Dr. Martie Gillen from the Department of Family, Youth, and Community Sciences at the University of Florida to join the network as she is a foster parent and studies trauma, poverty, and foster care issues. Dr. Gillen will lead the research team for the Guardianship Assistance Program evaluation. To see the contributions the Affiliates have made to the child welfare research field, see Appendix D. To see the directory of Affiliates please visit <https://ficw.fsu.edu/Affiliates>.

Affiliate Meetings

The Institute holds quarterly Affiliate meetings, with the objective of providing announcements, identifying gaps in research, disseminating research findings, and proposing future research priorities in areas mutually agreed upon by the Affiliates. In addition to these quarterly calls, one yearly face-to-face meeting is convened. Quarterly conference calls include an update from the Institute’s program director, legislative and or research updates from the director, and a presentation on research or evaluations conducted by the Institute or an Affiliate.

Face-to-face meetings were held in June 2017 and August 2018. During these meetings, Affiliates were able to come together in a central location to discuss topics regarding the Institute, past, present and future research projects, and for the Affiliates to share their individual projects and news from their universities or agencies. To review minutes from the conference calls and annual meetings, see Appendix E.

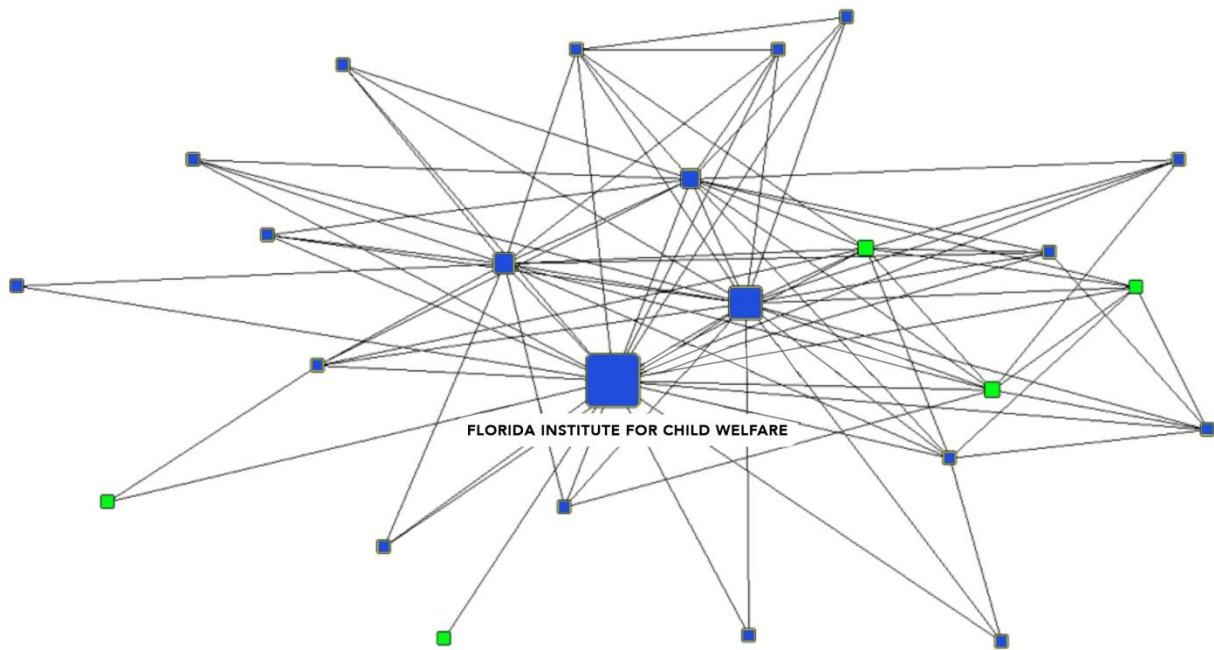
Preliminary Network Analysis

A network survey was developed to display the context of Affiliate relationships in Florida. It was designed to capture collaborative interactions on the following 11 activity types: a) information sharing, b) workgroup/taskforce membership, c) discussion of evidence-based practice, d) shared training, e) community awareness/ education, f) joint publishing, g) shared grant activity, h) shared data, i) received funding, j) provided funding, and k) received consultation. Data collection began in January 2018 and proceeded through June 2018. Out of the 25 Affiliate organizations, 19 completed the survey (76% response rate). Initial analysis procedures are underway, and preliminary findings are beginning to reveal the overall degree of connectivity among Affiliates across the state.

The sociogram in Figure 1 maps the presence of active ties among Affiliates, inclusive of the 11 measured activities. Each node is sized by a betweenness^a centrality score, a calculation of how often a node falls along the shortest path between two other nodes— often interpreted as a position that holds influence on the flow of information (e.g., a gatekeeper).¹ In this early stage of examining data, it is evident that the Institute is positioned as a bridge between otherwise unconnected organizations in the network. While it’s positional role may vary when individual activity types are examined, the Institute’s betweenness centrality in the overall network structure reflects the efforts made since inception in 2014 to foster diverse relationships across the state and suggests that the Institute is well positioned to facilitate even more child welfare research opportunities.

^a In graph theory, betweenness centrality is a measure of centrality in a graph based on shortest paths.

Figure 1. Overall Affiliate Activity



Note: 'All ties' included ($n=25$) **Green:** Non-academic **Blue:** Academic *Node size weighted by betweenness centrality; non-directed ties

As data analysis moves forward, each activity (e.g., *workgroup/taskforce membership* and *shared training*) will be examined individually to inform strategies for network development and mitigate identified areas of vulnerability. For example, Figure 2 offers a comparison of the structure of *joint publishing* relationships among Affiliates—first with the Institute included (2a) and then with the Institute removed (2b)—and suggests the need for bolstering *joint publishing* relationships in ways that, without the Institute, are currently vulnerable to fragmentation.

Figure 2a. Joint Publishing Network, FICW Included

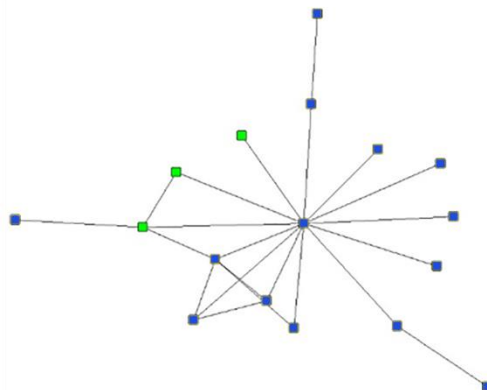
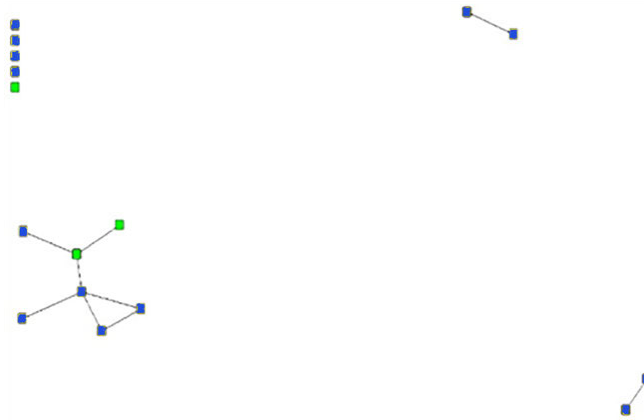


Figure 2b. Joint Publishing Network, *FICW Removed*



Note: Joint Publishing Ties ($n=25$) **Green**: Non-academic **Blue**: Academic; non-directed ties

Similarly, in the next stages of analysis, each of the remaining 10 individual activities will be examined systematically. This will include calculating the structural network properties, such as size, density (i.e. proportion of existing ties), multi-plexity (i.e., strength of ties), and centralization, to serve as a comparison across the 11 embedded subnetworks and as a baseline for understanding the development of our state’s collaborative activity going forward.

Workgroups Mandated by Statute

Critical Incident Rapid Response Team

The director of the Institute is on the Critical Incident Rapid Response Team (CIRRT) Advisory Committee and has attended all quarterly CIRRT meetings. The CIRRT reviews provide an immediate, multiagency investigation of child deaths that meet the statutory criteria for review. Investigations are conducted in an effort to identify root causes, rapidly determine the need to change policies and practices related to child protection, and improve Florida’s child welfare system. CIRRT reviews take into account the family’s entire child welfare history, with specific attention to the most recent child welfare involvement and events surrounding the fatality, including the most recent verified incident of abuse or neglect.

The Institute’s role on the CIRRT Advisory Committee has been centered on providing relevant research and listening to areas of potential research that could mitigate the risk of fatalities.

Results-Oriented Accountability Technical Advisory Panel

The director of the Institute sits on the ROA Technical Advisory Panel and has been involved in each meeting or has sent a designee. During Technical Advisory meetings, there are updates provided on ROA implementation and adaptations that may be needed, as well as any updates on pending projects or research findings.

SECTION IV: RESEARCH CONDUCTED BY THE INSTITUTE

Ongoing Research with Key Findings

Enhancing Parental Behavioral Health Services

This project has spanned two years. The overall goal is to determine the capacity of behavioral health providers who contract with Big Bend Managing Entity (Circuits 2 and 14) to effectively address behavioral health issues among parents involved in the child welfare system, and to determine the training and system-level needs that will improve the ability of behavioral health providers to effectively address parental behavioral health. The project centered on investigation of specific parental behaviors that directly affect child well-being, safety, permanency, and risk of future child abuse and neglect. Determination of behavioral health providers' capacities and needs were directly linked to child welfare behavioral health detection and referral procedures, including case manager screening and referral practices and case manager supervisor behavioral health supervision capacity.

A mixed-methods longitudinal approach was executed to achieve the project goals. The researchers identified and engaged primary behavioral health providers in the circuits who receive referrals from the child welfare system. Qualitative and quantitative data were gathered from behavioral health providers, child welfare case managers and supervisors. Data were also collected on the families referred to the child welfare system and receiving services throughout the study period. Data from behavioral health staff included information on perception of roles and responsibilities. Detailed information on training, knowledge, and skills required to address specific parental behaviors that directly affect child safety, well-being, and permanency was collected. Training needs were also documented. Those behavioral health provider data were evaluated against the Caregiver Capacity Form and other relevant information gathered from case managers and supervisors.

Key Preliminary Findings

- ◆ Providers observed parents often struggled with meeting basic needs and that ensuring these needs were met was critical to parent's ability to engage in behavioral health treatment. Helping parents achieve greater stability was thought to require a treatment approach that included intensive case management services.
- ◆ Providers also observed their clients lacked positive social supports and discussed their views on the importance of developing strong social support networks to maintain success after services were terminated. They described efforts to connect clients with support networks (e.g., church groups), empowerment groups for men and women, and peer support groups.
- ◆ Approaches to assessing parent behavioral health needs and parenting capacities varied across providers. Some mentioned using established instruments (e.g., ACES, Child Behavioral Health Assessment, Family Functional Assessment, North Carolina Family Assessment, PHQ-9, NICHQ Vanderbilt Assessment Scale). Others referenced areas without mentioning specific instruments. Common areas included trauma, family functioning, parental capacities, parenting stress, psychosocial history, substance use/abuse). Some providers described a lack of specific screeners or tools to assess parental needs or caregiver protective capacities and developed their own informal or formal assessments.
- ◆ Providers described approaches to providing treatment. In these discussions, the interviewer(s) probed for the use of evidence-based practices. Treatment approaches varied, were often driven by provider perceptions of client needs, and did not tend to reflect strong adherence to a specific evidence-based practice but instead the use of approaches that were demonstrated or thought to be effective.

- ◆ Providers described case plans with highly demanding requirements that parents were often unable to meet and a process in which parents were often excluded from the decision-making.

Florida Study of Professionals for Safe Families

The Florida Study of Professionals for Safe Families (FSPSF) is in year 3 of a proposed 5-year longitudinal study of newly hired employees into child protective investigator and case manager positions. The intent is to learn about individual, organizational, and community influences on child welfare employee retention, and ultimately, child and family outcomes. This statewide study is examining worker personal characteristics (e.g., educational background, family history, self-esteem, etc.), worker beliefs and behaviors (e.g., stress and burnout, work/family balance, social support and coping, etc.), organizational characteristics (e.g., physical environment, supervisory and management practices, vacancy rate, etc.), and work characteristics, such as caseload size and severity, prevalence of child deaths, and exposure to threats and violence. The researchers are also examining community context (e.g., unemployment, poverty rates, etc.), recognizing that the local community may impact worker retention and child and family outcomes.

Key Findings

Transitioning From Training to Independent Work: Impacts on Early Turnover

Overall, 18 percent of study participants left their agencies within the first six months ($n = 235$). Early leavers were older and had more prior work experience in any field than those who remained in their child welfare jobs. There were no significant differences in coping strategies, satisfaction with pay or benefits, support received from supervisors and co-workers, or previous child welfare work experience between the two groups. However, early leavers and those who remained significantly differed on all three measures of transition experiences. Fewer early leavers received specialized mentoring when beginning their caseload responsibilities than those who remained (56% and 70%, respectively). Caseload sizes for all workers in their first week of casework ranged from zero cases assigned to 27 cases, and on average, early leavers reported a higher initial caseload than those who remained (3.2 cases vs. 2.5 cases, respectively). Early leavers also reported more discrepancies between information provided in training and actual agency practice. Fifty-four percent of early leavers indicated that agency practice was rarely or not at all consistent with training information compared to 30 percent of those who remained.

Workers' transition experiences also predicted the likelihood of early departure. After controlling for a worker's personal background, *each* additional case assigned the first week of casework increased the likelihood of departure by the six-month period by eight percent. This suggests that a worker assigned 10 cases in the first week following training was 80 percent more likely to leave than a worker assigned no cases. Further, compared to workers who indicated training was completely consistent with agency practice, those who said it was rarely consistent were 90 percent more likely to leave, while those who said agency practice was not at all consistent with training were 400 percent more likely to leave within the first 6 months of employment.

Field Training Experiences of Newly-hired Child Welfare Workers

All workers expressed that field days played an important role in their job preparation. However, workers' experiences with field days varied. Almost 50 percent ($n = 17$) had positive, meaningful experiences and 40 percent ($n = 15$) did not. Those with positive experiences generally felt that their field days exposed them to critical, realistic job content while those with negative experiences felt

frustrated that they received incomplete training and wasted time in agency offices without guidance. The remaining participants felt mixed about their experiences ($n = 6$) such that although some field days were helpful, they desired more exposure to job tasks and procedures.

Residential Group Care Quality Standards

This project is part of an ongoing initiative to enhance the quality of care provided in residential group homes licensed by the Florida Department of Children and Families. In 2015, The Group Care Quality Standards Workgroup established a set of quality practice standards for residential group homes drawing upon published literature and the expertise of the workgroup members. Following the Department's approval of the standards, the Florida Institute for Child Welfare developed an assessment, the Florida Group Care Quality Standards Assessment (FGCQSA), designed to measure the extent to which practices and conditions within group homes are consistent with the standards defined by the work group. The assessment was designed to be implemented as part of the state's re-licensing process. A feasibility study was conducted using a sample of 10 group homes in one service region. The results supported the feasibility of implementing the assessment as part of the annual re-licensure process and provided initial evidence of scale score reliability. This was followed by a larger field test of a revised assessment including two service regions and a larger sample of group homes ($n = 37$). The aims of the field test were to evaluate and refine the assessment tool and implementation protocol and inform the development of a comprehensive training to guide statewide implementation.

Key Findings

Feasibility Study

The purpose of the feasibility study was to evaluate the achievability of the implementation plan and to collect field data to conduct an initial examination of instrument psychometrics. The final sample included 10 group homes in the Central region. Drawing upon the combined qualitative and quantitative data and experiences with the pilot study, areas of strengths and challenges that needed to be addressed were identified. Overall, participants expressed support for the assessment. A number of participants said that they saw the value in the assessment and felt it could have a positive impact on group care. The preliminary findings supported the feasibility of implementing a quality assessment for residential group homes within the state's licensing system. Results of the reliability analysis of the youth and provider forms were promising, with the overall scales and most of the subscales demonstrating acceptable to excellent reliability. The results demonstrated that a promising foundation for the assessment had been established and provided critical insights to guide the next phase of development.

Field Test

Field testing involves administering a draft form of an instrument using a sample of target respondents. The purpose is to refine the draft form and create a revised version of the instrument in preparation for a validation study. Given that the intent is to embed the group care quality standards assessment in the state's re-licensure process, the pilot studies also focused on implementation. To that end, the purpose of the field test was to evaluate the implementation of the assessment using two samples of group homes located in two different service regions. The aims of the field test were to evaluate and refine the assessment tool and implementation procedures and inform the development of a comprehensive training to guide statewide implementation.

Descriptive

The sample of homes was nearly split evenly between the regions. The majority (62%) use a shift-care model with fewer than half of all homes having been accredited (38%). The most common types of services included recreation (97%), life skills development (87%), and education/educational supports (73%), followed by behavioral health (67%) and family support services (62%). The service population was diverse, encompassing youth of all ages and genders who are referred from various systems and participated voluntarily.

Youth Participation

Similar to the feasibility study, feedback during the field test supported that there were few issues with youth participation. It was noted that the youth were completing the forms quickly (10-15 minutes on average). Whenever possible, licensing specialists were present while youth completed their forms, assisting as needed and interjecting to inquire whether they had any questions.

Manageability of the Process

Overall, there were minimal issues with implementation. Participants expressed support and a willingness to participate, and were able to access and complete forms upon request without problems. Although the overall feedback from the licensing teams reflected that participants perceived the implementation process to be manageable, it was noted that the more involved process for completing the licensing forms and providing oversight in the completion of other forms resulted in a slightly longer process for licensing specialists.

Participant Feedback on Training Needs

Participants provided suggestions on resources and content to include or spend more time focusing on during trainings to help them feel more prepared to complete the assessment. Other suggestions included spending time during the training to further discuss certain topics such as trauma-informed care and evidence-based and evidence-informed practices and, specifically, how to assess whether programs are meeting standards related to these areas. Some participants indicated that a condensed, more concise manual may facilitate greater utilization.

Pre/In-Service Training Evaluation

In 2014, Senate Bill 1666 included a mandate of the Institute to evaluate the scope and effectiveness of the pre-service and in-service training for frontline child welfare workers. Specifically, the bill calls for strengthening the child welfare workforce through the following efforts: 1) assessing the readiness of case managers and child protective investigators to begin their job responsibilities; 2) determining whether pre-service training is at the level it should be; and 3) identifying both environmental factors and individual coping strategies of workers that facilitate and hinder knowledge acquisition and skill development while in the role of case manager and CPI. Phase 1 of this evaluation was completed in fall 2017 and the following are key findings.

Key Findings

- ◆ There was high variation in the number of field days and how they are utilized across the state.
- ◆ Trainers were either employed by agency or contractors. There was high variation regarding the amount of supervision and mentorship/support for trainers.
- ◆ Training calendars were scheduled out by the year instead of an as-needed basis. Some trainings are offered twice a year and others are offered once a month.

- ◆ There was high variation in the evaluation of trainers and the training itself. Only a few of the training sites incorporated feedback or a self-evaluation by trainees.

Phase 2 of the evaluation is currently underway in five different child welfare sites statewide. The main objectives of this phase of the evaluation are to better understand trainees' perception, learning, and performance after the pre-service training. This evaluation will determine how much transfer of knowledge and skills has occurred following participation in the pre-service training curriculum. Specifically, the evaluation will look at what workplace behaviors are in place because of training and if knowledge gain has occurred without the corresponding behavior change. In addition, what environmental- and systems-level factors may hinder the desired application of knowledge will be evaluated. The skill transfer will be assessed utilizing a variety of ways such as evaluating work tasks (assessment tools), and using observation checklists and a web-based survey. This evaluation approach was designed jointly by DCF, University of South Florida, and the Institute and will be complete in early 2020.

Evaluation Research with Key Findings

Results-Oriented Accountability

Section 409.997(1), Florida Statutes, enacted by Chapter 2014-161 states the Department of Children and Families, the community-based care lead agencies, and two lead agencies' subcontractors share the responsibility for achieving the outcome goals specified in section 409.986(2), Florida Statutes. The aforementioned legislative actions created the ROA Program, with the purpose of developing mechanisms to monitor and measure the use of child welfare resources, the quality and amount of services, and child and family outcomes. The Institute is charged with research, policy analysis, evaluation and leadership development to improve the performance of child protection and child welfare services. The relationship between the Institute and DCF is fundamental to achieving the goals inherent to the Results-Oriented Accountability Program. The Department requested that the Institute conduct a developmental evaluation of the ROA Program to date.

Key Findings/Milestones:

This evaluation systematically articulates the ROA developmental milestones reached by the Department to date.

- ◆ The creation and convening of a Technical Advisory Panel with statewide leaders and experts from varying system levels.
- ◆ A Child Welfare Performance and Quality Management Unit (PQMU) was created within the Office of Child Welfare and charged with the responsibility of planning and managing implementation.
- ◆ The ROA Governance Committee was established in March 2016.
- ◆ The Institute conducted research on the ROA outcome measures and the drivers in March 2017.

Children's Home Society – CaseAIM

In collaboration with the Microsoft Corporation, Children's Home Society (CHS) developed a new approach to case management through the implementation of CaseAIM, an innovative environmental change model that gives case managers the ability to carry out essential case-related tasks while in the field through a phone or tablet. Everything from home visit assessments to court documents can be worked on without the necessity of being in, or traveling to, the office. CaseAIM also utilizes Unified Service Centers staffed

24/7 by veteran case managers who can provide crisis intervention and service level supports such as referrals, workload mapping, and transportation to alleviate the burden on frontline staff.

The goal of CaseAIM is to enable case managers to spend more face-to-face time with clients, build strong worker-client alliances, identify case-appropriate community resources, collaborate on developing individualized case plans, and provide children and families with skills for success. CHS piloted CaseAIM in December 2015 in Orange and Seminole Counties.

CaseAIM appears to outperform non-CaseAIM case management in several significant ways. The study found that CaseAIM case managers carry fewer cases than non-CaseAIM case managers, CaseAIM children in foster care have fewer placements than non-CaseAIM children, and CaseAIM children also have fewer case managers during a placement episode than non-CaseAIM children. While the quantitative evaluation of data showed statistically significant differences between groups, analysis of the survey data indicated that case managers both within the CaseAIM group as well as the non-CaseAIM group are perceived as overwhelmed with their caseloads.

Significant improvement was found in the number of CaseAIM children achieving permanency within 12 months (61%) compared to the non-CaseAIM group (45%). The effect size indicates that the finding has meaningful application in CHS practice settings. Cases managed by CaseAIM exceed the Florida CBC performance standard for this measure, which is 40.5 percent.

Ninety percent of CaseAIM children and 92 percent of non-CaseAIM children received no reports of verified maltreatment within six months of discharge. Both groups did not meet the CBC performance standard for this measure of 95 percent.

Key Findings

Hypotheses/ Research Questions		Findings
1	Do CaseAIM groups differ on case manager caseload?	Yes ^d – On average, CaseAIM case managers carry 14 cases, which are 5 fewer cases than the non-CaseAIM caseload of 19.
2	Do CaseAIM groups differ on the children’s number of placement moves during foster care stays?	Yes – On average, non-CaseAIM children moved 3.4 times compared to CaseAIM children’s moves of 2.8. If this decrease were applied to the non-CaseAIM group, it would result in 2,947 fewer placements moves.
3	Do CaseAIM groups differ on how many case managers are assigned to children while they are in foster care?	Yes – On average, non-CaseAIM children had 1.9 case managers compared to CaseAIM children who had 1.6 case managers. If this decrease were applied to the non-CaseAIM group, 1,474 children would have fewer case managers while in care.
4	Do CaseAIM groups differ on how many children achieve permanency within their first 12 months in foster care.	Yes – 61 percent of CaseAIM children exited foster care within 12 months compared to 45 percent of non-CaseAIM children. CaseAIM children spent approximately three fewer months in foster care than non-CaseAIM children.
5	Do CaseAIM groups differ on the number of children who receive medical services in a timely manner?	No – The results indicated that the CaseAIM groups did not differ significantly; 86 percent of CaseAIM children received medical services in a timely manner compared to 84 percent of non-CaseAIM children.
6	Do CaseAIM groups differ on the number of children who receive dental services in a timely manner?	Yes – The results indicated that the CaseAIM groups differed significantly; 87 percent of CaseAIM children received dental services in a timely manner compared to 78 percent of non-CaseAIM children.
7	Do CaseAIM groups differ on foster care children who are not neglected or abused within six months of termination of supervision?	No – The results indicated that the CaseAIM groups did not differ significantly; 90 percent of CaseAIM children were not maltreated within 6 months of discharge compared to 92 percent of non-CaseAIM children.
8	Do CaseAIM groups differ on the number of children who do not re-enter foster care within 12 months of moving to a permanent home?	No – The results indicated that the CaseAIM groups did differ significantly; however, the direction of change was not as hypothesized. More CaseAIM children re-entered foster care within 12 months than non-CaseAIM children.

Human Trafficking Screening Tool Survey Project

Since implementation of the Human Trafficking Screening Tool in early 2016, it became apparent that the child protective investigators were not using the tool as intended to identify children who were trafficked for forced labor or commercial sexual exploitation. In 2017, the DCF Human Trafficking Director contacted the Institute to assist in a review of the Tool and make recommendations for its improvement. In order to understand the opinions and concerns that professionals in the field have with the HTST, Institute researchers created a survey with Qualtrics, an online data collection tool, to disseminate to Florida CPIs and dependency case managers (DCMs). The survey intended to obtain their perceptions and utilization of the HTST. Dependency case managers were included as they also work with children who are commercially sexually exploited, often making referrals to designated screeners. The survey questions were jointly developed by the researchers of the Florida Study of Professionals for Safe Families (FSPSF) study, Institute staff, and DCF representatives. Utilizing the same 25 survey questions, two surveys were conducted—one to newly hired DCMs, DCF CPIs, and sheriffs' office CPIs currently participating in the five-year longitudinal FSPSF, and another to a list of current DCF CPIs. To avoid duplicate surveys of DCF CPIs, the participant pool of all DCF CPIs excluded those who might have been recruited into the FSPSF between September 2015 and December 2016. The purpose of the survey was to ascertain utilization rates, types of victims screened, feasibility of the Tool, and feedback from the workers that could aid in improving the HTST.

Key Findings

Overall, over 80 percent of both samples find the HTST to be at least somewhat useful, with some FSPSF (20.6%) and DCF (14.0%) participants reporting no concerns with the Tool. Of those who did share concerns, beyond youth not cooperating, most participants' primary concerns were that the Tool is too long, with indicators that are too broad. In addition, many indicated a scoring guide was needed. Participants also reported other concerns such as indicators were too narrow. Between the two samples, participants suggested several changes to the HTST, including changing the wording of the Tool (i.e., make it less formal, more conversational), reducing the length of the Tool, and adding a scoring guide.

SECTION V: UPCOMING RESEARCH

Predictive Analytics Pilot

The use of predictive analytics has become increasingly popular among child welfare agencies and researchers as the child welfare system works tirelessly to reduce the number of children who experience childhood maltreatment. The Department of Children and Families contracted with the Institute to design a Predictive Analytic Pilot project. The primary objective for the project is to determine the added value of predictive analytics on the child welfare system in Florida. A pilot site was selected in the Northwest Region and DCF will employ a team to implement and carry out the pilot. The Institute has been asked to complete an evaluation. The evaluation will examine three major outcomes.

- 1) Workload related to pre-commencement information gathering, particularly related to “upfront” time researching a case. The evaluation team seeks to know what, if any, effect the Predictive Risk Model has on the CPIs’ initial assessment of a case prior to case commencement.
- 2) Efficacy and confidence in the sufficiency of information for case commencement. The evaluation team seeks to know what, if any, effect the Predictive Risk Model has on the efficacy and confidence of CPIs when commencing a case.
- 3) Chronic re-abuse by caregivers. The evaluation team seeks to know what, if any, effect the Predictive Risk Model has on the re-maltreatment by caregivers when implementing the Predictive Risk Model during pre-commencement.

Child Welfare Curriculum for Providers

In 2016, the Institute supported a project with Affiliates at Florida Atlantic University that sought to identify specialized training needs of therapeutic service providers who work with the child welfare population. Service providers had various professional degrees - social work, psychology, mental health, and marriage and family therapy. The service providers expressed a variety of training needs related to their work with child welfare involved families. That earlier project informed Phase 2, which is the development of specialty training. Not only did this initial project inform the next phase, but the Critical Incident Rapid Response Team (CIRRT) Advisory Board also expressed a need to provide child welfare-specific training for therapeutic service providers. In June 2018, the Institute contracted with the faculty Affiliates at Florida Atlantic University to develop the curriculum that revolves around two topics: 1) How to Engage with Mandated Clients and 2) Working Across Organizations.

Evaluation of Early Childhood Courts

During the 2018 session, the Florida Legislature appropriated funding for the Institute to conduct a one-year statewide evaluation of Florida’s Early Childhood Courts (ECC). The contract between the Office of State Courts Administrator and FSU was signed on August 20, 2018. The Institute will conduct data analyses, focus groups, surveys, and interviews with stakeholders from all of Florida’s ECC sites. The evaluation seeks to better understand the:

- ◆ Characteristics of successful ECC teams
- ◆ Characteristics of families who participate
- ◆ Community partnerships that support ECC teams
- ◆ Fidelity to state and national models
- ◆ Outcomes of participating children and families
- ◆ Cost effectiveness of the ECC model

In addition to determining the impact that the ECC model has on recidivism, permanency, and reunification of families, a goal of the evaluation is to track the broader implementation/replication opportunities of the ECC model across the state, while identifying successful strategies for implementing the model and challenges encountered during implementation. In addition, the evaluation will examine ECC outcomes as compared to traditional dependency court to determine in what ways the model may be more effective, efficient, and child- and family-centered. Recommendations generated from the statewide evaluation will inform state legislation and program improvements.

Disparity and Disproportionately

Racial inequities have been a growing concern among child well-being researchers. The Annie E. Casey Foundation, that compiles and distributes the KIDS COUNT Databook, argued that barriers exist among minority children due to the generational racial inequities that are systemic and steadfast.² According to the 2016 Adoption and Foster Care Analysis and Reporting System (AFCARS) report,³ nearly a quarter of the children in the national foster care system were identified as Black (24%), which is considered disproportionate to the number of Black children in the total population (14%). In Florida, approximately one-third of the children placed in out-home-home care in May 2018 were identified as Black (30%),⁴ also disproportionate to the population of Black children in Florida (20%). Racial disparity is considered pervasive, permeating all levels of the child welfare system, including reporting, investigating, removals, reunification, and re-entry.⁵

The Multiethnic Placement Act of 1994 (MEPA) was established to diminish the effects of racism in the child welfare system,⁶ and prohibited agencies from discriminating against families or children based on race. Despite the efforts of the MEPA, the number of Black children in the foster care system remained disproportionate, as changing a single law insufficiently addresses disparity within the child welfare system. A deeper issue contributes to the overrepresentation of Black children in the child welfare system - Black families experience more discrimination at multiple levels compared to White families.⁷

The disparity in the child welfare system may be a result of the disproportionate and disparate need of minority children and their families due to environmental factors like poverty, racial biases of individuals such as child welfare professionals and mandated or other reporters, and a lack of resources for minority families or limited resources in certain geographical areas.⁸ Researchers suggest that individuals and families experience multiple layers of discrimination. This theory of intersectionality provides a framework for understanding how multiple identities of the person (factors) contribute simultaneously to shape experiences, and arguably intensify the effects of racial disparity.⁹ Factors such as family characteristics (e.g., income-level¹⁰ and family structure¹¹) and geographical characteristics⁸ have been linked to an increased risk of child maltreatment and poorer childhood outcomes. Research that examines disparity using a broad focus has the potential to explore the complexity of disparity within the child welfare system.¹² See White Paper on *Using Artificial Intelligence, Machine Learning, and Predictive Analytics in Decision Making* in Appendix F.

Addressing Disparity in Florida

Current research has moved away from acknowledging that disparity exists to implementing and evaluating solutions to address the disparity.¹³ Translational research that highlights promising practices to address the disproportionality within the child welfare system are needed.¹⁴ Therefore, the Institute has invited research proposals that address disparity through strategic action changes. The Institute is offering two grants of \$50,000 each for proposals that align with the Institute's goals of examining

disparity in Florida. The Institute is particularly interested in proposals that address disparity in the child welfare system or with crossover youth (youth who are also involved in Department of Juvenile Justice). As with the child welfare system, racial disparity exists within the juvenile justice system, with arrests rates of Black juvenile youth disproportionate to the population of Black juvenile youth.¹⁵ The Invitation to Propose Research can be viewed in Appendix G.

SECTION VI: TECHNICAL ASSISTANCE AND TRAINING

Data Analytics

In 2016, the Institute hired and co-located a data analyst at the DCF Headquarters to take lead on the validation of the child welfare outcome measures. At the October 2017 ROA workgroup meeting on the outcome measures, the group members discussed the ROA Placemat and the feasibility and data availability of the outcome measures and drivers. The DCF data team has been working to clarify the algorithms to calculate the indicators. However, because of the lack of data resources on some of the important indicators specified in the ROA outcome measures, no further validation analyses have been conducted since the test analyses from the last report.

The co-location of the Institute's Data Analyst has contributed to DCF in many ways. The analyst has:

- ◆ Built statistical capacity within DCF's data management team by teaching several classes on *Applied Statistics*
- ◆ Provided *Document Reviews* of technical reports
- ◆ Consulted on multiple research projects (known as Black Belt projects at DCF)
- ◆ Assessed the Inter-Rater Reliability of an Instrument which measures *Caregiver Protective Capacity*

Service Array for Children

The Institute was asked to participate in monthly service array workgroup meetings facilitated by Casey Family Programs. Initially, the program director worked with the Workgroup to determine the clusters of children of interest (0-5, CSEC, developmentally delayed). After thoughtful review and deliberation, the Workgroup identified 15 population groups of children most served in the Florida foster care system. A literature review of the characteristics of children with mental health needs ages birth to 18, commercially sexually exploited children in foster care, and youth who identify as LGBTQ+, and the interventions to address their needs was conducted. Along with a report summarizing the literature, a catalog of interventions was compiled that described the program model or intervention, ages and problems or skill area addressed, treatment duration, ratings on the California Evidence-based Clearinghouse (CEBC) or the National Registry of Evidence-based Programs and Practices (NREPP), cost-benefit ratio, cost to implement the program, and cost of treatment, if available. The program director continued to participate in monthly meetings and worked with stakeholders to:

- ◆ Discuss how the latent class analysis can be used to make decisions.
- ◆ Review the research and select 29 interventions to recommend to DCF.
- ◆ Develop a survey (capacity and gap and analysis tool) to be completed by CBCs and DCF Regional staff on the service array currently in their area.

In July, a faculty Affiliate from St. Leo University was delegated to represent the Institute in Phase 2 of the service array project. Khalilah Louis has extensive experience in the child welfare system and knowledge of the systemic challenges in providing services to children.

Service Array for Parents

Similar to the efforts for the child service array project, the Institute was asked to research the literature about the characteristics of parents involved in the child welfare system and service delivery models to

address their needs. The most common parent characteristics that were identified were: substance abuse and mental health, domestic violence, poverty, trauma, and the interconnectedness of these issues that this population endures. Eight service delivery models and five promising practices were highlighted in the report provided to Celeste Putnam with the Department. A catalog of interventions that described the program model or intervention, ages and problems or skill area addressed, treatment duration, ratings on CEBC or NREPP, and cost if available, was also created.

Child Abuse Prevention Research Symposium

In partnership with the FSU College of Social Work and the USF Florida Mental Health Institute, the Institute hosted a Research Symposium on Child Abuse Prevention. Symposium goals were knowledge exchange and the identification of strategies for prevention and community mobilization around prevention efforts. Dr. Sacha Klein, Associate Professor of Social Work at Michigan State University delivered the Keynote Address on Day One of the Symposium. Dr. Klein's presentation centered on Interagency partnerships and their role in preventing child abuse. Drs. Robin and Gary Melton, Associate Faculty at University of Colorado (Denver) delivered the keynote address for Day Two. Their content introduced a primary prevention model known as Strong Communities. The Strong Communities Model focuses on community mobilization and the development of strong families. The ultimate goal of the model is to keep kids safe—i.e., prevent child abuse and neglect.

See Appendix H for the Summary of the Research Symposium.

The Pregnancy and Parenting Toolkit for Case Managers Working with Foster Youth

Teen pregnancy rates have declined since efforts to reduce the rate of teen pregnancy have been implemented.¹⁶ According to the most recent data, the rate of teen births in Florida in 2016 was 19 per 1,000 adolescent females between 15-19 years old, lower than in previous years.¹⁷ While the overall rate of teen pregnancy has declined, there is concern that foster and former foster youth (youth who have aged out of the system), have an increased risk to become pregnant.¹⁸ While the actual rate of teen pregnancy among foster and former foster youth is unknown, it is anticipated that the rate in this population is at least two to three times higher compared to the general rate of teen pregnancy.^{19,20} The vulnerability of the foster population along with the history of trauma these youth face make pregnancy and parenting more difficult for these youth.^{21,22,23,24} The Institute partnered with Heartland for Children to develop a Pregnancy and Parenting Toolkit for Case Managers Working with Foster Youth (Toolkit). There are two functions of the Toolkit: 1) provide an overview of the current policies and considerations for case managers who work with pregnant or parenting foster and former foster youth in Florida; and 2) include pamphlets that address pregnancy and parenting concerns.

The Toolkit is being developed for case managers to use to ensure their youth receive maximum benefits by providing a brief review of the current policies and legislation related to serving the foster population who are pregnant or parenting. Case managers should use the Toolkit as a guide when developing case plans and assessments. The pamphlets are being created to address issues related to pregnancy, parenting, health, and fathers' rights. These pamphlets will explore the topics of pregnancy and parenting in language that is targeted for teens and young adults. Resources that highlight the needs of foster or former foster youth will be included. These resources will provide information about

accessing Medicaid as a foster or former foster youth, identifying the different pregnancy - and parenting-related mobile apps and websites available, and provide information on the normal expectations for pregnancy and parenting. Case managers will have access to the pamphlets to distribute as appropriate to their pregnant and parenting youth. The Toolkit for the case managers is under review by the DCF Independent Living Specialist and the pamphlets are under development.

Strengths-based Supervisory Training

Based on targeted meetings and statewide discussions between the Institute and child welfare leadership, a need for supervision training was reported. The Institute vetted supervision trainers around the country and has invited Dr. Cynthia Lietz (Arizona State University-ASU) to provide her Strengths-Based Supervision (SBS) curriculum to all of our child welfare trainers statewide, as well as frontline supervisors from regions who show the most need.

Prior to ASU, Dr. Lietz worked with families involved in the child welfare system for over ten years. She also worked as a clinical supervisor the last four years in practice. This practice experience is highly valued by the supervisors who attend her trainings. Dr. Lietz has conducted evaluations on SBS that suggest supervisors and managers who attend the trainings report a high level of satisfaction regarding the applicability and relevance of the training to their role in overseeing the quality of child welfare practice. The evaluations also involve a pre and posttest administered to the direct care staff who are supervised by the managers who attended the training. Evaluations demonstrate that direct care staff note positive changes in the supervision they receive after their supervisor attends the training.

In addition to the in-class training, Dr. Lietz provides ongoing coaching through conference calls and webinars. The Institute is sponsoring the training, scheduled for spring 2019, and is working with the DCF Training Manager on logistics. For more information about the SBS Training Model, please see Appendix I.

Readiness for Child Welfare Careers

Senate Bill 1666 requires the Institute to, “assess the readiness of social work graduates to assume job responsibilities in the child protection and child welfare system and identify gaps in education which can be addressed through the modification of curricula or the establishment of industry certifications”. To date, the Institute has determined that 3 out of 14 social work schools have child welfare certificate programs that provide tailored curricula for students who are interested in careers in child protection. The Institute has also completed a preliminary literature review on readiness tools that are currently used nationwide to assess graduates.

Florida State University, Florida International University, and Florida Atlantic University are the three universities that offer certificates in social work child welfare. The Institute contacted each of these institutions to inquire about assessments or readiness tools they currently use. This will provide an understanding of how child welfare readiness is assessed by programs that specifically teach child welfare courses.

The Institute plans to utilize any tools these programs are currently using to assess readiness for child welfare work. The Institute will also collaborate with the Department to assess the tools utilized during training activities. Finally, the Institute will develop a protocol for assessing Child Welfare Readiness throughout the state.

Research has noted that as time in the child welfare profession increases, predictably, the knowledge disparity between non-social work and social work child welfare professionals diminishes,²⁵ which may suggest that readiness is an assessment best examined among new child welfare professionals. It is recommended that readiness be examined during pre-training activities and post-training activities sponsored by the Department. Examining the differences in child welfare readiness pre- and post-training among child welfare professionals with social work degrees and those without social work degrees could provide insights on the different training modules necessary to ensure readiness among all professionals. The use of supervision among social work and non-social work child welfare professionals also varies, with child welfare workers with a social work degree being less likely to utilize their supervisors²⁵ compared to non-social work child welfare professionals. This is likely a direct result of the child welfare curricula within social work programs that provides training on documentation, case management, and child welfare knowledge.²⁶ The Institute will continue to examine readiness through the 2018-2019 fiscal year.

SECTION VII: APPENDICES

APPENDIX A: INSTITUTE FY 2017-2018 BUDGET

The Institute received a \$1 million appropriation for the 2017-2018 fiscal year. Of the appropriated funds, approximately 6.5 percent was encumbered by the university to cover fringe benefits for staff and faculty. Funds were budgeted and expended as reported in Table 1. Additional funds were awarded to the Institute via the Children’s Home Society. The ending balance of \$113,624 will be carried into the 2018-2019 fiscal year.

Table 1: FY 2017-2018 E&G Budget

Funds Available	Amount		
Operating Expense	427,733		
Research and Evaluation	506,970		
Total Funds Available	934,903		
	<i>Budget</i>	<i>Expenses</i>	<i>Available Balance</i>
Operating Expenses			
Salaries ^b	294,368	281,663	12,705
OPS ^c	65,000	55,500	9,500
Travel ^d	25,000	11,163	13,837
Office Expense ^e	43,365	10,433	32,932
Total Administration	427,733	358,759	68,974
	<i>Budget</i>	<i>Expenses</i>	<i>Available Balance</i>
Research and Evaluation Activities			
Affiliate Agreements ^f	35,000	1,945	33,055
Contracts	471,970	460,375	11,595
Total Research and Evaluation Activities	506,970	462,320	44,650
Total Institute	934,903	821,079	113,624

^b Director, Program Director, Data Analyst, and Administrative Specialist

^c Other Personal Services (OPS) Includes post-doctoral fellows, graduate researchers, graphic designer and editor.

^d In-state and out-of-state travel for all staff

^e Includes: computer and software purchases, charges for mailing and dissemination, IT assistance and facilities maintenance and repairs, office supplies and purchases made for meetings and needed equipment. Funds in this category are also transferred in and out of other accounts to cover overages and unexpected expenses, and to balance Salary budgets.

^f Affiliate universities were asked to use previously distributed funds before requesting new funds from the Institute in FY 17-18. Only 2 of the 14 Affiliate universities spent funds from previous years and were awarded new MOU Funds for the 2017-2018 fiscal year.

The Institute carried forward \$297,338 from the 2016-2017 fiscal year into the 2017-2018 fiscal year. Funds were budgeted and expended as reported in Table 2. The ending balance of \$99,971 will be carried into the 2018-2019 fiscal year.

Table 2: Carryforward Budget^e from FY 2016-2017

Carryforward Funds Available	Amount		
Operating Expense		\$31,428	
Research Funds ^h		\$265,909	
Total Funds Available		\$297,337	
	Operating Budget	Expenses	Available Balance
Operating Expenses			
Travel ⁱ	\$15,000	\$7,434	\$7,56
Office Expenses ^j	\$11,428	\$4,713	\$6,715
Symposium Space Rental ^k	\$5,000	\$2,809	\$2,191
Total Administration	\$31,428	\$14,956	\$16,471
	Operating Budget	Expenses	Available Balance
Ongoing Research and Evaluation Activities			
Contracts	\$265,909	\$182,409	\$83,500
Total Research	\$265,909	\$182,409	\$83,500
Total Institute	\$297,337	\$197,367	\$99,972

^e Carryforward budget has been continuously reduced each year of operation. Funds carried forward from FY 16-17 totaled in \$297,338 with a remaining balance of \$99,971 June 30, 2018. In FY 17-18, the Institute will carry forward a reduced amount of \$213,262.

^h These funds were encumbered to cover research and evaluation activities already underway.

ⁱ In-state and out-of-state travel for all staff

^j Includes office supplies and purchases made for meetings and needed equipment. Funds in this category can be transferred in and out of other accounts to cover overages and unexpected expenses.

^k 2018 Spring Research Symposium held in Tallahassee FL at the FSU Turnbull Conference Center

Ongoing research and evaluation activities for this fiscal year are outlined in Table 3 and Table 4. Of the obligated funds for sponsored projects, \$102,170 was encumbered via purchase order, and \$471,366 was transferred via journal entry to the College’s Sponsored Research Administration with projects scheduled for completion in the 2017-2018 and 2018-2019 fiscal years, totaling \$573,536 in funded projects.

Table 3: FY 2017–2018 Research and Evaluation Activities

Project Name	Award Amount	Principal Investigator	University
Ongoing: Florida Study of Professionals for Safe Families ^l	\$225,000	Dina Wilke	Florida State University
Enhancing Parental Behavioral Health Services Integration in Child Welfare	\$99,627	Heather Flynn	Florida State University
Developmental Evaluation of Results Oriented Accountability Initiative	\$22,938	Mitch Rosenwald	Barry University
Ongoing: An Assessment of Quality Standards for Florida’s DCF Licensed Residential Group Homes ^m	\$67,810	Shamra Boel-Studt	Florida State University
Phase I Evaluation of the Department of Children and Families Core Preservice Training	\$27,409	Patty Babcock	Florida State University
Ongoing: Phase II Evaluation of the Department of Children and Families Core Preservice Training ⁿ	\$58,232	Mary Armstrong	University of South Florida
Total	\$501,016		

Table 4: FY 2018–2019 Research and Evaluation Activities Encumbered with FY 2017-2018 Funds

Project Name	Award Amount	Principal Investigator	University
Ongoing: An Assessment of Quality Standards for Florida’s DCF Licensed Residential Group Homes (FY2018-2019) ^o	\$51,520	Shamra Boel-Studt	Florida State University
Enhancing Quality Practice through Strengths-Based Supervision (FY2018-2019)	\$21,000	Cynthia A. Lietz	Arizona State University
Total	\$72,520		

^l Year 3 of ongoing project

^m Year 2 of ongoing project

ⁿ Year 1 of ongoing project

^o Year 3 of ongoing project

Table 5: FY 2018-2019 Budget

FY 2018-2019 E&G Budget

Operating Budget	\$533,937
Early Childhood Court Contract	\$94,104
Research and Evaluation	\$396,378
Total	\$1,024,419

FY Carryforward Budget from FY 2017-2018

Operating Budget	\$70,482
Research and Evaluation	\$140,095
Total	\$210,577

Total Budget for FY 2018-2019 **\$1,234,996**

FY 2018-2019 Operating Expenses

Salaries ¹⁵	\$385,730
Travel	\$20,000
Expenses ¹⁶	\$10,000
Total	\$415,730

FY 2018-2019 Research and Evaluation Activities

Project Name	Award Amount	Principal Investigator	University
Affiliate MOU	\$35,000	FICW Affiliates	Various
Ongoing: An Assessment of Quality Standards for Florida's DCF Licensed Residential Group Homes Year 3	\$51,520	Shamra Boel-Studt	Florida State University
Ongoing: Florida Study of Professionals for Safe Families Year 4	\$201,853	Dina Wilke	Florida State University
Enhancing Quality Practice through Strengths-based Supervision	\$21,000	Cynthia Lietz	Arizona State University
Guardianship Assistance Program Evaluation	\$100,000	Martie Gillen	University of Florida
Curriculum for Providers and Case Managers	\$55,027	Marianna Colvin & Heather Thompson	Florida Atlantic University
Ongoing: Phase II Evaluation of the Department of Children and Families Core Preservice Training Year 2	\$152,531	Mary Armstrong	University of South Florida
Evaluation of Early Childhood Courts	\$94,104	Jessica Pryce & Jennifer Marshall	Florida Institute for Child Welfare & University of South Florida
2019 Spring Research Symposium	\$15,000	Jessica Pryce	Florida Institute for Child Welfare
Total	\$726,035		

APPENDIX B: INSTITUTE STAFFING

The Institute grew during this reporting period, adding two more positions, and increasing from 6.0 FTE to 7.75 FTE. Currently, the Institute is comprised of a leadership team with a director (1.0 FTE) and program director (1.0), as well as a data analyst (1.0), three graduate research assistants (1.0 FTE total), and two postdoctoral research fellows (1.5 FTE total). An administrative specialist (1.0 FTE), editor (.50 FTE), and publication graphic artist/web manager (.50 FTE) round out the Institute team. The data analyst is co-located at DCF four days a week and is primarily assigned to conduct predictive analytics research related activities but provides assistance on other Institute projects as needed. Two contracts and additional research activities necessitated the addition of the postdoctoral research fellows and editor.

Staffing Allocation

The director is responsible for adhering to the vision and mission of the Institute and planning research activities that meet those objectives. She interacts with the Department, legislative staff, and key state stakeholders to listen and learn about the issues affecting child welfare policies and programs. The director shapes the statewide Affiliate network's research activities by advising on research proposals and projects. National and state experts are consulted and engaged to produce the most viable and useful child welfare research. The director is responsible for translating all research conducted by the Institute into legislative policy recommendations.

The program director supervises all staff except for the data analyst and the full-time postdoctoral research fellow. She is also responsible for facilitating the overall flow of the Institutes' activities, proposal and budget development, university level administration of the office, assisting with projects, participating in statewide workgroups, and attending meetings in the director's stead. In addition, the program director manages all contracts – both external and internal.

The administrative specialist is responsible for all office functions, meeting and travel logistics, human resources, and budget management. The editor and graphic designer/web manager review, edit, and format every document that is produced with oversight by the program director.

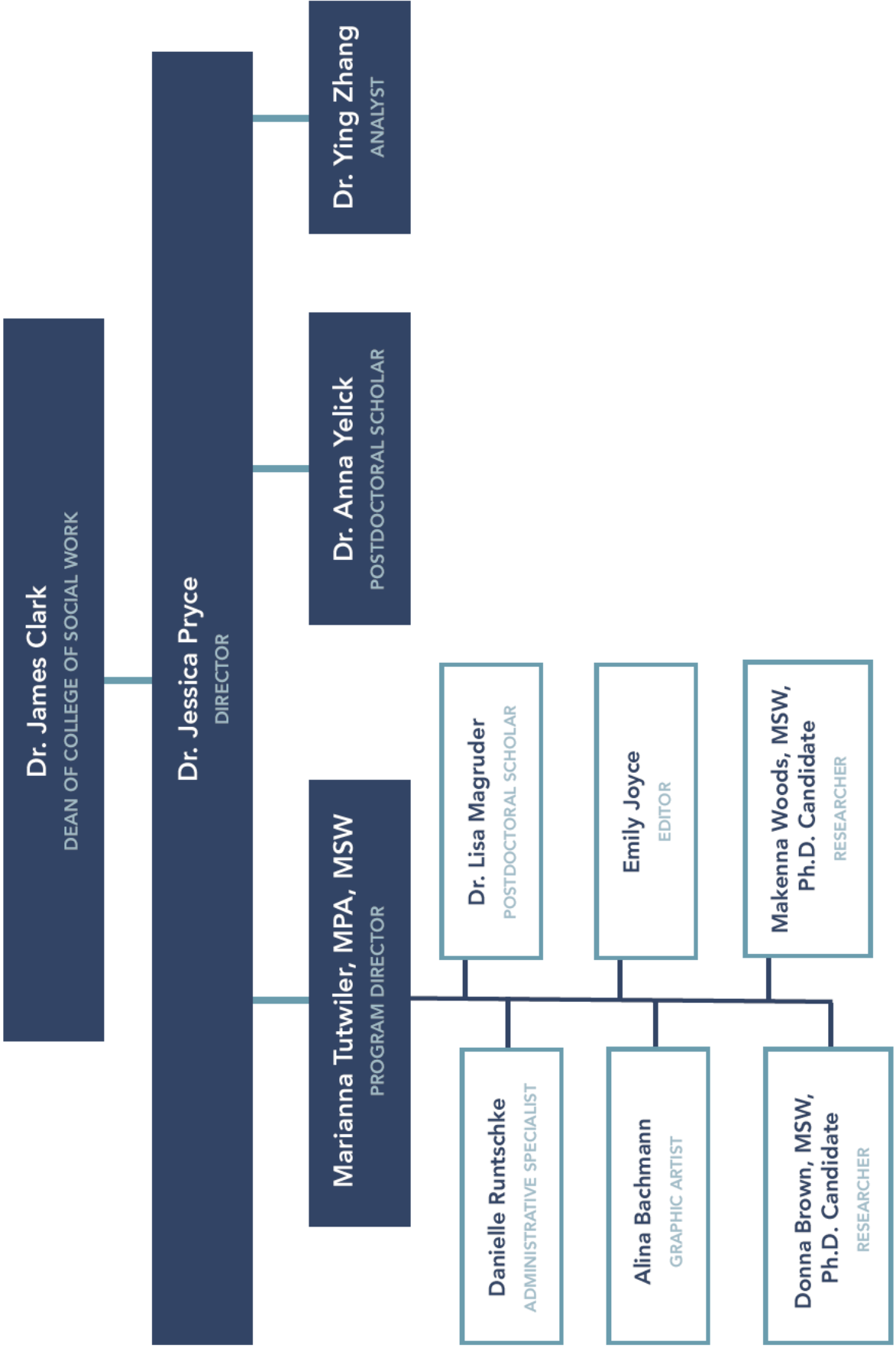
Sixty-nine percent of the Institute's budget is allocated to research conducted by Affiliates or entities outside of the Institute. Other research and evaluation activities, either required by statute or unfunded ad hoc projects, are conducted in house with the use of graduate research assistants and the leadership team. In general, each assistant or fellow is assigned to a particular project for the majority of their FTE but are cross-trained to assist with other projects or begin new ones as their time allows. If resources and time permit, the graduate researchers' FTEs are adjusted to assist with outsourced contracts as an in-kind contribution to the funded project.

FTE Allocation for Research Staff

The table below depicts the allocation of research staff time for FY 2017-2018 and the 1st quarter of 2018.

Position	FTE Allocation
<p>Data Analyst, Ph.D.</p>	<p>1.0 FTE (FY 17-18) 20% ROA 25% CaseAIM Evaluation 30% Predictive Analytics 25% Black Belt reviews and other analysis as needed</p> <p>1.0 (Q1 18-19) 20% ROA 50% Predictive Analytics 30% Black Belt reviews and other analysis as needed</p>
<p>Graduate Research Assistant, MSW Candidate</p>	<p>.25 FTE (FY 17-18) 100% research and literature reviews</p>
<p>Postdoctoral Research Fellow, Ph.D.</p>	<p>.50 FTE (FY 17-18) 50% Predictive Analytics 50% Institute research projects</p> <p>1.0 FTE (Q1 18-19) 50% Predictive Analytics 25% research and coordinate workforce training 10% develop pregnant and parenting teen toolkit 10% research on disparity 05% research as needed</p>
<p>Graduate Research Assistant, MSW, Ph.D. Candidate</p>	<p>1.0 FTE (FY 17-18) 100% on CaseAIM evaluation</p> <p>.50 FTE (Q1 18-19) 50% research and dissemination activities 20% creating and maintain robust repository and accessible database of research for Institute’s use 30% research as needed</p>

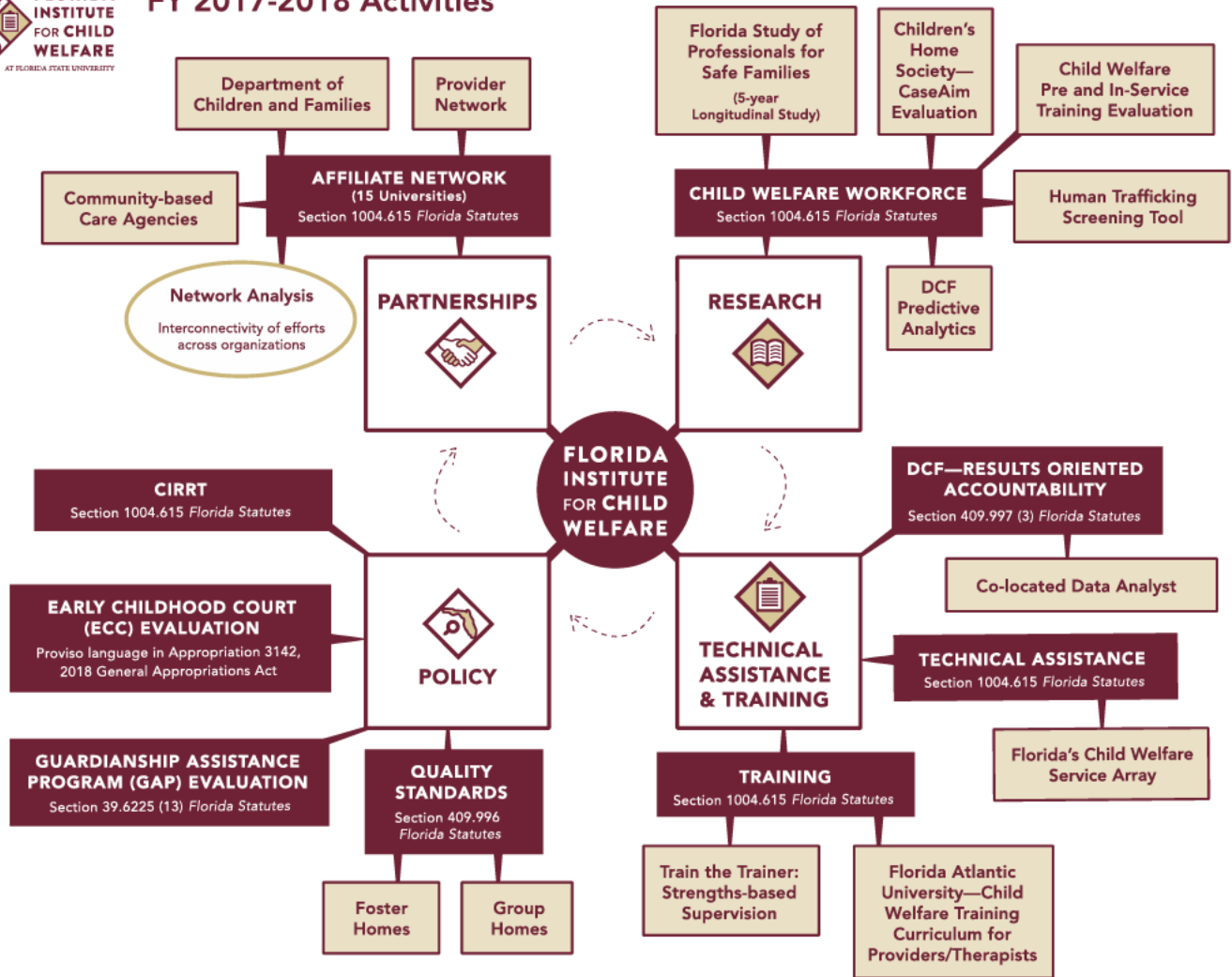
Position	FTE Allocation
Graduate Research Assistant, MSW, Ph.D. Candidate	.25 FTE (FY17-18) 75% CaseAIM evaluation 15% Human Trafficking Survey Tool 10% Qualtrix survey development .25 FTE (Q1 18-19) 80% Human Trafficking Survey Tool 20% Qualtrix survey development
Postdoctoral Research Fellow, Ph.D .	.50 FTE (Q1 18-19) 90% Early Childhood Court Evaluation 10% Human Trafficking Survey Tool



APPENDIX C: FICW ILLUSTRATION OF ACTIVITIES



FY 2017-2018 Activities



**APPENDIX D: CONTRIBUTIONS TO THE CHILD WELFARE RESEARCH
KNOWLEDGE BY INSTITUTE AFFILIATES**

Publications in refereed journals, peer reviewed books or peer reviewed chapters

- Radey, M., Schelbe, L., McWey, L. M., & Holtrop, K. (2017). Me, Myself, and I: Perceptions of Social Capital for Mothers Aging Out of the Child Welfare System. *Child & Family Social Work, 22*(2), 981-991.
- Radey, M., Schelbe, L., McWey, L. M., Holtrop, K., & Canto, A. I. (2016). "It's really overwhelming": Parent and Service Provider Perspectives of Parents Aging Out of Foster Care. *Children and Youth Services Review, 67*, 1-10. doi: 10.1016/j.childyouth.2016.05.013
- Radey, M., Schelbe, L., Spinelli, C.L. (2017). Learning, negotiating, and surviving in child welfare: Social capitalization among recently-hired workers. *Journal of Public Child Welfare*. DOI: 10.1080/15548732.2017.1328380
- Schelbe, L., Radey, M., & Panish, L. (2017). Satisfactions and stressors experienced by recently-hired frontline child welfare workers. *Children and Youth Services Review, 78*, 56-63.
- Thompson, H.M., & Colvin, M.L. (in press). Perceived needs of therapeutic service providers in their work with families in the child welfare system. Accepted to *Child and Adolescent Social Work*.
- Wilke, D. J., Radey, M., & Langenderfer-Magruder, L. (2017). Recruitment and retention of child welfare workers in longitudinal research: Successful strategies from the Florida Study of Professionals for Safe Families. *Children and Youth Services Review, 78*, 122-128.
- Osteen, P., Lacasse, J., Woods, M., Greene, R., Frey, L. (2018). Training youth services staff to identify, assess, and intervene when working with youth at high risk for suicide. *Children and Youth Services Review, 86*, 308-315.
- Boel-Studt, S., Schelbe, L. Deichen Hansen, M., & Tobia, L. (2018). Increasing youth engagement in residential group care: A mixed methods pilot study of a youth-guided incentive program. *Child and Youth Care Forum*. DOI 10.1007/s10566-018-9465-y
- Boel-Studt, S. Tobia, L. (2016). A Review of Trends, Research, and Recommendations for Strengthening the Evidence-Base and Quality of Residential Group Care. *Residential Treatment for Children & Youth, 33*(1) 13-35, DOI: 10.1080/0886571X.2016.1175995
- Boel-Studt, S. (2017). Latent subtypes of youth in psychiatric residential care. *Children and Youth Services Review 77*. (76-85).
- Boel-Studt, S. & Landsman, M. (2016). Mixed Methods Study of the Effectiveness of Intensive Family Finding Services with Youth in Congregate Care. *Journal of Public Child Welfare*. DOI: 10.1080/15548732.2016.1263266
- Radey, M., & Schelbe, L. (2017). From Classroom to Caseload: Transition Experiences of Frontline Child Welfare Workers. *Child Welfare, 95*, 71-89.
- Holtrop, K., Canto, A. I., Schelbe, L., McWey, L. M., Radey, M., & Montgomery, J. E. (2018). Adapting a Parenting Intervention for Parents Aging Out of the Child Welfare System: A Systematic Approach to Expand the Reach of an Evidence-Based Intervention. *American Journal of Orthopsychiatry, 88*, 386-398.
- Radey, M., Schelbe, L., & Spinelli, C. L. (2018). Learning, Negotiating, and Surviving in Child Welfare: Social Capitalization Among Recently-hired Workers. *Journal of Public Child Welfare, 12*, 79-98.

- Wilke, D. J., Radey, M., King, E., Spinelli, C., Rakes, S., & Nolan, C. R. (2018). A Multi-Level Conceptual Model to Examine Child Welfare Worker Turnover and Retention Decisions. *Journal of Public Child Welfare, 12*, 204-231.
- Radey, M., & Schelbe, L. (2017). From classroom to caseload: Transition experiences of frontline child welfare workers. *Child Welfare, 95*(2), 71-89.
- Osteen, P.J., Lacasse, J.R., Woods, M.N., Greene, R., Frey, J.J., & Forsman, R.L. (2018). Training youth services staff to identify, assess, and intervene when working with youth at high risk of suicide. *Children & Youth Services Review, 86*, 308-315.

National Conference Papers and Presentations

- Huang, H., & Rhoden, M. A. *The Effectiveness of Service Integration: Studying the Crossover Youth Practice Model*. Poster accepted at SSWR 22nd Annual Conference, Washington D.C. January 2018.
- Kennedy, S. C., Spinelli, C., & Wilke, D. J. Development and Validation of the Child Welfare Provider Stigma Inventory. Paper presentation at the Society for Social Work and Research Annual Conference, Washington DC, January 2018.
- King, E. A., Radey, M., & Wilke, D. J. Exploring the Relationship of Client-Perpetrated Violence and Intent to Leave Among Child Welfare Workers. Paper presentation at the Society for Social Work and Research Annual Conference, Washington DC, January 2018.
- King, E. A., Radey, M., & Schelbe, L. Recently-Hired Child Welfare Worker Perceptions of Pre-Service Training. Paper presentation at the Annual Program Meeting of the Council on Social Work Education, Dallas, TX, October 2017.
- Nolan, C. R., & Wilke, D. J. Assessing the Impact of Childhood Maltreatment History and Potential Risk and Protective Factors on Psychological Distress among Newly-Hired Frontline Child Welfare Workers. Paper presentation at the Society for Social Work and Research Annual Conference, Washington DC, January 2018.
- Osteen, P., Lacasse, J., Woods, M., Greene, R., & Frey, J.J. Training youth services workers to identify, assess, and intervene when working with youth at high risk for suicide. American Association of Suicidology, 50th Annual Conference, Phoenix, AZ, April 2017.
- Radey, M., Miller, C, Osteen, P., Wilke, D. J., & Schelbe, L. "Thrown Right in Right Away": Voices of Recently-hired Child Protection Investigators and Case Managers. Poster presentation at the National Conference on Child Abuse and Neglect, Washington, DC, September 2016.
- Radey, M., & Wilke, D. J. Workplace Support among Recently-Hired Child Welfare Workers: Who has it and why? Presentation at Council on Social Work Education Annual Program Meeting, Council on Social Work Education, Dallas, Texas. October 2017.
- Radey, M., Schelbe, L., & Wilke, D. J. Gendered Workplace Support Disparities in a Female-Dominated Profession. Presentation at Society for Social Work Research Annual Conference, Society for Social Work Research, Washington, DC. January 2018.

- Randolph, K. A., & Wilke, D. J. Comparing Child Welfare Employment Experiences between Early-leavers and Those Who Remain. Paper presentation at the Annual Program Meeting of the Council on Social Work Education, Dallas, TX, October 2017.
- Nolan, C., & Radey, M. The Effects of Childhood Maltreatment History, Individual Characteristics, and Workplace Factors on Psychological Distress and Sleep Disturbance among Florida's Newly-Hired Child Welfare Workers. Presentation at Society for Social Work Research Annual Conference, Society for Social Work Research, Washington DC. 2018.
- King, E., & Radey, M. Recently-Hired Child Welfare Worker Perceptions of Pre-Service Training. Presentation at Council on Social Work Education Annual Program Meeting, Council on Social Work Education. 2017.
- Radey, M., & Wilke, D. J. Workplace Support among Recently-Hired Child Welfare Workers: Who has it and why? Presentation at Council on Social Work Education Annual Program Meeting, Council on Social Work Education, Dallas, Texas. (2017)
- Schelbe, L., & Radey, M. Perspectives of Parents and Service Providers about Experiences Aging out of Foster Care While Parenting. Poster presentation at Annual Conference of the Society for Social Work Research Conference, Society for Social Work Research, New Orleans, LA. (2017)
- Schelbe, L., Holtrop, K., Canto, A. I., McWey, L. M., Radey, M., & Montgomery, J. Adapting an Evidence-Based Parenting Intervention for Youth Aging Out of the Child Welfare System. Poster presented at the National Conference on Child Abuse and Neglect. New Orleans, LA. September 2016.
- Schelbe, L. & Radey, M. (January 2017) Perspectives of Parents and Service Providers about Experiences Aging out of Foster Care While Parenting. Poster presented at the Society for Social Work and Research Annual Conference. New Orleans, LA.
- Wilke, D. J., Radey, M., Osteen, P., Nolan, C., King, E. A., & Miller, C. An Overview of New Hires into the Child Welfare Workforce: Results from the Florida Study of Professionals for Safe Families. Poster presentation at the National Conference on Child Abuse and Neglect, Washington, DC, September 2016.
- Wilke, D. J. & Randolph, K. A. Predictors of Early Departure among Recently Hired Child Welfare Workers. Paper presentation at the Annual Program Meeting of the Council on Social Work Education, Dallas, TX, October 2017.

Regional Conference Presentations

- Agazzi, H., Shaffer, Hudkins, E., & Salloum, A. (2017). Trauma-informed behavioral parenting in early intervention. Poster presentation presented at the 30th Annual Research and Policy Conference, Child, Adolescent, and Young Adult Behavioral Health, Tampa, FL.
- Boel-Studt, S., Huang, H. (2017). Quality Standards for Residential Group Care. Presented at the DCF Child Protection Summit, Orlando, FL.
- Falconer, M.K. (2017). Evaluation of Early Childhood Court Teams in Escambia and Okaloosa Counties. Presented at the DCF Child Protection Summit, Orlando, FL.
- Huang, H. (2016). The Effectiveness of Service Integration: Studying the Crossover Youth Practice Model. Presented at the DCF Child Protection Summit, Orlando, FL.

- Milner, M., Criss, P. (2017). Preventing Teen Pregnancy among Youth in Foster Care: Possibilities and Challenges. Presented at the DCF Child Protection Summit, Orlando, FL.
- Osteen, P., Lacasse, J., Woods, M., & Greene, R. (September 2016). Training youth services workers to identify, assess, and intervene when working with youth at high risk for suicide. Presented at the DCF Child Protection Summit, Orlando, FL.
- Radey, M., Osteen, P., King, E. A., Miller, C, Panisch, L. & Wilke, D. J. "Thrown Right in Right Away": Voices of Recently-hired Child Protection Investigators and Case Managers. Paper presentation at the 2016 Child Protection Summit, Orlando, FL, September 2016.
- Thompson, H.M, Colvin, M., & McClellan, J. (2016). Building a needs-based curriculum for child welfare therapist: Preliminary finds. Advanced Training: Florida Institute for Child Welfare at the annual Florida Child Protection Summit, Orlando, FL.
- Thompson, H., Colvin, M. & McClellan, J. (2016). Closing knowledge gaps among therapists serving child welfare clients: A University-agency Collaboration. Presentation at the Council on Social Work Education, Atlanta, GA.
- Wilke, D. J., Radey, M., Osteen, P., Nolan, C., King, E. A., & Miller, C. An Overview of New Hires into the Child Welfare Workforce: Results from the Florida Study of Professionals for Safe Families. Paper presentation at the 2016 Child Protection Summit, Orlando, FL, September 2016.

APPENDIX E: MINUTES FROM INSTITUTE AFFILIATE MEETINGS AND CONFERENCE CALLS

3rd Annual Florida Institute for Child Welfare Affiliate Meeting

June 7, 2017

Welcome and Introductions: Dr. Jessica Pryce, Director, welcomed the affiliates to the meeting. Jim Akin, Executive Director of the NASW-Florida Chapter also welcomed the affiliates and spoke about the importance of the Institute and its role in improving the profession of social work in the field of child welfare.

Marianna Tutwiler, Program Director, conducted a group activity to introduce the affiliates to one another. She shared the draft Affiliate Directory with the group and encouraged those who had not yet completed the survey to do so. Ms. Tutwiler also updated the group on Rose Kim's acceptance of a new position at the University of South Florida College of Medicine and introduced Danielle Runtschke as the new Administrative Specialist for the Institute.

Presentation: Dr. Kimberly McGrath, Clinical Director of Foster Care Plus, provided an [overview](#) of the Citrus Helping Adolescents Negatively impacted by Commercial Exploitation (CHANCE) program which is a pilot developed by Citrus Health Network through a partnership with the Florida Department of Children and Families and Our Kids of Miami-Dade/Monroe, with research by the University of South Florida. See the PPP for more information. Dr. McGrath also shared that she has developed a curriculum that is designed to better equip therapists graduating from university programs to address the multi-faceted levels of trauma experienced by children who have been sexually exploited.

FICW Legislative Update and Priorities: Dr. Pryce provided an [overview](#) of the 2017 Florida legislative session.

Dr. Pryce shared that the Institute is expanding the affiliate network to include researchers in other disciplines and that they are empowered to participate in meetings on behalf of the Institute. She informed the group that the Institute is actively working on ways to better inform and engage the affiliates in current and future initiatives and activities.

The Institute's priorities were presented for the upcoming fiscal year and Dr. Pryce stated that she would be reaching out to the affiliates for assistance in completing the initiatives.

The 2017-2018 priorities include:

Evaluation of the Pre-Service Training – The Institute is planning a three-phase evaluation of the Department's Core Pre-service Training for case managers and protective investigators. *The FICW is seeking expertise in the pre-service curriculum and training evaluation.* Contact Mrs. Runtschke if you are interested.

Khalilah Louis Caines, Maxine McGregor, and Bonnie Yegidis stated that they have experience weaving pre-service training into the Title IV-E social work curriculum.

Residential Group Care – DCF, FICW, and other stakeholders must develop a statewide accountability system for residential group care providers based on measurable quality standards by 2022. This summer, FICW will provide a research review of measures of quality foster homes, evidenced supported strategies, recruitment, screening, training, retention, child placement, disruptions and efforts in jurisdictions to identify the root causes of placement disruptions. Representatives from FICW will participate in a workgroup with other child welfare stakeholders to prepare a report to the Legislature by November 1, 2017. *The FICW is seeking affiliates with an interest in a systematic review/meta-analysis of foster home quality standards to assist.* Contact Mrs. Runtschke if you are interested.

Results Oriented Accountability (ROA) Program – Required by SB 1666, the Institute is designing the overall evaluation of the ROA and validating the outcome indicators.

FICW Overview: Ms. Tutwiler provided an overview of the Institute’s accomplishments this past year and initiatives for the new fiscal year.

Three reports have been recently completed:

1. ChildWIN – Child Welfare Workforce Innovation - Julie Steen, UCF and Andry Sweet, CHS
2. Training Youth Services Workers to Identify, Assess, and Intervene when Working with Youth at High Risk for Suicide - Phillip Osteen, FSU
3. Trauma-Informed Behavioral Parenting - Heather Agazzi, USF

Three reports are currently under review and will be completed in early July.

1. The Effectiveness of Service Integration: Studying the Crossover Youth Practice Model - Hui Huang, FIU
2. Effectiveness of Evidence-based Attachment-focused Parenting for Families with Young Children Using Circle of Security in the Child Welfare System - Kim Renk, UCF and Neil Boris, CPEIP
3. An Evidence-based Parent-child Relational Intervention for Young Children At-risk for Abuse and Neglect - Miguel Villodas, Daniel Bagner, Feion Villodas, Hui Huang, FIU

She also briefly discussed the plans for dissemination of research and information to include:

- Enhanced website www.ficw.fsu.edu
- Quarterly newsletters
- Research briefs
- Journal article summaries
- Subscription to receive monthly updates
- Facebook

The Institute is working with several affiliates to increase their collaboration with state agency leadership at DOH, DCF, DJJ, and Office of Court Improvement.

Presentation: Dr. Marianna Colvin was asked to provide the affiliates with some options for conducting a network analysis of how the Institute (including affiliates) impacts research, networking, and systems change. See [her presentation](#) for more information. Much discussion ensued on how wide to spread the network boundary. It was decided to start with capturing relationships that FICW was “directly” involved with as the distinction. The group determined that the next steps are for Dr. Colvin to 1) to share journal articles on network analysis; and 2) send out an email with a Qualtrics survey asking each affiliate to prioritize their top 10 organizations to be included in the analysis.

Raffle: The book *The Body Keeps the Score – Brain, Mind, and Body in the Healing of Trauma* was raffled off to ten winners.

Gift: Dr. Karen Randolph, a FICW affiliate and an Agnes Flaherty Stoops Professor in Child Welfare purchased the book, *The Public Professor*, through the Stoops Foundation, as a gift for all fellow affiliates.

Quarterly Affiliate Conference Call

October 3, 2017

Participants

Marianna Tutwiler	Dina Wilke	Sylvia Boynton
Jessica Pryce	Mary Kay Falconer	Karen Oehme
Danielle Runtschke	Teri Saunders	Kim Renk
Andry Sweet	Heather Thompson	Alison Salloum
Marianna Colvin	Maxine McGregor	Mitch Rosenwald
Mimi Graham	Kahlilah Louis Caines	Lisa Rapp-McCall
Lisa Schelbe	St. Leo University	Michael Campbell
Riaan Can Zyle	Bruce Thyer	

Welcome

Jessica welcomed the affiliates and gave the opportunity for any new affiliates on the call to introduce themselves. Teri Saunders and Riaan van Zyle introduced themselves.

Annual Report

A brief overview was given on the annual report. Electronic versions of the report will be available to view at the end of October.

Newsletter and Affiliate Spotlights

Affiliates were asked to be involved in the Institute and send anything they feel would be of interest to the Institute to Danielle Runtschke or Marianna Tutwiler to be included in dissemination efforts. This can include recent publications, articles of interest, and other information that may benefit affiliates.

FICW Branding

Proposed branding was distributed to affiliates and they were given the opportunity to provide feedback. No opposing feedback was provided during the meeting and FICW will move forward with making the changes to the brand.

Behavioral Health Conference Proposals

Jessica informed affiliates that the Behavioral Health Conference was accepting proposals for the 2018 conference and that the Institute encourages affiliates to submit proposals.

Spring Symposium

FICW will be partnering with the University of South Florida, Florida Mental Health Institute to facilitate a Symposium in the spring of 2018. The theme is Primary Community Child Welfare Prevention and will be scheduled for early April following the Legislative Session. Any affiliates who would like to suggest additional topics or speakers should send recommendations to Marianna and Danielle.

2017 DCF Child Protection Summit

Marianna gave a brief overview of the conference and opened the floor to affiliates to share their opinion of the conference, the response to presentations, and overall experience.

Network Analysis

Marianna Colvin gave a presentation on the Network Analysis project that will be conducted among FICW, its affiliates, and community partners.

Next Meeting

The next meeting will be scheduled for early December. A meeting invite will be sent in late October.

Quarterly Affiliate Conference Call December 14, 2017

Participants

Marianna Tutwiler	Kahlilah Louis Caines	Mimi Graham
Jessica Pryce	Karen Oehme	Shamra Boel-Studt
Mimi Graham	Alison Salloum	Marti Gillum
Dina Wilke	Mitch Rosenwald	Hui Huang
Mary Kay Falconer	Lisa Rapp-McCall	Patty Babcock
Teri Saunders	Robin Perry	Karen Randolph
Maxine McGregor	Terry Rhodes	
Heather Thompson	Wendy Hughes	

Welcome

Jessica welcomed the affiliates and reminded them that we have expanded beyond the required Social Work faculty affiliates to include a multi-disciplinary team of researchers and community child welfare professionals. She also reminded them that affiliates can send anything they feel would be of interest to the Institute to Danielle Runtschke or Marianna Tutwiler to be included in dissemination efforts. This can include recent publications, articles of interest, and other information that may benefit affiliates.

FICW Branding

The FICW logos presented on the last conference call were approved by the FSU communications department and Dean Clark of the FSU College of Social Work. All new documents, outreach materials, social media, and the website have been updated with the new branding.

Behavioral Health Conference

Marianna discussed that the FICW and Casey Family Programs have co-sponsored a child welfare track at the USF Child and Adolescent Behavioral Health Conference since 2015. Proposals were recently reviewed by a small workgroup and determinations made about acceptance to the conference. The conference will be held in Tampa March 4-7, 2018 and **faculty** affiliates are able to use their stipends to attend. See <http://cmhconference.com/index.php> for more information.

Spring Symposium

FICW is partnering with the FSU College of Social Work and the University of South Florida, Florida Mental Health Institute to host a Symposium on April 26th and 27th 2018. The theme is Primary Community Child Welfare Prevention and will be held in Tallahassee. The Institute is in early planning stages now. Any affiliate who has any suggestions, please send them to Marianna or Jessica. Affiliates are encouraged to attend, and **faculty** affiliates can use their stipends to attend.

FSU and FICW Holiday Schedule

The Institute will be closed December 22, 2017 – January 1, 2018.

Network Analysis

Jessica informed the group that the Network Analysis survey will be distributed to affiliates the week of January 22. She discussed the importance of everyone taking a few minutes to complete the survey in

order to accurately depict the connections that have been created among FICW, affiliates, community-based agencies, and other partnerships.

Connect at SSWR

Jessica invited any affiliates attending SSWR to let her know and to schedule some time to meet while at the conference. Marianna asked that affiliates who are presenting a poster or paper based on a project with FICW funding, please share that information with her so we can document it for reporting purposes. Marianna will send out the Institute logo to be used on the PPP.

Florida Study of Professionals for Safe Families

Jessica informed the attendees that Representative Gayle Harrell invited FICW to present to the Children, Families and Seniors Subcommittee on the 5-year longitudinal Florida Study of Professionals for Safe Families (FSPSF) funded by FICW. The presentation to the sub-committee can be seen [here](#). Dr. Dina Wilke, the PI on the study, provided an overview of the study of 1,000 newly hired CPs and case managers to study the individual conduct and organizational influences on child welfare employee retention, and ultimately, child and family outcomes. She shared that 18 percent of the study participants left their agencies within the first six months and that to date, about 40 percent have left. She offered to come to agencies to provide specific findings in their area and shared that she and her team are working to make the data available to other researchers. As they continue to prepare the survey for the future waves she said that she was willing to consider adding select questions if an affiliate needed a particular research question answered; however, she cautioned that the current surveys take about an hour for participants to complete. For access to reports, briefs, journal article summaries, and presentations about the FSPSF visit <http://ficw.fsu.edu/research-evaluation/workforce-recruitment-retention>

Next Meeting

The next meeting will be scheduled for March. A meeting invite will be sent in late January.

Quarterly Affiliate Conference Call

March 6, 2018

Participants

Mark Jones	Teri Saunders	Heather Thompson
Bruce Thyer	Martie Gillen	Kim Renk
Marianna Tutwiler	Mary Kay Falconer	Lisa Rapp-McCall
Jessica Pryce	Valerie Holmes	Thomas Felke
Danielle Runtschke	Marianna Colvin	Rusty Kline
Heather Agazzi	Riaan van Zyle	Alisa Carter
Jen Powers	Stephen Pennypacker	Marlene Milner
Carol DeLoach	Alison Salloum	Tiffany Baffour
Karen Randolph	Dina Wilke	

Welcome

Jessica welcomed the participants to the call.

Institute Update

Spring Symposium – Marianna gave all participants an update about the symposium, the location, and agenda. She asked if all the participants are receiving the invites. She mentioned that the space is limited, and that registration is required. She encouraged Affiliates to attend and that Faculty Affiliates can use the MOU Stipend.

We will resend to CBCs as Carol DeLoach did not receive the invite.

Marianna also mentioned breakout sessions and the need for facilitators during those sessions.

June Affiliate Meeting – Last year we convened in Orlando and we would like to plan another meeting for this year. The Institute is open to suggestions on how Affiliates would like to gather together this year.

It was mentioned that the Early Childhood Council has a summit in Tampa that time of year (June 28-29) and that we could possibly have the conference on the 27th. Those who participated seemed to agree with that date and time. The Child Protection Summit was suggested, but Marianna reminded the affiliates that the summit occurs the end of August and that it may be difficult with the beginning of the semester. Not many on the call know if they will be attending at this time.

Network Analysis – Marianna Colvin shared that the project began in late January. All on the conference call were encouraged to participate to get a better analysis of how the Institute network is building. A good response rate is vital to having accurate information. Marianna Colvin sent the link again during the meeting.

Legislative Update – We are still in session, but it closes on the 9th. Efforts have been shifting towards gun control. Jessica discussed the Family First Prevention Act and prominent changes. A PPP was shared and it is attached.

Evaluating Child Welfare Programs – Dr. Bruce Thyer presented information from the Technical Assistance report that he had written for the FICW - *Evaluating Child Welfare Programs*. Please see presentation attached.

Meeting was adjourned at 11:00.

4th Annual Florida Institute for Child Welfare Affiliate Meeting

August 7, 2018

Welcome and Introductions: Dr. Jessica Pryce, Director, welcomed the affiliates to the meeting. The new postdoctoral fellow with the Institute, Dr. Anna Yelick, introduced herself and the projects she is currently working on as well as the focus of her dissertation as it applies to a few of the current projects being conducted by the Institute. Meeting attendees introduced themselves. Representatives from FSU, USF, FAU, FGCU, St. Leo, UCF, UNF, UF, The Ounce of Prevention Fund FL, Heartland for Children, and Children's Home Society were in attendance.

Current State of FICW: Marianna Tutwiler, Program Director, discussed the ad hoc projects recently published by the Institute. These projects included the Human Trafficking Screening Toolkit Evaluation (HTST) and Service Array for Children and Parents.

Human Trafficking Screening Tool Evaluation: The HTST was evaluated using a survey design in order to obtain the DCFs case managers' and child protective investigators' perspectives on the utilization of the tool. Feedback was asked about the clarity of the tool, usefulness of the indicators, and about how the use of the tool could be improved. Future studies on the tool will include validation measures to assess the tool's reliability and validity.

Service Array: The conclusion of the service array project provided the state a catalog of evidence-based programs available to children in the child welfare system, as well as for their parents. The service array project is a priority effort for the secretary, whose goal is to have the right services at the right intensity at the right time for all children and families who need them. These catalogs are attached.

New Faces and New Spaces & Updates: The Institute moved from the College of Social Work at Florida State where there were two offices for eight people (two work remotely). FSU owns property on Maryland Circle and the new office provides five offices, workgroup space, and a conference room. This move comes about as the Institute staff increased from three people to ten people in the last two years.

Marianna asked affiliates to send their bio updates to her either via email or through a hard copy in order to keep the affiliate directory up to date with their current research. Also, all articles that are published by affiliates and/or child welfare relevant should be sent to Marianna to be summarized for ease of dissemination into practice.

Research Opportunities/Upcoming Projects: Dr. Jessica Pryce discussed upcoming projects and research opportunities with the affiliates to discuss how to get involved with current research with the Institute. These include the predictive analytics project led by Dr. Patty Babcock, which will look at the added value predictive analytics may have in the child welfare system in Florida, particularly on workload during pre-commencement, level of risk of the perpetrator, efficacy, and re-entry. The project will commence in the fall of 2018 until June of 2020 with a pilot in Leon County.

In accordance with HB7065, the evaluation of the Guardianship Assistance Program (GAP) will seek to determine whether mandated licensure is a deterrent to program involvement in order to collect additional resources (\$150) being given to caregivers in a kinship capacity. Affiliates discussed additional outcomes that could be evaluated with this study, including involvement with the system (i.e. re-entry),

as well as the influence that licensure has on the quality of care. Affiliates interested in involvement with this project were instructed to contact the Institute or Dr. Martie Gillen directly.

Dr. Pryce then discussed the pre and in-service training evaluation in collaboration with USF, FMHI (Amy Vargo and Pam Mendez), and the Office of Child Welfare. This evaluation will look at knowledge and skills attainment through training (at least a pre/post necessary). A few of the outcomes this evaluation will address include: support, FFA, and fidelity of CPIs and CMs who attend the training. The remaining project Dr. Pryce discussed and is interested to name affiliate partnerships pertains to racial disparity in the child welfare system. Dr. Pryce cited extant literature that shows the disparity in demographic breakdowns and subsequently the dearth in literature that looks to evaluate that specific disparity. Dr. Pryce thinks evaluations on continuums of care and persons of color with the Children's Network of Florida is a good starting point. Dr. Jani from FGCU expressed interest in collaborating on this project.

Memorandum of Understanding: Danielle Runtschke, Administrative Specialist, discussed the updates to the MOU with the colleges and departments who are affiliates of the Institute. In her presentation, Danielle stated that the MOU is a document that promotes communication and funding between entities. Further, she discussed that this funding extends to affiliates' attendance at local, state and child welfare related conferences and meetings. Moving forward, Danielle discussed the changes to the MOU that directly affect the affiliates, specifically, the changes pertaining to funding and how the appropriation of funds to colleges and departments has shifted. Money is now being requested directly from the individual who will be using the funds (as opposed to the individual going through their college or department to request funds) and the money will be sent directly to the requester (instead of sending the money to the college or department of the respective requester). This is to help streamline the process of funding requests and receipts. Danielle reiterated that every *institution* (not individual) affiliated with the Institute is given a total amount (\$2500) and new disbursements will be withheld until all funds previously allocated are used (i.e. there is no carry forward with Institute funds given to affiliate institutions). Affiliates asked who keeps track of the money for each institution and Danielle stated that she does and if affiliates are unsure how much money they have left with the Institute, they can email her directly. Danielle also discussed that funding through the Institute is a *reimbursement model* and a list of a receipts she needs are available in the affiliate packet.

Next steps regarding funding will be to reach out to inactive affiliates to see if they are interested in remaining involved with the Institute. In the event that inactive affiliates no longer wish to be involved, more funding will be available to active affiliates who are looking for funding for travel and/or current projects. Dr. Pryce discussed the roles and expectations of affiliates to be considered "active". Included in these expectations is an open line of communication with the respective affiliate's regional director for DCF to have a direct line with current practice efforts in their area. Dr. Pryce further stated that affiliates should contact the Institute if they are unsure about available funds for child welfare related activities. There may be avenues for funds available to them through the Institute or the Institute may know of available outside resources. Please see the attached documents and Power Point for more detail pertaining to the changes made to the affiliate MOU.

Presentation: Dr. Marianna Colvin, FAU, gave a presentation on the progress with the network analysis project. Dr. Colvin discussed the preliminary findings of the study, which is looking at the current connectivity of Institute affiliates throughout the state of Florida. The preliminary findings will help affiliates understand the benefits related to the structure of connectivity we have in Florida. The next

steps of the study attempt to understand the benefits of the connectivity itself. The survey disseminated to affiliates has a 76 percent response rate, which gives enough power to move forward with the analysis. The preliminary analyses looked at the network size and active versus inactive nodes per activity (i.e. at the time the survey was taken: what activities are affiliates connecting/collaborating on most often?). The activities with the fewest connections (smallest level of activity) included: Joint publishing, community education and awareness, and shared grants. The metrics of network analysis include the following measures of cohesion: (1) density and (2) centralization. Density is context specific and is measured by how many connections exist (the higher the amount of connections on a single node, the higher the density). Centralization attempts to find who or what dominates a network. This can be thought of as who or what in a network is the most popular. In conjunction with density, the nodes with the highest densities and the most connections will be more centralized in the network model. There are pros and cons to the measure of centralization. A pro being that who or what has the most connectivity and what that connectivity pertains to is known. However, the con of centralization is the potential for a redundancy of information being shared with only a few nodes dominating network. The entity (node), in this case, affiliate, that is most central has specific information shared with the nodes most connected to it, essentially leaving the outer most nodes without that same information. Soon the information shared around the network is the same information that is shared by the most centralized nodes (this is very similar to the idea of saturation). Dr. Colvin stated that this network model is cross-sectional in nature and as such only gives a snapshot of affiliate activity and connection throughout the state of Florida. Further, Dr. Colvin hopes to extend the network model of affiliate connections to a longitudinal study that can grasp the quality of the relationships that exist between affiliates throughout the state. However, Dr. Colvin is still in the planning phases of these next steps as the respondent burden associated with these types of surveys is very high. This is due to the amount and depth of information necessary to create an accurate network model.

Presentation: MaKenna Woods, MSW, and Donna Brown, MSW, presented findings from the two-part evaluation of Children’s Home Society (CHS) CaseAIM Case Management Services. CaseAIM is a new technology attempting to change the face of case management services. Created in collaboration with Microsoft, CaseAIM is an application that gives case managers in the field access to everything they need in the office at the palm of their hand. This lessens the amount of travel necessary to and from the office allowing case managers more time in the field to conduct direct services with clients. In conjunction with the implementation of this technology, CaseAIM also utilizes *Unified Service Centers* staffed with veteran case managers. These service centers are open 24/7 and alleviate administrative burden on case managers in the field by taking over senior level case management services such as crisis intervention counseling, referrals, and administrative tasks. The overall goal of CaseAIM is to reduce turnover by reducing overall job stress for case managers as well as increase outcomes related to child well-being, safety, and permanency as dictated by state and federal legislation and standards. Significant findings, practice implications, recommendations, and ideas for future study can be found in the final CaseAIM report available on the Institute website.

Children’s Home Society: Andry Sweet and Amy Thompson with CHS discussed CaseAIM with the affiliates. Andry and Amy described the hack-a-thons with Microsoft that made the technology happen. Overall, CHS hopes that CaseAIM gives case managers more time for direct clinical practice with less burden than previously experienced by workers in the child welfare system. Andry and Amy stated that the results of the evaluation conducted by the Institute made it clear that while CaseAIM is helping to ease the

workload of case managers in the field, they still have a lot of work to do to make case management less burdensome. This includes reducing the overall caseload for case managers, which is the leading cause of turnover in the CWS. Moving forward, CHS would like to know more about the cost effectiveness of CaseAIM as well as its overall impact on burnout and turnover longitudinally. Further, CaseAIM is the first step in making child welfare work more attractive to recent graduates from social work programs.

Affiliate Announcements: Dr. Pryce asked affiliates to give updates on current projects that they are working on. The following bullets highlight the projects discussed by each affiliate at the meeting:

- Lisa Rapp McCall with St. Leo is:
 - Working with the Hilton Foundation to provide online courses about human trafficking to educate and train nuns in South Africa
 - Conducting human trafficking research and evaluation in Pasco County
- Mary Kay Falconer with The Ounce of Prevention Fund is working on
 - Validation of Child abuse / Neglect Risk assessment
 - Convergent and predictive validity
 - She asked if anyone is attending the Estonia CW conference in 2019
- Heather Agazzi and Alison Salloum of USF shared that they
 - Are now able to change their IRB procedures to allow children in the child welfare system to participate in research projects.
 - Are continuing to evaluate the Smart Start Intervention and share that 5 dyads – caregivers and children are showing marked improvement on many fronts including decreases in PTSD in a short intervention.
- Lisa Schelbe with FSU:
 - Conducted a summer camp with foster youth
 - Is researching generational aspects to foster care
- Kim Renk with UCF and involved with Circle of Security (COS):
 - COS:
 - Works with CSW/CW involved parents
 - Judges and court teams are finding it useful
 - Has promising results with substance using moms involved in residential treatment programs
- FICW Affiliates – Marianna Tutwiler
 - Suggested for affiliates to reach out to FICW about the projects you are working on because FICW may be helpful with connections or recommendations
 - Asked if the Monthly Matters and Institute Insights are helpful (they are)
 - Working with Carol Edwards, new president of NASW Florida Chapter, to develop a child welfare track at NASW conferences.

Annual Report: Dr. Pryce invited affiliates to contact her if they are interested in reviewing the annual report before it is due October 1. Further, Dr. Pryce discussed the availability of an online streaming of the Children and Family subcommittee meetings once they are in session at the end of the year.

In closing, Dr. Pryce thanked everyone for coming to the meeting and encouraged all affiliates to reach out and get involved in any projects and to discuss project ideas with the Institute because there may be funding available through the Institute or Institute partners.

APPENDIX F: USING ARTIFICIAL INTELLIGENCE, MACHINE LEARNING, AND PREDICTIVE ANALYTICS IN DECISION MAKING

WHITE PAPER

Using Artificial Intelligence, Machine Learning, and Predictive Analytics in Decision-Making

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**FLORIDA
INSTITUTE
FOR CHILD
WELFARE**

AT FLORIDA STATE UNIVERSITY

The world is becoming increasingly dependent on technology, cell phones, and other hand-held devices that put the entirety of the internet in the hands of users. Streaming services provide users with real-time up-to-date recommendations on television shows, YouTube clips, movies, and news stories.¹ These examples illustrate a phenomenon called big data. IBM, a company that has explored this phenomenon, suggested that 2.5 quintillion bytes of data are created every day, with over 90 percent of today's data created within the last two years.² Big data is being heralded as the next significant "tech disruption" since the internet and digital economy.¹ As dependence on technology has increased, advancements in computing technology that aids in decision-making processes has also increased. Therefore, it is crucial to understand terms like, *big data*, *machine learning*, and *predictive analytics* particularly as systems continue to rely on and exploit data in the decision-making process.



Big data refers to the use of data from various sources to represent information.³ This process of data mining^a helps identify trends, patterns, and relationships among data to use in the development of a predictive model.⁴ Through machine learning, data is compiled by an algorithm^b that discovers patterns then develops new knowledge based on the different pieces of information.⁵ Thus, machine learning is capable of creating new knowledge and discovery without the intervention of a human user.⁶ For example, in the health care system, machine learning discovered that young people in a certain region developed diabetes at an increased rate compared to young people in other regions. The computer generated a test to examine a trend not yet hypothesized by a researcher.¹ Through big data, a vast number of sources and examples are compiled for the machine to learn from, an algorithm so complex and large that only a machine would be capable of rendering the information useful. Machine learning establishes predictive capabilities by building upon statistics and computer science in a trial-and-error learning process,⁵ which can be useful during both the hypothesis generating phase and the testing phase.¹

Organizations have typically used descriptive analytics to aid in decision-making, which enable the organization to summarize data into meaningful charts or reports.⁷ This technique categorizes and classifies data into useful information to understand and analyze performance. However, with the rise in big data and computing advancements in machine learning, predictive analytics has the potential to use a variety of statistical and analytical techniques to examine current and historical data. These data enable analysts to identify patterns and correlations to create a model to predict trends and behavior patterns.^{7,4} Arguably, predictive analytic models promote rational decision-making, limiting the risk of biases in decisions. Prescriptive analytics, considered the highest level of data analytics, uses optimization to identify the best technique to minimize or maximize the targeted objective.⁷ Prescriptive analytics requires a predictive model in conjunction with actionable data and a feedback system that tracks outcomes produced by actions.⁸

Making ethical and rational decisions is of utmost importance within the child welfare system, given the potential consequences of those decisions for the entire family.⁹ Using a predictive analytic model can arguably increase objectivity, equity, and fairness to the decision-making process.¹⁰ Therefore, the main purpose of this paper is to highlight the use of technology in child welfare that includes a discussion of its positive and potentially negative impact on bias.

^a Data mining is the process of discovering patterns in large data sets involving methods at the intersection of machine learning, statistics, and database systems. Data mining is an interdisciplinary subfield of computer science with an overall goal to extract information (with intelligent method) from a data set and transform the information into a comprehensible structure for further use. See SAS (n.d.). Data mining: What it is and why it matters. SAS The Power to Know. Retrieved from https://www.sas.com/en_us/insights/analytics/data-mining.html

^b Algorithms are processes machines use to learn. Different algorithms learn in different ways. As new data are provided to the machine, the algorithm improves, increasing the intelligence over time. See Nevala, K. (n.d.). The machine learning primer: A SAS best practices e-book. SAS Executive Series retrieved from https://www.sas.com/content/dam/SAS/en_us/doc/whitepaper1/machine-learning-primer-108796.pdf

Understanding Predictive Analytics

Predictive analytics deals with information retrieval to predict an unknown event of interest, typically a future event. Using technology that learns from data to predict these unknown events could drive better decisions.⁵ Data can be both structured—readily available data like age, income, and marital status and unstructured—textual data from call center notes, social media content, or other open text types. Using various data, predictive models can uncover patterns and relationships, which allow organizations to anticipate outcomes based upon more concrete information than an assumption.¹¹ Thus, the goal of predictive analytics is to enhance human decision-making behavior, rather than relying on human knowledge, personal experience, or subjective intuition alone.¹² Within that goal, predictive analytics could create a positive impact on potential implicit or explicit biases.



There are several steps in the predictive analytics process:

Identification of the problem and a determination of the outcomes and objectives is a crucial first step. Being able to identify the objective of the problem will aid in determining the appropriate data to use for the model.

Data Collection incorporates data mining techniques, which prepare the data for analysis using data storage and data manipulation technologies from multiple sources. One distinctive feature of data mining is that it catalogs all relationships (or correlations) that may be found among the data, regardless of the causes of the relationships.⁴ As part of the predictive analytics process, statistical or machine learning algorithms can detect patterns and identify relationships among the data and make predictions about new data. Data mining can be used to gather knowledge of relationships among the data and then apply that knowledge in predictive modeling.

Data Analysis is a process of inspecting, cleaning, and modeling data with the objective of discovering useful information. Statistics are used during data analysis to validate assumptions and test hypotheses. Using sophisticated statistical methods, including multivariate analysis techniques such as advanced regression or time-series models, statistics allow for the exploration of intentional and specific relationships among data. Regression models are among the most commonly used techniques in predictive analytics. These models mathematically describe the relationship between the predictor (explanatory) variable and the outcome variable. Machine learning techniques, another popular method used to conduct predictive analytics, are drawn from a number of fields of study such as artificial intelligence—where they were originally used to develop techniques to enable computers to learn.¹³ Different from the traditional statistical methods, which typically require the data to have certain characteristics and often use only a few key features to produce results, machine-learning models use a number of parameters in a computer-based method to find similarities and patterns among the data. These models tend to sacrifice interpretability for better predictive accuracy, using a wider spectrum of unstructured data like text and images.

Modeling captures patterns and relationships within the data and extrapolates future outcomes based on those patterns and relationships.³ The main assumption that underlies a predictive model is that a future event will continue as past events have occurred.¹⁴ Some researchers have argued that this assumption is a flaw in the model, as past behaviors do not always predict future behaviors.¹⁵

Model Deployment and Monitoring are the final steps in the predictive analytics process. Model deployment involves implementing the analytic results into the decision-making process. For example, using a predictive model to establish a pattern that depicts the likelihood that a caregiver will chronically maltreat their children. Once this pattern is established, the model should be deployed to make predictions about future risk for maltreatment. Model monitoring is utilized to manage and review the model performance to ensure that the model is working as intended. For example, assuming past maltreatment events will predict future maltreatment events is a flawed assumption on its own. Even though people are habitual in their routines, these habits are not absolute and behavioral changes can occur, which would invalidate the model used to predict the behavior.¹⁴ Model deployment and monitoring could influence the decision-making process; therefore, ensuring an accurate, valid model is crucial. It is important to note that models should not be solely responsible for decisions, but merely an additional tool.

Predictive Risk Modeling in Child Welfare

Recently, the utilization and effectiveness of predictive analytics in the child welfare field has garnered attention. The decision-making process in child welfare systems is challenging and complex. Research on decision-making has noted that at times, individuals diverge from rational decision-making models, using heuristics or implicit bias to make decisions.¹⁶ Arguably, individuals have a limited capacity to grasp and comprehend large quantities of information; therefore, being guided by heuristics simplifies the information so that it is easier to process.¹⁷ Child welfare professionals are expected to make decisions about the safety of the home environment, such as determining the type and egregiousness of maltreatment and identifying the services needed for the family and child.¹⁸ Decisions are made based on the resources available to the decision-maker,¹⁹ who use a gamut of information from various sources;²⁰ however, the information collected is often incomplete due to the high demands of the job coupled with the limited time to make decisions.



Risk and safety assessment tools have been utilized to aid in the decision-making process. Actuary risk assessment tools and structured decision-making models have been implemented in several child welfare agencies across the U.S.^{10,21} While actuary risk assessment tools and structured decision-making models are widely accepted as effective in predicting risk of child maltreatment, these tools rely on the quality of the information available to the child welfare professional.¹⁰ Accurate assessment of child safety and risk is paramount for effective child protection practice,²² while inaccurate assessment of risk can have dire effects on children and families.^{10,23}

Predictive risk modeling has recently been incorporated into child welfare practice to support these risk assessment tools, which support clinical expertise.¹⁰ However, before gaining momentum, predictive analytics was used in the early 2000s to predict risk of child maltreatment using artificial neural networks.^{24,25} These neural networks were arguably more effective than standard multivariate techniques.²⁴ Moving on from these early prediction models, researchers worked to train models to predict the likelihood of children reaching the threshold of harm, which reliably predicted future risk of maltreatment.²⁶ Predictive risk modeling is still a relatively new practice in the child welfare system, with several efforts to test the efficacy of such a model within child welfare practice.¹⁰

Research that has examined predictive risk modeling within child welfare practice typically focuses on identifying families and children at risk and preventative services for these families.²⁷ For example, in the New Zealand study, researchers aimed to predict risk for child maltreatment within the general population using a predictive risk model.²⁸ The model predicted maltreatment risk at 76 percent, similar to the rate found in digital mammography and incorporated 132 predictors. In Hillsborough County, Florida, data for a 5.5-year trend analysis were used to apply predictive analytics to identify characteristics of children with a higher likelihood of premature death,²⁹ the Eckerd Model. Predictive analytic applications have been developed to examine other outcomes within the child welfare system including re-entry following reunification.³⁰ Allegheny County, Pennsylvania, implemented a predictive risk model tool during hotline calls, using data from 27 departments. The predictive risk model produced a risk score assigned to the household to predict the likelihood of placement or re-referral within one year following a hotline call.³¹ Predictive risk models are learning models when implemented into live data systems so that scores can continually be adjusted to account for prior history and to ensure that models are regularly re-weighted and re-validated.¹⁰

A benefit of using predictive modeling in the child welfare system is the ability to examine many data points to establish a relationship not previously specified as an outcome of interest, a limitation of actuary risk assessment tools which rely on known and established relationships with a specified outcome.^{10,24} In addition, predictive models examine existing data on the target population, a limitation for actuary risk assessment tools as well, given that actuary risk assessment tools are rarely validated with the population of interest.³² A caution when using a predictive risk model is the inability for the model to accurately predict rare events. Child fatalities, though serious, are a rare outcome in the child welfare system (2.36 children per 100,000³³) and data-mining techniques are considered insufficient at identifying these types of events.³⁴ While the use of predictive analytics in the child welfare system comes with increased prediction capacity, there is a need to balance specificity of the model with sensitivity of the model.¹⁰ Data availability and quality are also important considerations³² as the statistical power of predictive risk models improve with large quantities of quality data—i.e., few missing data, few data errors, and appropriately specified data fields.³⁵ Researchers argue that agencies should demystify predictive analytics to promote buy-in and ownership from child welfare professionals,³⁶ which should improve data quality and model performance.



Latent Biases in Artificial Intelligence Models

Research on disparity in the child welfare system highlights that minority children are disproportionately more likely to have contact with the child welfare system and achieve poorer outcomes across the child welfare continuum compared to children who identify as White. Minority families and children have a disproportionate amount of cases that are accepted as investigations,³⁷ they are more likely to receive out-of-home services,³⁸ and they have a longer wait in foster care prior to reunification.³⁹

There have been competing explanations for this incongruence circulating the social science community for decades. Some research has pointed to implicit bias as a driver of such disparities.^{40,41} Other scholars have confounded findings with data that show the majority of reports to our child welfare system are based on neglect allegations, which are highly correlated with poverty.^{42,43} Minority children are disproportionately more likely to live in families considered to be impoverished compared to White children.⁴⁴ Research on intersectionality suggests that minority families have compounding levels of discrimination,⁴⁵ which could increase the rate of foster care in these families. Poverty may not be a root cause to the disproportionality in the child welfare system, but it certainly affects the well-being of children and parental capacity. In addition, research points to surveillance biases as a contributor in the disproportionality of Black children involved in the child welfare system. A surveillance bias, for example, may lead to the increased, systematic, outcome-related scrutiny of Black families compared to White families, leading to a higher likelihood of these families having a maltreatment claim screened-in or substantiated.^{46,47}

Actuary risk assessment tools and structured decision-making models are still considered a human enterprise. The child welfare professional drives the assessment, which potentially leads to clinical judgements susceptible to error and bias.⁴⁸ On a basic level, people tend to rely on characteristics that are highly prone to bias, such as instincts, experiences, generational traits, and cultural beliefs.⁴⁹ Artificial Intelligence (AI) has the potential to transform child welfare as it examines many data points to establish a relationship.^{10,24} With the subjectivity that is present within all human decision-making, incorporating the use of AI modeling as a tool could positively impact outcomes and support clinical expertise.¹⁰ Arguably, using data-driven approaches increases objectivity, equity, and fairness. Machine learning assists with quickly compiling historical data and creating a risk map to assist with decisions.⁵⁰ Using a predictive model that has a learning component can account for variations in different subpopulations and potentially capture changes in risk over time.¹⁰ Artificial Intelligence has the potential to positively influence the child welfare system's effectiveness; however, when used inappropriately, there is a risk of AI technology perpetuating inequality.



There is a fine line between bias and prediction, with both using past information to make decisions on future behaviors.⁵⁰ Arguably, it is impossible to account for all unknown factors that could influence the model, particularly, when future events do not follow the historical data, rendering the model invalid.⁵¹ For example, the Black Swan Theory suggests that there are unanticipated events that make a major impact,^{51,52} which could weaken the predictability of the model. Dataveillance, a term conceptualized by Clarke,⁵³ refers to the systematic monitoring of people using data systems to regulate behavior,⁵⁴ and is another concern when using a predictive model. In particular, using the model as a means to monitor or surveil someone is highly contested and raises ethical paradoxes.^{54,55} Therefore, it is imperative to understand and account for the potential biases in using a predictive model. For example, biases in favor of positive results could impact the interpretation of the data, i.e., looking for data to justify decisions instead of justifying decisions based on the data.⁵⁶ AI algorithms are not generally biased but the deterministic functionality of the AI model is subjected to the tendencies of the data; therefore, the corresponding algorithm may unintentionally perpetuate biases if the data are biased. Biases in AI can surface in various ways. The data may be insufficiently diverse, which can prompt the software to guess based on what it “knows”. In 2016, for example, AI was used to judge a beauty contest, which resulted in nearly all the 44 winners resembling White or light skinned individuals.⁵⁷ The algorithm, it was suggested, was trained using mostly photographs of White individuals, thus the algorithm was inherently biased, resulting in unintentional biased results.⁵⁸

There are three basic types of bias associated with AI. **Interaction bias** occurs when the user biases the algorithm through interactions. For example, Google asked users to draw a shoe. Each of the users drew a man's shoe, therefore, the algorithm did not recognize that high heel shoes were also shoes.⁵⁹ **Latent bias** occurs when the algorithm incorrectly correlates ideas with social constructs such as gender or race. For example, correlating doctor with men based on stock imagery.⁶⁰ Finally, **selection bias** occurs when the data used to train the algorithm over represent one population, making the algorithm operate better for that population at the expense of other populations. Using the beauty contest example from above, presenting the image of a White individual to train the AI model judging the contest, will result in White individuals overwhelmingly winning the beauty contest compared to non-White individuals.⁵⁷

Combating Artificial Intelligence Biases. While biases can occur in AI modeling, computer and social scientists have begun to address these issues and solutions have already begun to emerge. Google, for example, has been actively engaged in AI bias research and created the PAIR initiative to make AI partnerships productive, enjoyable, and fair.⁶¹ This seminal work on AI bias discusses ways to define and remove discrimination by improving machine-learning systems. Given the increasing reliance on machine learning technologies to make decisions across core social domains, it is crucial to ensure these decisions are non-biased.⁶² The equal opportunity by design, proposed based on the inadvertent biased outcomes based on the structure of big data techniques, is considered a guiding principle to avoid discrimination against protected attributes.⁶¹ Identifying threshold classifiers is critical to identifying discrimination within the machine-learning system.

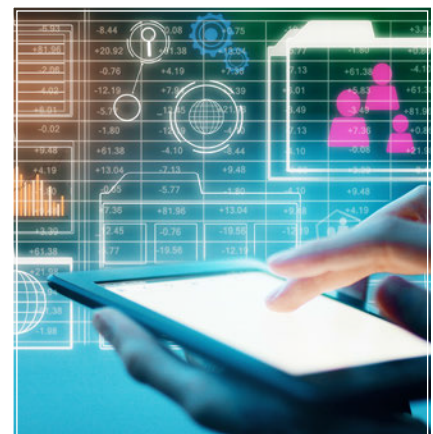


Supervised learning, a technique to avoid discriminatory outcomes within the data, seeks to predict the true outcome, thus making bias obsolete.⁶¹ The supervised learning technique provides a framework for shifting the cost of poor classification from disadvantaged groups to the decision maker, who can respond by improving the classification accuracy. Algorithmic discrimination prevention involves modifying the **training data**, the **learning algorithm**, or the **decisions (outcomes)** to ensure that decisions made by supervised learning methods are less biased.

Machine learning requires some effort on the part of the data team, as the algorithm needs to be taught which associations are good and which are bad.⁵⁰ Using different algorithms to classify two groups represented in a set of data, rather than trying to measure everyone in the same way, could lead to fewer instances of bias. For example, evaluating female engineering applicants based on factors tailored to predicting a successful female engineer potentially eliminates the possibility the applicant is excluded based on the qualities of success in male engineers. Advanced computational capabilities within AI makes the use of classification-based algorithms practical.

Conclusion

While predictive analytics are being explored in both the public and private sectors with enthusiasm, there is concern that the use of big data technology has not had enough academic discourse prior to organizations adopting these techniques.³ There is much to be learned, and even more to be explored, when it comes to artificial intelligence and its role in child welfare decisions. With that, the Florida Institute for Child Welfare (Institute) offers itself as an academic partner with agencies who are interested in incorporating technological rigor within their child welfare practice. The Institute is currently at the front-end of a multi-year Predictive Analytics project with the Florida Department of Children and Families and remaining active around issues of technology and child protection will enable the Institute to deliver tangible and sustainable recommendations for social policy.



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APPENDIX G: INVITATION TO PROPOSE RESEARCH



Invitation to Propose Research 2018-2019

The Florida Institute for Child Welfare (Institute) is pleased to invite proposals for research examining biases that result in disparity within the child welfare system (CWS) in Florida or among dually-served crossover youth (youth arrested from the general population and those with current Department of Children and Families 'out-of-home' placements). The Institute seeks to understand disparity and its effects on vulnerable families.

BACKGROUND

According to the Department of Children and Families (DCF), approximately 24,000 children were placed in out-of-home care statewide in May 2018.¹ Of these children, 30 percent were identified as Black, 60 percent were identified as White, and 10 percent were identified as other/ multi-racial. These statistics show a disproportionate number of Black children currently placed in out-of-home care compared to the total number of Black children in Florida (20%).² The 2018 KIDS COUNT Databook argues that racial inequities have remained persistent, with minority children faring worse than their peers on nearly all index measures of the Count.³

In addition, minority children have an increased risk of contact with the justice system. According to the Florida Department of Juvenile Justice (DJJ), there were approximately 65,000 juvenile youth (age 10-17) statewide who were arrested in the 2016-2017 fiscal year. Of these youth, 51.6 percent were identified as Black, 33.1 percent were identified as White, and 15 percent were identified as Hispanic.⁴ Given that Black youth in Florida represent approximately 21 percent of the total population of youth age 10-17,⁴ the disproportionate arrest rates of Black juvenile youth suggest racial disparities also exist within DJJ. Examining disparity within Florida's CWS and DJJ, will aid in the development of translational practices that diminish disparity in services among minority children.

¹ Department of Children and Families. (2018). *Children in out-of-home care – statewide*. Retrieved from <http://www.dcf.state.fl.us/programs/childwelfare/dashboard/c-in-ooH.shtml>

² KIDS COUNT Data Center. (2018). *Child population by race*. Retrieved from <https://datacenter.kidscount.org/data/tables/103-child-population-by-race?loc=11&loct=2#detailed/2/11/false/871,870,573,869,36,868,867,133,38,35/68,69,67,12,70,66,71,72/423,424>

³ The Annie E. Casey Foundation (2018). *2018 KIDS COUNT data book: State trends in child well-being*. Retrieved from <https://www.aecf.org/m/resourcedoc/aecf-2018kidscountdatabook-2018.pdf>

⁴ Disproportionate Minority Contact/ Racial Ethnic Disparity: Benchmark Report FY 2016-17. (n.d.). *Statewide FY 2016-17*. Retrieved from <http://www.djj.state.fl.us/research/reports/reports-and-data/interactive-data-reports/disproportionate-minority-contact-reports/dmc-red-profile-fy-2016-17>

AREAS OF RESEARCH

Research on racial disparity in the child welfare system has garnered much attention over the last decade. A possible explanation for disparity in the child welfare system is the disproportionate and disparate need of minority children and their families due to environmental factors like poverty, racial biases of individuals such as child welfare professionals and mandated or other reporters, and a lack of resources for minority families or limited resources in certain geographical areas.⁵ For the juvenile justice system, racial disparity explanations are similar to that of the child welfare system. Minority children are more likely to live in areas of high crime or live in low-income neighborhoods; individuals who interact with these youth may have biases; and organizational practices may lead to disparity among minority populations.^{6,7}

Theories on intersectionality, which provide a framework for understanding how multiple identities of the person (factors) contribute simultaneously to shape experiences,⁸ may provide a lens for understanding the complexity of this disparity. Factors such as family characteristics (e.g., income-level⁹ and family structure¹⁰) and geographical characteristics⁵ have been linked to an increased risk of child maltreatment and poorer childhood outcomes, like contact with the justice system. Therefore, research examining disparity using a broad focus has the potential to explore the differences in outcomes across subgroups.¹¹

Current research has moved away from acknowledging that disparity exists to implementing and evaluating solutions to address the disparity.^{12,13} The California Evidence-Based Clearinghouse for Child Welfare (CEBC), for example, has reviewed several strategies aimed at reducing disparity, assigning scientific ratings based on the research evidence supporting the strategies. See the

⁵ Fluke, J., Harden, B. J., Jenkins, M., & Ruehrdanz, A. (2011). *A research synthesis on child welfare disproportionality and disparities*. Retrieved from <https://www.cssp.org/publications/child-welfare/alliance/Disparities-and-Disproportionality-in-Child-Welfare-An-Analysis-of-the-Research-December-2011.pdf>

⁶ National Conference of State Legislatures. (2018). *Racial and ethnic disparities in the juvenile justice system*. Retrieved from <http://www.ncsl.org/research/civil-and-criminal-justice/racial-and-ethnic-disparities-in-the-juvenile-justice-system.aspx>

⁷ Lacey, C. (2016). *Racial disparities and the juvenile justice system: A legacy of trauma*. The National Child Traumatic Stress Network. Retrieved from <http://www.ncsl.org/research/civil-and-criminal-justice/racial-and-ethnic-disparities-in-the-juvenile-justice-system.aspx>

⁸ Nadan, Y., Spilsbury, J. C., & Korbin, J. E. (2015). Culture and context in understanding child maltreatment: Contributions of intersectionality and neighborhood-based research. *Child Abuse & Neglect*, *41*, 40-48.

⁹ Berger, L. M., Paxon, C., & Waldfogel, J. (2009). Income and child development. *Children and Youth Services Review*, *31*, 978-989. doi: 10.1016/j.chilyouth.2009.04.013

¹⁰ Oliver, W. J., Kuhns, L. R., & Pomeranz, E. S. (2006). Family structure and child abuse. *Clinical Pediatrics*, *45*, 111-118. doi: [10.1177/000992280604500201](https://doi.org/10.1177/000992280604500201)

¹¹ Bowleg, L. (2012). The problem with the phrase women and minorities: Intersectionality—An important theoretical framework for public health. *American Journal of Public Health*, *102*, 1267–1273.

¹² Child Welfare Information Gateway. (2016). *Racial disproportionality and disparity in child welfare*. Retrieved from https://www.childwelfare.gov/pubPDFs/racial_disproportionality.pdf

¹³ National Juvenile Justice Network. (2014). *Reducing racial and ethnic disparities in juvenile justice systems: Promising practices*. Retrieved from <http://www.njjn.org/our-work/reducing-racial-and-ethnic-disparities-in-juvenile-justice-systems-promising-practices>

CEBC’s [Reducing Racial Disparity and Disproportionality in Child Welfare](#) page for more information. Additionally, Florida’s Department of Juvenile Justice (DJJ) highlights initiatives for examining juvenile justice. [The Juvenile Detention Alternatives Initiative](#), for example, partnered with the Annie E. Casey Foundation “to support the vision that all [youth] will have opportunities to develop into healthy, productive adults.”

Translational research that highlights promising practices to address the disproportionality within Florida are needed.¹⁴ Proposals that address disparity within the child welfare system or among crossover youth through strategic action changes are encouraged. This can include primary data analyses, secondary data analyses, or meta-analyses.

REVIEW OF PROPOSALS

Time Frame

September 12, 2018:	Call for proposals
January 15, 2019:	Deadline for proposals
March 1, 2019:	Decision by the Review Committee
July 1, 2019:	Project Start Date

Funding Details

The Institute will provide two grants of \$50,000 each. Proposals must include a clear breakdown of salary and benefit costs for research team members working on the project, costs associated with completing the project such as data collection, incentives for participants, and software needs, and indirect costs of no more than 10 percent of direct costs.

In addition to providing a financial award, the Institute’s Graduate Research Assistants and the Post-Doctoral Research Fellow can be utilized as part of the accepted proposal’s research team to offset additional costs.

Research Proposal Requirements

The research proposal should focus on some aspect of disparity within Florida’s child welfare system or Department of Juvenile Justice, and include a concise, single-spaced interest statement, no more than 5 pages, that includes:

- 1) The Research Project Title**
- 2) The Research Objectives**
- 3) A Detailed Methodological Plan**
 - a. This should include a description of the proposed data collection plan, how and where secondary data will be obtained, or a method for collecting sources for a meta-analysis.
- 4) The Budget**

¹⁴ Hill, R. B. (2011). Gaps in research and public policy. In D. K. Green, K. Belanger, R. G. McRoy, & L. Bullard (Eds.), *Challenging racial disproportionality in child welfare: Research, policy, and practice* (pp. 101-108). Washington, DC: CWLA Press.

- a. This should include the total cost of the project along with the specific costs associated with completing the project (see Funding Details section).

A CV, separate from the research statement, should also be included that highlights the principal investigator's previous publications in child welfare, juvenile justice, any disparity research, or other closely related topics.

Please contact Marianna Tutwiler, Program Director, if there are any questions:
mtutwiler@fsu.edu

Selection Criteria

Proposals will be selected based on the alignment of the proposed research to the Institute's goals of examining disparity, the clarity and relevance of the research methodology, and the qualifications and experience of the researcher.

How to Apply

Research proposals should be submitted to Marianna Tutwiler no later than January 15, 2019 by 5:00PM (EST), using the following link: ficw.fsu.edu/contact/proposals

Note, only one submission per researcher or team of researchers may be submitted, only online submissions will be accepted, and ALL documents should be emailed as a single Word or .pdf file.

ABOUT THE FLORIDA INSTITUTE FOR CHILD WELFARE

The Florida Institute for Child Welfare seeks to promote safety, permanency, and well-being among the children and families of Florida that are involved with the child welfare system. To accomplish this mission, the Institute sponsors and supports interdisciplinary research projects and program evaluation initiatives that contribute to a dynamic knowledge base relevant for enhancing Florida's child welfare outcomes. The Institute collaborates with community agencies across all sectors and other important organizations in order to translate relevant knowledge generated through ecologically-valid research, policy analysis, and program evaluation. This is best achieved through the design and implementation of developmentally-targeted and trauma-informed strategies for children and families involved in the child welfare system.

For more information about the Institute please visit our website: ficw.fsu.edu

APPENDIX H: CHILD ABUSE PREVENTION RESEARCH SYMPOSIUM BRIEF



Child Abuse Prevention Research Symposium Brief



**FLORIDA
INSTITUTE
FOR CHILD
WELFARE**

AT FLORIDA STATE UNIVERSITY

Purpose

The Florida Institute for Child Welfare (Institute) brought national and state experts together for a Child Abuse Research Symposium in a unified effort to raise the standards of Florida's child abuse prevention. The Symposium was held April 27-28, 2018 and the Institute partnered with the University of South Florida's Florida Mental Health Institute and the Florida State University's College of Social Work.

The research symposium helped show the need for child welfare protection agencies to enter into fully collaborative and cooperative relationships with not just the service providers they already employ, but most specifically with the community they serve.

Presentations

Dr. Sacha Klein – Key Note – Building Inter-agency Partnerships to Prevent Child Maltreatment and Heal Hurting Families

See **PowerPoint presentation (Inter-agency Partnerships)** at <https://ficw.fsu.edu/prevent>



Dr. Klein began her presentation defining the three levels of prevention:

- 1) Primary level of prevention responds before maltreatment has occurred;
- 2) Secondary level of prevention responds when a child/family is identified as at risk for abuse or neglect, immediately after abuse or neglect has occurred to avoid reoccurrence, and with targeted services; and
- 3) Tertiary level of prevention responds after child abuse or neglect has occurred to mitigate negative consequences.

Early Care & Education and Child Welfare

Dr. Klein linked quality early childhood education to safety, permanency, and well-being.

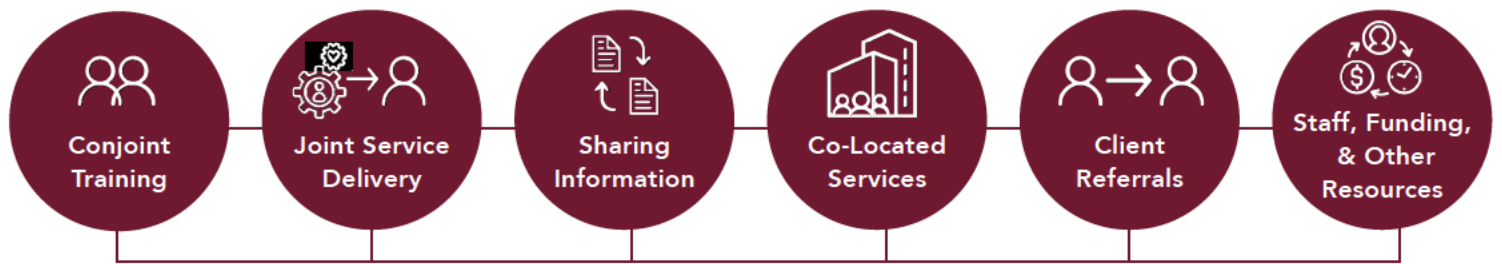
- **Safety**—quality early childhood education may help prevent child maltreatment and foster placement. Early childhood education is known to help reduce maltreatment and increase school productivity. One study (Chicago) found that children in early childhood education were half as likely to be abused/neglected by age 18 than control groups.
- **Permanency**—early childhood education may promote placement stability as research shows that children whose foster parents used childcare had more stability within their placement.
- **Well-being**—quality early childhood education led to better language development outcomes for children.

Inter-organizational Relationships

Although not much of the literature focuses on best practices for inter-agency partnerships, Dr. Klein stressed the importance of cooperation. Inter-organizational relationships (IOR) involve two or more organizations working together cooperatively toward a shared goal, such as bringing together resources—data, funding, staff, etc. IOR often involves human service agencies that serve overlapping client populations, particularly those with complex needs.

Typically, human service organizations pursue IORs for two reasons: to enhance legitimacy with funders, accreditation bodies, policymakers, and other important stakeholders, and to further programmatic or service delivery goals.

Common IOR activities include sharing information about agency services, client referrals, joint case reviews, cross-training or sharing staff, co-locating services, pooling funding, and joint service delivery.



INTER-ORGANIZATIONAL RELATIONSHIPS (IORs; a.k.a. INTER-AGENCY PARTNERSHIPS)

Summary of Findings on Child welfare &/or Early Care Education IORs

Dr. Klein conducted a systematic review of 13 articles to assess IORs involving child welfare and early childhood education and found IORs can: 1) Enhance important external stakeholders' perception of organizations' legitimacy; 2) Increase service delivery efficiency; and 3) Reduce competition by co-opting competing organizations.

Six themes emerged regarding the best ways to form effective inter-organizational partnerships for preventing child abuse:

1) Intensity of IOR

- a. The intensity of collaboration between child welfare and mental health providers resulted in several improvements in mental health outcomes such as better access for children, services that are targeted for children with the greatest need, mental health status improvement, and reduced racial disparities of children involved in the child welfare system who require mental health services.
- b. The intensity between collaboration with child welfare and juvenile justice resulted in improvements including increased receipt of mental health and substance abuse services for crossover youth, improved child outcomes when data sharing activities occurred between the juvenile justice and child welfare data, and a reduction of the crossover youth who failed to receive inpatient substance abuse treatment due to increased access to shared data.
- c. When more resources are available, such as increased funding, time, and better service delivery, the existing service gaps and racial disparity start to fade, resulting in more equitable distribution of resources to those in need.

2) Inter-agency Coordinating Councils

- a. Organizational alliances strengthened with the establishment of committees/councils that oversaw the IORs—for example, Best Start Coalitions saw an increase in preschool enrollment.

3) Collaborative case planning

- a. Families served by multi-agency partnerships (with quarterly reviews) were more likely to be reunified (better outcomes).

4) Shared information systems

- a. Administrative data sharing with child welfare and juvenile justice showed a positive association with mental health outcomes, reunification, and agency outcomes.

5) Co-location and/or shared agency

- a. Several outcomes emerged here: Children were seven times more likely to receive indicated treatment, improved placement stability, increased receipt of mental health services and receipt of substance abuse services.

6) Partnership formalization

- a. Although there was mixed evidence, support for written interagency agreements or Memorandum of Understanding (MOU) existed.

Article: Klein, S. M., Falconer, M. K., & Benson, S. M. (2015). Early care and education for children in the child welfare system: Evaluations of two training programs. *Journal of Public Child Welfare*. Doi: 10.1080/15548732.2015.1093996

[Link to Publication](#)

Inter-agency Collaboration to serve young children and their families: An example from the field

Dr. Klein discussed a Long Beach, California inter-organization relationship success story: Long Beach Child Welfare Early Education Project (LB-CWEEP) Model

See **PowerPoint presentation (Inter-agency Partnerships) slide 23** at <https://ficw.fsu.edu/prevent>

Dr. Klein reported the results of the LB-CWEEP Model were very positive; however, there were some lessons learned regarding the challenges and barriers to IOR:

- 1) Interactional barriers include: divergent organizational missions, cultures, and demands; communication issues such as constraints on information-sharing; unequal stakeholder engagement; staff conflict such as differing views of clients; and competition for funding. To address these barriers, several key factors were identified including: assess the nature and intensity of the existing partnerships; create regular opportunities to spend time together; learn about the goals, missions, and vision of the other agency to identify points of alignment; communicate clearly and frequently; develop an organizational culture of collaboration and reward staff who embody this value; form and participate in coalitions and focus on better serving clients; embrace “co-opetition”; formalize partnerships with MOUs; and monitor the health of the collaborative.
- 2) Internal barriers include: staff turnover; dissatisfaction with partner services or absence of programs; insufficient resources to participate such as staff timing and funding; and geographic distance. To address this barrier, it is essential to partner with more established agencies; build service delivery and quality expectations into partnership agreements; commit to not reassigning agency envoys for at least 2 years; make assignments desirable; and use web conferencing technology.
- 3) Finally, external barriers include: fiscal and government regulations and not having resources, such as time and funding, to maintain the relationships. To address this barrier, it is essential to pool resources with partners to collectively fund infrastructure; apply for grants collectively to support infrastructure; and use trade associations, form ad hoc administrative coalitions, to advocate for eliminating fiscal constraints and change regulations that impeded data sharing.

Traci Leavine, Director of Child Welfare Policy and Practice – DCF’s role on prevention

The Department of Children and Families (DCF) funds many programs pertaining to primary prevention and, through policies and statutes, works collaboratively with several agencies/ systems—i.e., the Institute, University of South Florida, Casey Family Programs, etc. The core of DCF is to decrease the contract families have with the system—i.e., fewer reports. In order to identify the root causes of the issues these families face, and to begin to solve these issues, a broader focus than the incident-driven approach is necessary. Additionally, when DCF encounters families, the goal is to ameliorate recidivism and re-maltreatment within the system (Healthy Start, Head Start, etc.). Initiatives such as coordinated services with the Department of Juvenile Justice for crossover youth are promoted and DCF has begun the integration of child welfare, mental health, and substance abuse treatment services; however, a barrier to this integration is information and data sharing.

- The Department of Children and Families: Child Welfare Homepage: www.myflfamilies.com/service-programs/child-welfare
- Child Fatality Prevention: www.dcf.state.fl.us/childfatality

Dr. Carol Sekhon, Medical Director, Florida Department of Health, local Child Protection Team

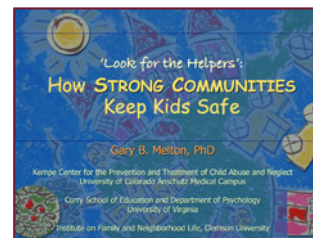
The Department of Health seeks to make small policy changes and increase educational efforts to influence long-term protective factors. The child protection team, housed in Department of Health, evaluates families when reports are made then collaborates with DCF, the office of child welfare, and law enforcement as needed.

Dr. Sekhon provided information about the effects of trauma on childhood development. Research suggests that prolonged cortisol exposure influences neuron development and developmental milestones in children and adults. Dr. Sekhon argued that zip code can have an effect on a person’s development that is similar to prolonged cortisol exposure. Arguably, collaborative efforts can help decrease these effects—for example, reducing childhood exposure to trauma early in life to decrease the development of physical and mental illnesses.

- Florida Department of Health Child Protection Teams: www.floridahealth.gov/alternatesites/cms-kids/families/child_protection_safety/child_protection_teams.html

Drs. Gary and Robin Melton – Key Note – How Strong Communities Keep Kids Safe

See **PowerPoint presentation (Strong Communities)** at <https://ficw.fsu.edu/prevent>



Arguably, it has become easier for a person to report abuse on their neighbor than to help prevent the abuse from happening. The system is not currently working as it is intended to work, which is problematic. These are two tragedies of the current system and the challenge is, striving to change by having everyone watch, know, and help—ensuring kids will not live in fear.

Tenets of the Strong Communities Model Summarized

Components of strong communities include community mobilization and the development of strong families. The **ultimate goal** of the Strong Communities Model is to keep kids safe—i.e., prevent child abuse and neglect. The **penultimate goal** is for every child and parent to know that whenever they have reason to celebrate, worry, or grieve—that someone will notice, and someone will care. A **fundamental principle** is to get help where they are, when needed, with ease and without stigma—people shouldn't have to ask—in fact, if you have to ask it's too late. The Strong Communities Model is an informal intervention, not a targeted intervention.

The Strong Communities Model is built on 10 strategic principles that are designed to generate a movement and change community norms, initiating a cultural shift within the community.

- 1) Logically related
- 2) Transformation of community norms and structure
- 3) Push the envelope
- 4) Volunteer recruitment, mobilization, and retention
- 5) Building and sustaining relationships
- 6) Social, mental, and material support
- 7) Parent support
- 8) Enhance parent leadership/ community engagement
- 9) Reciprocal help
- 10) Community assets

The Strong Communities Model builds a sense of community to promote normative changes in perceptions, beliefs, and behaviors, which should increase universality of access to family support and mutuality of respect and caring. The model also builds a sense of efficacy to promote the belief, individually and collectively, that action on behalf of families will be effective. The community will support families and positivity will follow for families included within the community.

There are three main lessons learned from religious and ethical traditions that Strong Communities Model reflects: **Hospitality** refers to normative caring for strangers, which is found in the world's great religions. **Ubuntu** is the expression of humanity through norms of dignity and decency, which is found in the traditions of sub-Saharan Africa. Finally, **Respect** is the core value in the application of Western philosophy to the ethics of the helping professions.

Summary of Results of the Evaluation of Strong Communities Model

The 2004-2008 data point to trends showing steady growth in terms of organization and involvement (including number of businesses and volunteers involved). In 2004 and 2007, the surveys conducted resulted in parents, grouped in the Strong Communities Model service area, reporting better parental outcomes such as more frequent positive parenting behaviors, use of household safety devices and less parental stress, less frequent neglect, and less frequent disengaged parenting. Parents reported greater social support including more frequent help from others and a greater sense of community and personal efficacy.

The administrative data from 2004-2007 [project ended due to recession in 2008] found a decrease among the Strong Communities group in referrals to CPS, emergency room visits, and inpatient stays compared to the Matched Comparison Communities. Within the Strong Communities group, significant increases across time in the beliefs of parents, teachers, and children that kids are safe at school or when in transit to school and that parents are taken seriously by school personnel.

Summary of Outcomes of Strong Communities Model

There was evidence of community engagement with transformative effects on key volunteers within the Strong Communities Model. Interestingly, changes in community life translated to changes in parental perceptions. This model resulted in extraordinary engagement, both in breadth and depth, among people of diverse backgrounds.

Building strong families is a high-impact, low-cost intervention—i.e., the equivalent of putting a guidance counselor in every school, with empirically supported evidence that a sense of community and feeling supported by those around you, improves child outcomes.

- The California Evidenced-Based Clearinghouse: Strong Communities for Children: www.cebc4cw.org/program/strong-communities-for-children/detailed
- How can Strong Communities transform community norms: www.upbring.org/wp-content/uploads/2015/08/white-paper-strong-communities.pdf

Article: Kimbrough-Melton, R. J., & Melton, G. B. (2015). "Someone will notice, and someone will care": How to build Strong Communities for children. *Child Abuse & Neglect*, 41, 67-78.

Link to Publication

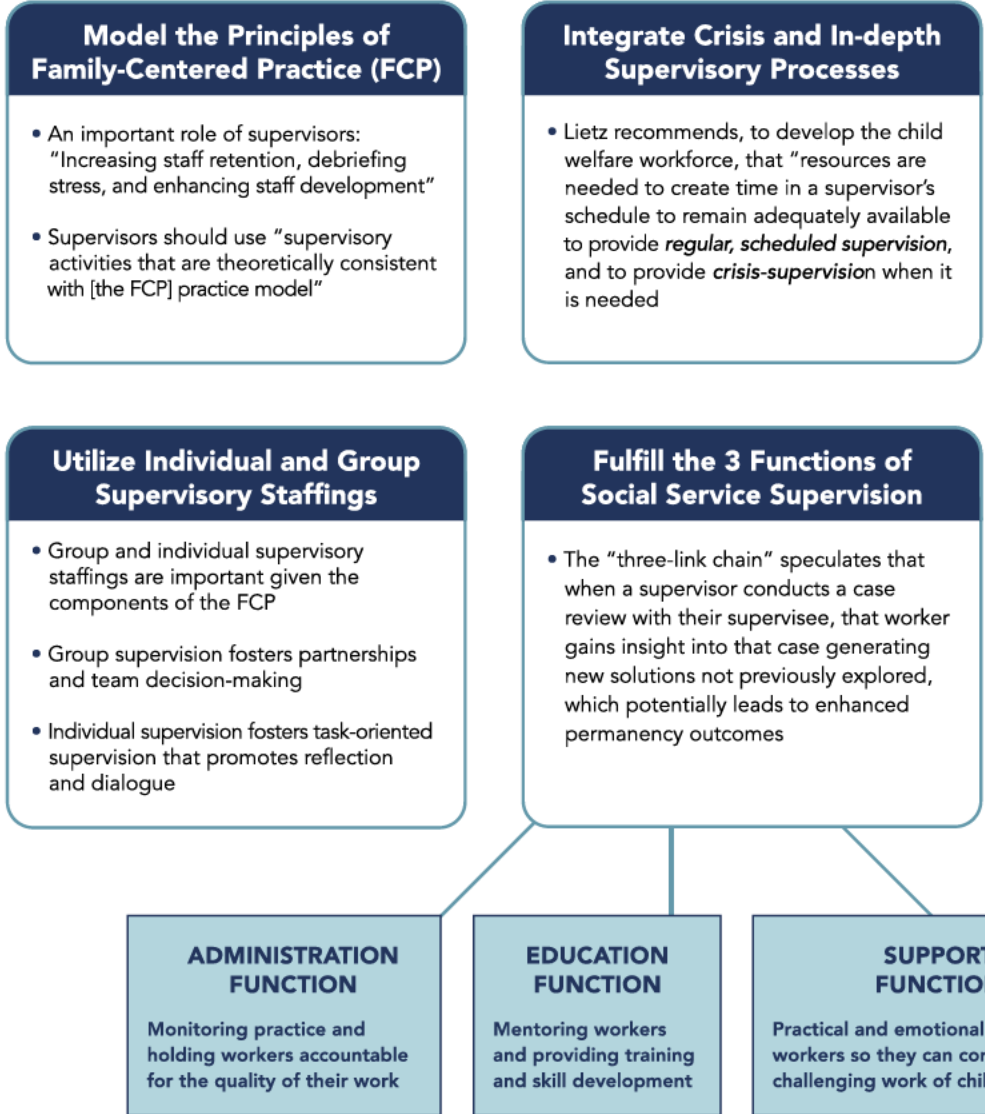


APPENDIX I: STRENGTHS-BASED SUPERVISION MODEL

Strengths-based Supervision

Cynthia A. Lietz, Ph.D., LCSW

A Model of Clinical Supervision to Enhance Child Welfare Practice



Lietz's Website: <http://strengthsbasedsupervision.com>

APPENDIX J: INSTITUTE’S DISSEMINATION ACTIVITIES

Institute's Dissemination Efforts

The Institute continues to disseminate in-house research findings or recently published research journal articles on topics related to child welfare issues and vulnerable families. Various methods are used to share pertinent information with our affiliates and stakeholders.

1. Nearly 300 people (293) receive our monthly e-updates, *Monthly Matters*, which highlight new reports or research briefs and relevant events or conferences.
2. The Florida Study of Professionals for Safe Families produces Briefs that are shared with the CBC lead agencies and trainers and the Institute distributes to our list serve.
3. The *Institute Insights*, a quarterly newsletter is distributed to 735 recipients and provides updates on affiliates' accomplishments, a research topic of note, special topics or considerations, calls for proposals, or legislative updates.
4. Research Briefs are compiled for any reports on research or evaluations that the Institute conducts.
5. Recent journal articles are obtained and summarized into easy to read two-page Journal Article Summaries and placed on our website or highlighted in the *Monthly Matters* or *Institute Insights*.



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Monthly Matters

Residential Group Care Quality Standards

In December 2015, the Florida Department of Children and Families engaged the Florida Institute for Child Welfare to develop and validate an assessment tool to measure, document, and facilitate quality services in Florida's Department licensed residential group care (RGC) homes. The group care quality assessment was designed to measure the extent to which services and conditions in group homes are aligned with the Core Quality Standards (Group Care Quality Standards, 2015). The goal of the quality

standards for group care initiative is to ensure children living in group homes receive high-quality care and to support a process of continuous quality improvement in group homes across the state. To date, a draft of the assessment tool, designed to be embedded into the Department's re-licensing process, has been developed and piloted in one region. Using the completed assessment data from a small sample of 10 group homes, preliminary evidence of the reliability of the youth and service provider assessment forms was established. The results of the pilot study supported the feasibility of integrating the assessment into the state's re-licensure process. A subsequent, larger implementation pilot (i.e., field test) was completed in July 2017. The purpose of the field test is to evaluate the assessment in two DCF service regions using a larger sample of approximately 40 group homes. Data from the field test will guide further item selection/reduction and will be used to perform additional preliminary tests of reliability and validity. [The full report can be found at www.ficw.fsu.edu](http://www.ficw.fsu.edu). The 2017 Legislature enacted HB 1121, which requires continuation of the RGC project and the submission of annual reports to the Governor on an annual basis. Additionally, the project will develop a statewide accountability system for residential group care providers and a plan for department oversight and implementation of the statewide accountability system. The accountability system must be implemented by July 1, 2022. [The first annual report can be found here.](#)

REPORT
Development and Validation of the Group Care Quality Assessment:
Fiscal Year 2016-2017 Phases II/III

JUNE 30, 2017

Principal Investigator: Thomas M. Ryan, PhD, MSW Assistant Professor Florida State University, College of Social Work	Co-Principal Investigator: Jill Hains, PhD, MSW Assistant Professor Florida International University	Project Director: James Clark, M.Ed. Project Management Specialist Office of Child Welfare, Florida Department of Children and Families	CONTENTS
			Executive Summary..... 1
			Project Objectives..... 2
			Project Description..... 3
			Project..... 3
			Background..... 2
			Quality Standards for Residential Residential Group Homes..... 3
			Phase 1: Development of the Core Quality Standards for Residential Group Care..... 4
			Draft Overview of Quality Practices in Residential Group Care..... 4
			Phase 2: Development of the Group Care Quality Assessment..... 4
			Phase 1: Development of the Draft Assessment Tool..... 4
			Phase 2: Development of the Draft Assessment Tool..... 5
			Group Care Quality Standards..... 5
			Phase 3: Reliability Study..... 6

Journal Article

Annual Report



Monthly Matters

*Warmest wishes for health and happiness during
this Holiday Season and throughout the New Year.*



Save the Date: Florida Institute for Child Welfare Symposium



The Florida Institute for Child Welfare, in partnership with the USF Florida Mental Health Institute and FSU College of Social Work, is planning a Symposium for **April 26 and 27, 2018**. The theme will be Innovative Child Abuse Prevention Strategies.

Journal Article Summary

Research Report



A journal article summary on [Parent-child Interaction Therapy: An Evidence-based Treatment for Child Maltreatment](#) is now available on the Institute's website.



Featured Research: [Evidence-based Parent-child Relational Intervention for Young Children at Risk for Abuse and Neglect](#).

Calls for Papers



Abstract proposals are being considered through **January 10, 2018** on the [Intersection of Immigration and Child Welfare](#) and through **February 13, 2018** for the [ZERO TO THREE Annual Conference](#).

Upcoming Conference



March 4-7, 2018

Early registration is now open for the Behavioral Health Conference to be held at Hilton Downtown Tampa. For more information, please [click here](#).

[Follow the Institute on Facebook](#)

Florida Legislative Session opens January 9 and ends March 7.

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Monthly Matters

What's New?



We are pleased to share with you a new research brief from The Florida Study of Professionals for Safe Families (FSPSF), a five-year longitudinal study funded through the Institute. For more information on FSPSF [click here](#).

[View the Research Brief](#)

Society for Social Work and Research



Dr. Pryce and several FICW affiliates presented at [the 2018 conference](#) to network, as well as learn about and share research findings that can better inform policy and practice for working with children and families in Florida.

Children's Week



Join the Institute in attending the activities throughout the week of January 22-26.

See Childrenswk.org for more information.

Deadlines Approaching



We encourage you to submit proposals to these great conferences:

January's Facebook Topic



January's National Savery and Human Trafficking Prevention month. Stay informed on



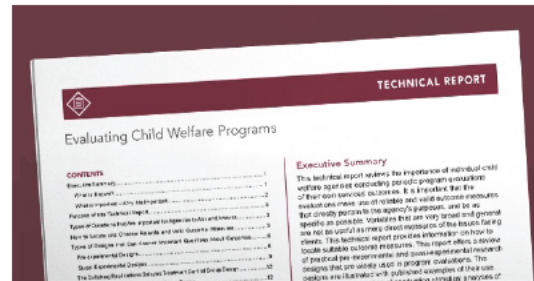
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Monthly Matters

What's New?

Dr. Bruce Thyer, Distinguished Professor at the FSU College of Social Work, shares valuable information for community-based agencies that are seeking to improve their evaluation efforts.

Read the report here:
[Evaluating Child Welfare Programs](#)



Relevant Events

SAVE THE DATE

CHILD ABUSE PREVENTION
RESEARCH SYMPOSIUM

April 26 & 27, 2018 TALLAHASSEE, FL

The Institute pleased to announce its Research Symposium on Child Abuse Prevention. Join us in a unified effort to raise the standards of Florida's child abuse prevention services. It's our goal to develop effective strategies and identify barriers to prevention. We learn from professionals who are leading Florida's prevention work and have presentations from nationally renowned researchers and practitioners. Join us in Tallahassee on **April 26 and 27** for this exciting and informative symposium.

Visit fw.fsu.edu/symposium for more information.

Upcoming Conferences

[The National Association of Social Workers Conference](#)
June 14 - 16
Ft. Lauderdale, FL

[The Zero to Three Safe Baby Court Teams 2018 Cross-States Meeting](#)
August 27 - 30
Asheville, NC

Legislative Update

February's Facebook Topic



On Monday, February 12, 2018, HM 817 was presented. It is a Memorandum to the United States Congress advocating for the extension of the Title IV-E Waivers. This Memorandum will be sent to the President of the United States, President of the U.S. Senate, and the Speaker of the U.S. House of Representatives. The Memorandum provides rationale for the extension of the waiver beyond 09/30/2019, which is the date that is set to end. Title IV-E waivers have been implemented in providing necessary services to children who would otherwise not be eligible for assistance under the rigid requirements of the original legislation.

Our Institute is thankful that our state government is advocating for Florida's most vulnerable citizens.

February is National Children's Dental Health Month. Children of Action Weeks February 14 - 20.

Stay informed on policy briefs, resources, and proposed legislation on our [Facebook Page](#).

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Monthly Matters

What's New?

This past week the Institute hosted the quarterly conference call with the affiliate network and other child welfare professionals and stakeholders. Dr. Pryce provided a legislative update regarding the National Family First Prevention Act, which became law in late February.



The Family First Prevention Act includes an expansion of Title IV-E resources for prevention services (mental health, substance abuse and in-home parenting programs). Eligible recipients are parents or caregivers of children who are "candidates for foster care", and youth in foster care who are pregnant or a ready parents.

The programs that will be funded through this expansion will need to meet certain criteria that designate it as either a Promising Practice, Supported Practice, or Well-Supported Practice (in 2026).

This Act will also reduce the funding for congregate (group) care. There will be no IV-E payments made after two weeks in congregate care. This goes into effect in 2019, though states can apply for a two-year delay as they work to prepare for these changes. Though, if states opt for the delay, this precludes the use of IV-E for front-end prevention services.

Spring Symposium



April 26 - 27
Tallahassee, FL

The registration deadline for the Symposium is April 13. There are still a few spots left. Join us to learn about innovative strategies to prevent child abuse from national and state experts. The symposium is presented by the Institute in partnership with the FSU College of Social Work and the USF Florida Mental Health Institute.

Visit cw.fsu.edu/symposium for registration details.

Social Work Conference



June 14 - 16
Ft. Lauderdale, FL

In June 2018, the National Association of Social Workers (NASW), Florida Chapter will bring together more than 600 social workers and related professionals from around the state. The conference offers an unparalleled opportunity to network with colleagues, meet with our expert presenters, and gain new knowledge and skills.

For more information, visit NASWFL.org.



For the past 3 years, the FICW has partnered with the USF College of Behavioral & Community Services and Casey Family Programs to sponsor a child welfare track for the [Annual Research & Policy Conference on Child, Adolescent, And Young Adult Behavioral Health](#).

This year there were 5 poster presentations and 14 workshops that showcased new developments in community-based and other interventions to prevent or mitigate the impact of child maltreatment.

Staff Highlight



The Institute would like to recognize our graphic designer Anna Bachmann for her nomination for the 2018 Golden ACE Award in Tallahassee, FL. Anna has been with our Institute since fall 2016, when she arrived in Tallahassee, so we are very proud of her accomplishments in such a short time.

For more information on the Tallahassee Golden A.C.E Awards, visit tallahasseeinstitute.com/golden-ace-awards.

To learn more about Anna and her beautiful artwork, visit her website: www.alinart.org.



In 1980 President Jimmy Carter designated March 2-8 as National Women's History Week. Seven years later, Congress declared March as National Women's History Month.

This creates a special opportunity in our schools, our workplaces, and our communities to recognize and celebrate the often-overlooked achievements of American women.

The Institute would like to recognize some influential women in the field of social work, including: Barbara Mukasky, Frances Feldman, Grace Coyne, Mary Ellen Richmond, Harriet Rind, Edith Abbott, Jeannette Rankin, Frances Perkins, and Jane Addams. [Click here to learn more.](#)

March's Facebook Topic



March is also known as Professional Social Work Month.

Stay informed on policy briefs and resources on our [Facebook Page](#).

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Monthly Matters

Human Trafficking Screening Tool Survey Data Report

Florida ranks third in the nation for the number of cases of human trafficking.

Many of these victims are children under the age of 18. In its 2016 report, the Office of Program Policy Analysis and Government Accountability (OPPGA) recommended that DCF gather systematic feedback from users about the screening instrument. The Institute and the Department conducted and analyzed two surveys of case managers and child protective investigators.



[Read the Report](#)

Child Abuse Prevention Month



Every April, Florida recognizes national Child Abuse Prevention Month through various events, promotions, social media and partnerships. The initiative is an effort to protect Florida's most precious citizens: the children. The most visible aspect of the campaign are the many, many blue pinwheel gardens that grow throughout the Sunshine State.

You can join the movement by planting your own garden of beautiful blue pinwheels to show everyone you are an advocate for children. For great info to help parents from birth through the teenage years, download the [FREE DCF Parenting Guide e-book](#).

More information is available at

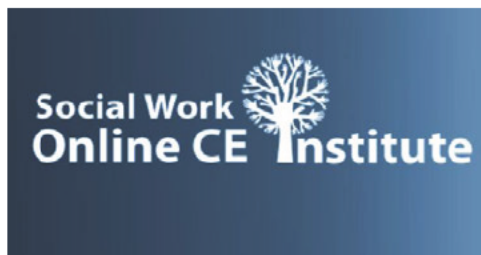
Spring Symposium



We look forward to our Spring Symposium on April 26 and 27. For more information, please visit [our website](#).

Following the Symposium, resources will be posted to ficw.fsu.edu/prevent.

Free Webinar Tomorrow



Making Research Useful to Policy Makers

Wednesday, April 18, 2018 3-4:30PM ET

This webinar will focus on strategies researchers and educators can use to make research useful to policy-makers. It will be presented by two individuals experienced in both research and policy practice. For more information, [click here](#).

Upcoming Conferences

Southwestern Social Science Association's 2018 Conference
October 10-13, 2018 Orlando, FL

Deadline for Proposals April 23, 2018

For more information about the conference and the Association, [click here](#).

2018 First 1000 Days Florida Summit Building Strong Foundations for Children Prenatal – Age 3
September 26-28, 2018 Palm Beach, FL

Deadline for Proposals May 1, 2018

For more information, [click here](#).

7th ISCI "Children of the World: The Touch of Change. Theories, Policies, Practices" Conference
August 26-27, 2019
University of Tartu, Estonia

Call for Proposals opens June 1, 2018

For more information visit www.isci2019.org.

Follow the Institute on [Facebook](#) and [Twitter](#) for more news and updates.



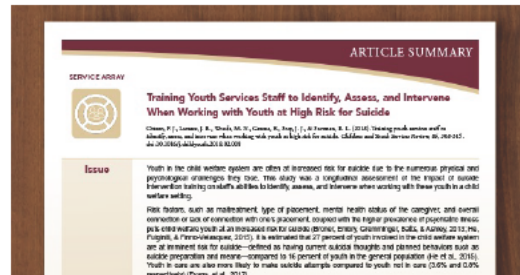


Monthly Matters

What's New?

A new journal article summary by Dr. Philip Osteen on research funded by the Institute is now available on our website.

Read the article summary:
Training Youth Services Staff to Identify, Assess, and Intervene When Working with Youth at High Risk for Suicide.



Highlights from the Spring Symposium



The Institute, in partnership with the USF For da Menta Health Institute and the FSU College of Social Work, held a two-day **research symposium** as part of National Child Abuse Prevention Month. The Symposium offered presentations from national and state experts on inter-agency partnerships, strengthening communities, and prevention services, in addition to panel and workshop discussions.

Resources on preventing child abuse and neglect are available [here](#).

Recordings from each session are also available [here](#).

Community Summit on Children



Mayor Andrew Gum hosted the fourth annual Community Summit on Children on May 10, 2018 in Tallahassee. Community business leaders, as well as teachers from across Leon County, gathered to discuss resources for early childhood development.

Mayor Gum invited Dr. Jessica Pryce to participate on the Summit planning committee and offer her expertise on child welfare.

A recording of the event is available [here](#).

Upcoming Conferences

Facebook Live Event



**National Association for Social Workers
2018 Conference**
June 14-16, 2018 Ft. Lauderdale, FL

For more information about the conference and the Association, [click here](#).

**Florida Coalition for Children (FCC) 2018
Conference**
July 23-25, 2018 Boca Raton, FL

For more information about the conference and the Coalition, [click here](#).

**Tomorrow
Wednesday, May 16**

Join us on our **Facebook page** this Wednesday at 9:30 AM for an interview with Lisa Jackson, Director of **Unconquered Scholars** at FSU.

**Follow the Institute on Facebook and Twitter
for more news and updates.**

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Monthly Matters

What's New?

Dismantling Racial Inequality



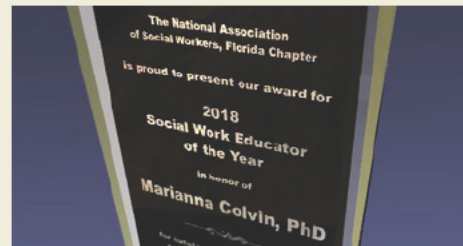
Dr. Jessica Pryce, Director of the Institute, was a speaker for the fifth session of the webinar series "Strengthening Our Efforts Through Partnerships with Academia," held on June 12.

The discussion focused on New York State's work and partnership with local colleges and universities as part of a promising strategy to address, reduce, and ultimately eliminate race-based disparities in child welfare and other systems.

[View the recording online](#)

[Download materials](#)

NASW FL Conference



The **National Association of Social Workers (FL Chapter) Conference** was held June 14-16 in Ft. Lauderdale. The conference brings together more than 600 social workers and related professionals from around the states with workshops and other informative sessions each year.

We would like to congratulate **Dr. Marianna Colvin**, an affiliate of the Institute, on her recognition as **Social Work Educator of the Year!**

Upcoming Conference



July 23 - 25, 2018

Next month is the **Florida Coalition for Children (FCC) 2018 Conference** in Boca Raton. This year's conference will be focused on the agencies and individuals who work on the behalf of Florida's abused, abandoned, neglected and at-risk children. The conference is expected to see over 700 attendees and provide access to over 24 continuing

Funding Opportunity



Early Child Care and Education Research Scholars

Grants to support dissertation research on child care policy issues are being funded through the Administration for Children and Families (ACF), with remaining deadlines in early 2019.

For more information, please [click here](#).



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Monthly Matters

Early Childhood Courts Evaluation

In the 2018 legislative session, the Institute was funded to conduct an evaluation of the Florida Early Childhood Courts (ECC). Through a partnership with the Office of Court Improvement and USF College of Public Health, the Institute will examine the implementation on processes and outcomes among ECCs across the state as well as child and family outcomes.



What's New?

Journal Article Summary



A new article summary on **Engagement in Child Protective Services: Parent Perceptions of Worker Skills** is now available on our website.

Research Brief



The Florida Study of Professionals for Safe Families, a five-year longitudinal study funded by the Institute, has released its latest research brief.

Field Training Experiences of Newly-hired Child Welfare Workers

Current Events



Dr. Jessica Pryce discusses the research-based significance of separating children from their families and consequences of adverse childhood experiences.

Upcoming Conferences



Zero to Three: Cross Sites 2018
August 27-30, 2018
The Crowne Plaza Asheville, NC



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Monthly Matters

The Institute held its annual Affiliate Meeting on August 7 in Tampa. Among the topics discussed was the Institute's evaluation of Children's Home Society: CaseAIM (please scroll down for more information).

If you are interested in becoming an Affiliate of the Institute, please email FICW@FSU.EDU.

View the Institute's Affiliate Directory here.



What's New?

New Affiliate



Dr. Jennifer Marshall is an Assistant Professor at the USF College of Public Health and the Lead Evaluator for numerous statewide community-based initiatives. Dr. Marshall conducts community-based systems research assessing infant mortality prevention programs, safe infant sleep practices and interventions, family-centered care and access to services for families of children with birth defects and infant mental health/early childhood court systems. Her research interests stem from over 25 years of experience working with a diverse array of community-based programs that support teachers, home visitors, care coordinators, and parents of young children with developmental and behavioral challenges, special health care needs, and birth defects. Dr. Marshall holds a BA in psychology and child development from the University of Washington, MPH and PhD from the University of South Florida. Dr. Marshall's role in the ECC

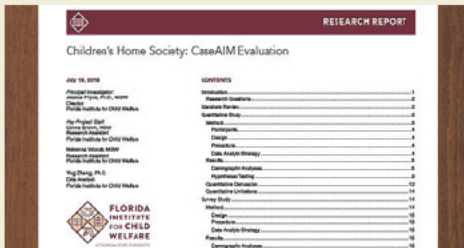
evaluations is to serve as Principal Investigator and take the lead in the USF components of the evaluation: qualitative, quantitative (survey), case study design, data collection, analyses, and reporting.

New Staff

Dr. Lisa MaGruder has also joined the Institute staff to work on the Early Childhood Court evaluation. Lisa is a jointly appointed Postdoctoral Scholar with the Institute and the Florida State University College of Social Work. With the College of Social Work, Lisa has managed the Florida Study of Professionals for Safe Families, an Institute-funded study since October 2015. Lisa holds both a BS in psychology and sociology, a MSW from Florida State University, as well as a PhD from the University of Denver Graduate School of Social Work. Lisa's prior practice experience was in addressing community issues related to women and girls. She currently serves as an adjunct instructor for the University of Denver and is a member of the Tallahassee Domestic Violence Coordinating Council.

Emily Joyce has been hired as the Institute's editor. Emily graduated from Eastern Connecticut State University with a degree in Communications and Writing in 2011. As a writing tutor and honors scholar, she developed an interest in academic writing and editing. For the last six years, she worked as an Academic Program Specialist for the FSU College of Social Work Doctoral Program and International Programs, supporting the administration of both programs and advising students. She is also currently pursuing a Master's Degree in Education Leadership with a focus in higher education and student affairs.

CaseAIM Report



The Children's Home Society (CHS) contracted with the Florida Institute for Child Welfare to conduct a two-part evaluation of CaseAIM. Utilizing a mixed methods approach, the institute conducted both a secondary data analysis of information gathered in FSFN to assess child outcomes, as well as a survey designed to gather primary data from key CHS stakeholders on the experiences related to the delivery and receipt of case management.

Several key findings from the quantitative study indicate positive results with CaseAIM with regard to children's outcomes. The most significant finding suggests that CaseAIM is having an impact on reducing a child's length of stay in care and achieving permanency within 12 months. CaseAIM children spend approximately three months less time in care than non-CaseAIM children. This is an important finding because a child's timely return to a safe and stable home improves the long-term prospects in multiple domains for children who have experienced abuse and neglect.

In the survey study, eight themes emerged from the caregivers who responded to the survey: communication, timeliness, transparency, support, advocacy, inconsistency, and effort. Guardians and item issues were similar to caregivers' experiences with CHS case management services. Emergent themes for case managers include incongruence, time resources, and communication. The themes that emerged for the judges consisted of communication, resources, burnout, and standards.

For more details on this study, please [click here](#).

Upcoming Conferences

Zero to Three's Cross Sites Meeting
August 27-30, 2018
Asheville, NC

2018 Child Protection Summit
September 5-7, 2018
Orlando, FL

2018 First 1000 Days FL Summit
September 26-28, 2018
West Palm Beach, FL

Calls for Proposals

Southwestern Social Science Association Annual Meeting
October 10-13, 2018
Orlando, FL
Call for Papers
Deadline: September 10, 2018

32nd Annual Research and Policy Conference on Child, Adolescent, and Young Adult Behavioral Health
March 3-9, 2019
Tampa, FL
Call for Proposals
Opens August 15, 2018

CWLA 2019 National Conference
April 9-13, 2019
Washington, DC
Global Convening: Call for Papers
Deadline: October 1, 2018

International Society for Child Indicators Children of the World: The Touch of Change. Theories, Policies, Practices
August 27-29, 2019
Tartu, Estonia
Call for Abstracts
Deadline: March 15, 2019

Follow the Institute on **Facebook** and **Twitter** for more updates.

August is Vision and Learning Month. Join the Institute in raising awareness of the impact undiagnosed vision problems has on learning and child development. **#VisionandLearningMonth**





**FLORIDA
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AT FLORIDA STATE UNIVERSITY

INSTITUTE INSIGHTS

Issue 3 | December 2017

MESSAGE FROM THE DIRECTOR



On behalf of the Institute I want to extend our appreciation for a very productive year. Our affiliate network and Institute team has been actively engaged with DCF, the CBC agencies, and the Florida Legislature. As the new year approaches, we are looking forward to continuing to work with our statewide partners on research and evaluation that will effectively address the challenges we face in our child welfare community. Florida's Legislative Session begins on January 9, 2018, and our Institute will be present and available to provide research informed recommendations to child welfare policy makers.

I am excited to announce our Spring Symposium which will be held April 26-27, 2018 in Tallahassee. The Symposium's theme will revolve around child abuse prevention strategies. It is our goal to identify evidence-based prevention strategies and explore barriers to prevention that we face in our state. It is widely understood that primary prevention (an intervention that is implemented before child abuse occurs) would positively impact our child welfare system on multiple levels, including but not limited to, workforce stability, caseload sizes, and resource allocation. Though the sustainability of prevention efforts is inherently challenging. I am looking forward to bringing stakeholders together in April to dive into what prevention efforts are present, identify the prevention gaps and create an action plan moving ahead on strengthening our state's child abuse prevention efforts.

Please save the date. More details about the Symposium will be forthcoming.

LEGISLATIVE UPDATES

The Florida House of Representatives' Children, Families and Seniors Subcommittee invited Dr. Jessica Pryce and Dr. Dina Wilke to make presentations on the child welfare workforce. Dr. Wilke, an Institute faculty affiliate, presented on the five-year workforce study progress and Dr. Pryce provided workforce recommendations, as well as, an update on relevant research underway. To view the presentation, please [click here](#). To read the most recent Research Brief from the Florida Study of Professionals for Safe Families [click here](#). You can also read about the [full study](#) to date.

FACULTY AFFILIATE SPOTLIGHT



The Institute would like to highlight **Khalilah Louis-Caines**. Khalilah currently serves as the Director of Field Education and Instructor for the Master of Social Work Program at Saint Leo University. Prior to teaching, she served in various adoption related roles including Adoption Case Manager, Wendy's Wonderful Kids Recruiter, and Adoption Competent Therapist. She is a licensed clinical social worker who continues to provide adoption training and consultation to community-based care organizations, community mental health agencies, and foster and adoptive families. She works closely with Pasco County's Early Childhood Court and was an advisory board member for the Heart Gallery of Tampa Bay. Her research interests include foster care and adolescent adoption, adoption disruption rates, and evidence-based treatment approaches for adoptive children and families.

CURRENT RESEARCH ACTIVITIES

Service Array

The Institute is assisting the Department of Children and Families on two service array projects by providing them with research on the most effective interventions for vulnerable children and their families.

CaseAIM

Children's Home Society has contracted with the Institute to conduct a mixed methods evaluation of CaseAIM, an innovative case management initiative. CaseAIM's goal is to divert certain case tasks to a Unified Support Center, thereby giving the case manager more time to engage with their clients. The Institute will evaluate CaseAIM and identify its impact on child safety, permanency, and well-being.

UPCOMING CONFERENCES

**Society for Social Work Research
Achieving Equal Opportunity,
Equity, and Justice**

January 10 - 14, 2018

Marriott Marquis Washington, DC

**31st Annual Research & Policy
Conference on Child, Adolescent,
& Young Adult Behavioral Health**

March 4 - 7, 2018

Hilton Tampa Downtown | Tampa, FL

**Florida Institute for Child Welfare
Spring Symposium**

April 26 - 27, 2018

Tallahassee, FL

STAFF UPDATES

Anna Yelick, our Dissertation Fellow and Florida State University PhD candidate, joined the Institute team in November. She will be assisting with research and evaluation activities.

Greg Nix, a graduate assistant with the Institute, recently accepted an internship with the Ounce of Prevention Florida with Drs. Terry Rhodes and Mary Kay Falconer.



**FLORIDA
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AT FLORIDA STATE UNIVERSITY

INSTITUTE INSIGHTS

Issue 4 | March 2018

MESSAGE FROM THE DIRECTOR



Happy Social Work Month!

Our Institute has worked diligently to establish a robust network of social work researchers who are committed to testing the most innovative and effective practice interventions. Our affiliate network has expanded to include research-oriented practitioners, as well as, scholars from non-social work disciplines. We have utilized our affiliates for a number of activities, including a developmental evaluation of DCF's Results Oriented Accountability program (ROA); a study of the successful implementation of an Early Childhood Court program (ECC); an analysis of the strength of our network and our collaborations across the state; evaluation of pre-service training; and the transition components for case workers as they begin their jobs. Additionally, several affiliates have presented their work at statewide, national, and international conferences.

With all that has been accomplished, there is still work to be done. As we prepare for our Child Abuse Prevention Research Symposium in April, I want the attendees to bring their ideas and their passion for prevention. At the Symposium, attendees will have the opportunity to meet our affiliate network of scholars and engage on a variety of topics. Our Institute is uniquely positioned to make significant contributions to the prevention service array in Florida. This year, I am looking forward to opportunities for more evaluation research, which will inform our recommendations to policy makers, advisement to DCF, and solution-focused strategies to child welfare stakeholders statewide. I hope you have had a great start to this year and look forward to seeing you in April!

LEGISLATIVE UPDATE

Florida's Legislative Session ended this past weekend. This newsletter highlights two bills as child safety is our priority and addressing the over-use of opioids throughout our state is an important policy for children and their families.

HB 21: Controlled Substances

This new legislation requires practitioners to complete certain continuing education courses in order to prescribe controlled substances; offers a definition for acute pain, includes standards of practice for treatment of acute pain; limits prescribing of opioids for acute pain, creates requirements for pain management clinic owners and pharmacists & practitioners for dispensing of controlled substances to persons not known to them. To read more [click here](#).

HB 1435: Child Welfare

This bill requires that DCF, in collaboration with community-based care lead agencies, develop statewide family-finding programs and authorizes the creation of kinship navigator programs; it also requires court to request that parents' consent on access to additional records that may be needed during the life of a case. This piece of legislation is unique because policymakers have highlighted the importance of emotional permanency, as well as legal permanency. To read more [click here](#).

ANNOUNCEMENT



In 1918, Dr. Raymond F. Bellamy joined the faculty of the Florida State College for Women (FSCW) and taught the first course in "social welfare work." One hundred years later, the College of Social Work will celebrate the centennial of social work at Florida State University in 2018. Join us April 6-7, 2018 for a weekend of celebration. For more information go to <http://csw.fsu.edu>.

LOOKING AHEAD

Spring Symposium - Registration is OPEN!!

We are pleased to invite each of you to a Spring Research Symposium convening on April 26-27, 2018, in Tallahassee. The Institute is partnering with the USF Florida Mental Health Institute and the FSU College of Social Work to host "Promising Strategies for Child Abuse Prevention." The goal of the Symposium is to develop effective strategies and identify barriers to prevention. An investment in the wellness of vulnerable families, through educational and preventive efforts, would positively impact our child welfare system on multiple levels such as: workforce stability, caseload sizes, resource allocation, and improved outcomes.

The deadline to register for the Symposium is April 13. There are still a few spots left. Join us in Tallahassee on April 26 and 27 to learn about innovative initiatives to prevent child abuse from national and state experts. Visit our Symposium page for registration details: <http://ficw.fsu.edu/symposium>.

UPCOMING CONFERENCES

**Mayors 4th Summit on Children
Family First Week
April 30 - May 3, 2018
Community Summit on Children
May 3, 2018
Tallahassee, FL**

**National Association of
Social Workers Florida Chapter
2018 Social Work Conference
June 14 - 16, 2018
Marriott Ft. Lauderdale North
Ft. Lauderdale, FL**

**Florida Coalition for Children
2018 Annual FCC Conference
July 23 - 25, 2018
Boca Raton Resort & Club
Boca Raton, FL**

WOMEN IN SOCIAL WORK

In 1980 President Jimmy Carter designated March 2-8 as National Women's History Week. Seven years later, congress declared March as national Women's History Month. This creates a special opportunity in our schools, our workplaces, and our communities to recognize and celebrate the often-overlooked achievements of American women.

March is also recognized as Professional Social Work month. The Institute would like to highlight some influential women in the field of social work, including:

Barbara Mikulski (1936 -)

Senator Mikulski was the first Democratic woman to serve in both the U.S. House of Representatives and U.S. Senate, the first woman to win a statewide election in Maryland, and the longest serving woman in the history of Congress.

Frances Feldman (1913 - 2008)

Feldman, a University of Southern California professor and social work pioneer, conducted a groundbreaking study in the 1970s that showed cancer patients faced discrimination in the workplace.

Grace Coyle (1892 - 1962)

Coyle is most famous for developing and popularizing group work as a social work practice.

Mary Ellen Richmond (1861 - 1928)

Richmond was one of the first social workers to push for the standards and professionalization of social work.

Harriett Rinaldo (1906 - 1981)

Rinaldo created rating and recruitment procedures and higher personnel standards for the Veterans Administration Social Work Service, which were later adopted by the federal government.

Edith Abbott (1876 - 1957)

Abbott was president of the American Association of Schools of Social Work and the National Conference of Social Work.

Jeannette Rankin (1880 - 1973)

Rankin was the first woman elected to the U.S. Congress. In addition, she was an advocate of women's suffrage and a lifelong pacifist.

Frances Perkins (1880 - 1965)

Perkins was the first woman to be a Presidential Cabinet member, serving as Secretary of Labor under Roosevelt, and was a champion of labor reform.

Jane Addams (1860 - 1935)

Addams founded the renowned Hull House in Chicago and received the 1931 Nobel Peace Prize.

RESEARCH SPOTLIGHT

Dr. Bruce Thyer, a distinguished professor at the FSU College of Social Work completed a technical report entitled **Evaluation Child Welfare Programs** that reviews the importance of individual child welfare agencies conducting periodic program evaluations of their own services' outcomes. Dr. Thyer stresses that evaluations make use of reliable and valid outcome measures that directly pertain to the agency's purposes, and be as specific as possible.

AFFILIATE SPOTLIGHT



Dr. Lisa Schelbe is an Assistant Professor at Florida State University College of Social Work and a Faculty Affiliate at the Florida Institute for Child Welfare. She serves as co-Editor-in-Chief of Child and Adolescent Social Work Journal. Lisa received a Doris Duke Fellowship for the Promotion of Child Well-Being (2011-2013).

Lisa's primary research interest focuses broadly on child welfare and child maltreatment prevention. Specifically, her research examines on the population of youth aging out and their experiences of the transition from the system to life on their own as adults. Most recently, Lisa's focus is on educational and parenting experiences and outcomes of youth aging out. She currently is involved with the evaluation of a campus based support program for foster care alumni and is working with colleagues to develop a national consortium of researchers evaluating campus based support programs for foster care alumni. In 2017, Lisa co-authored a monograph, "Intergenerational Transmission of Child Maltreatment," which serves as a primer for understanding the cycle of violence and the continuation of child maltreatment. In addition to her research in the area of child welfare

and child maltreatment prevention, Lisa is an expert in qualitative methods and collaborates with others as a methodologist on a range of topics using different qualitative research designs including ethnography, phenomenological studies, and content analysis.

Lisa is committed to teaching and mentoring students. At the BSW and MSW levels, she teaches Human Behavior in the Social Environment as well as the elective Child Maltreatment and Child Welfare. She also teaches Qualitative Research Methods at the PhD level. In addition to teaching, Lisa mentors students working with her on various research projects as well as those working on the FSU College of Social Work Arts & Athletics Camp which she oversees.

In her spare time, Lisa enjoys spending time outdoors, gardening, biking, and participating in triathlons. Having grown up in landlocked Pennsylvania, she especially loves the Florida climate and tries to get to the beach as frequently as possible.

Articles that Lisa has authored are available at Florida State University's Institutional Repository, **DigiNoles**.

FICW Staff

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THE INSTITUTE CAN NOW ENGAGE IN CONTRACTS TO CONDUCT EVALUATIONS, AND PROVIDE TECHNICAL ASSISTANCE AND TRAINING. PLEASE CONTACT DR. PRYCE AT JPRYCE@FSU.EDU.



**FLORIDA
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AT FLORIDA STATE UNIVERSITY

INSTITUTE INSIGHTS

Issue 5 | July 2018

MESSAGE FROM THE DIRECTOR



I hope that Summer is going well for each of you!

I want to thank our sponsors and attendees for their support for our Spring **Child Abuse Prevention Symposium**. Our Institute has continued the conversation with hopes that the Symposium mobilized our partners in the effort to prevent child abuse.

It is our goal to have a Symposium on an annual basis, so we hope to see our attendees again next year! Please [click here](#) for a summary of our Symposium.

We are also gearing up for our annual Affiliate meeting, which will be held in Tampa this year. Our Institute has established an impressive network of social work researchers who are committed to testing the most innovative and effective practice interventions. Our affiliate network has expanded to include research-oriented practitioners, as well as, scholars from non-social work disciplines. We have utilized our affiliates for a number of activities and look forward to connecting with them in August.

INTERESTED IN BEING AN AFFILIATE?
EMAIL US AT [FICW@FSU.EDU](mailto:ficw@fsu.edu)

[VIEW OUR AFFILIATE NETWORK HERE](#)

STAFF UPDATES

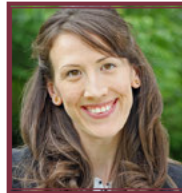
We are excited to announce that Dr. Anna Yelick has joined the Institute team as our full-time Postdoctoral Researcher. Anna earned her Ph.D. in May 2018 from Florida State University. In 2016, she was awarded the Institute's Dissertation Fellowship. Her dissertation focused on potential biases in DCF removal decisions based on family structure. Dr. Yelick will continue to examine decision-making among child welfare professionals to better serve children and families most at need.



Dr. Yelick is currently working on several Institute projects, including research on disparity within the child welfare field, using predictive analytics to improve worker efficacy among child protective investigators, and training opportunities for child welfare supervision. Read her **Research Brief** based on her dissertation about Decision-making and Family Structure. You can reach her at ayelick@fsu.edu.

AFFILIATE SPOTLIGHT

We'd like to recognize **Dr. Marianna Colvin**, an Assistant Professor with the Phyllis and Harvey Sandler School of Social Work at Florida Atlantic University.



As a mixed-methods researcher, Marianna combines network analysis and qualitative methods to examine interorganizational human service delivery systems related to vulnerable children and families. She approaches child welfare from a community-wide orientation, inclusive of multiple disciplines, and concentrates on interactions across organizations, theories of systems and complexity, and implications for policy and network development. Her academic pursuits are guided by experiences as a social work practitioner in international, national, and local child welfare roles, including community development for street children and impoverished populations in India, and U.S. based capacities in child protective services, family preservation, resource development, and supervision.

As an inaugural affiliate with the Institute, Dr. Colvin, along with her colleague and fellow affiliate Dr. Heather Thompson, conducted a qualitative study at a local community-based mental health agency to identify training needs of the therapeutic service providers. The most noticeable finding was that therapeutic service providers practiced without fully understanding the child welfare system structure and court processes. In all of the focus groups, the therapeutic providers expressed concern about not knowing basic key players and procedures. This is a critical finding for provider agencies to consider internally, as well as for other child welfare professionals and legal entities to recognize. Based on the findings, an outline of a curriculum was developed for the Institute's consideration. Dr. Colvin and her team are currently under contract to create two training modules for both dependency case workers and therapeutic service providers.

Dr. Colvin is also conducting a network analysis of the Institute and its stakeholders as we work to build our collaborative capacity across the state. Results will be forthcoming—stay tuned. The Florida Chapter of the National Association of Social Workers recently recognized her as the NASW social work educator of the year.

UPCOMING CONFERENCES

Florida Coalition for Children
Annual Conference
July 23 - 25, 2018
Boca Raton Resort & Club
Boca Raton, FL

Zero to Three
Cross Sites
August 27 - 30, 2018
The Crown Plaza, Asheville, NC

Florida Department of Children
and Families
Child Protection Summit
September 5 - 7, 2018
JW Marriott Grande Lakes
Orlando, FL



Immigrant children play inside the Catholic Charities RGV in Texas. AP Photo/David J. Phillip

THE LONG HISTORY OF SEPARATING FAMILIES IN THE U.S. AND HOW THE TRAUMA LINGERS

Below is an excerpt from an article written by Dr. Pryce and featured on **The Conversation**.

“ This is not the first time that children have been separated. Exclusion and separation has impacted African-Americans during slavery, Native Americans during the Trail of Tears, and Japanese-Americans during internment, to name a few.

As a scholar who is actively engaged in child protection research and who examines the unnecessary removals of children from their parents, I am all too aware that the repercussions of such policies often take a lifetime to undo. ”

To read the full article, please [click here](#).

Family Characteristics, Decision-making, and Case Managers in Florida

Anna Yelick, Ph.D.



BACKGROUND

There is an inherent responsibility of child welfare professionals to make sound decisions regarding suspected child maltreatment. It is important for child welfare professionals to make informed decisions, as those decisions can have significant consequences for the whole family.¹ Non-clinically relevant factors, such as race and income, have influenced decision-making among child welfare professionals,² arguably leading to a disproportionate number of minority children involved in the child welfare system. According to AFCARS,³ Black children make up a quarter of the children in the foster care system (24%), which is disproportionate to the number of Black children in the total population (14%).⁴ Research suggests that this disparity is pervasive, permeating all levels of the system: reporting, investigating, reunification, and re-entry.⁵ The primary research question for the study was: *how are the removal decisions of case managers affected by the family characteristics (family structure and race) for families involved with case management services?*

RESEARCH METHODOLOGY

This study employed a non-probability convenience sample to recruit 54 participants⁶ from several case management agencies throughout Florida. The survey was administered to each participant once, using a web-based software, Qualtrics, which distributed the survey and collected responses. This study utilized an experimental vignette methodology. A vignette is characterized as a short, carefully constructed description of a person, object, or situation representing a systematic combination of characteristics⁷ to elicit a realistic, “true” decision. The construction of the vignette was based on recommendations by Taylor⁸ and Sieracki and colleagues.⁹ The Florida Safety Decision-making Methodology was consulted to ensure adequate information was presented to assess family functioning.¹⁰ In 2014, the Department of Children and Families (DCF) adopted the safety decision-making methodology, which incorporated the Family Functioning Assessment (FFA). The FFA assesses safety within the home to help identify appropriate recommendations and services. The FFA is used for initial investigations and ongoing cases to assess any threats that result in an unsafe environment for the child.¹¹ The vignette for this study described a scenario of a family investigated for child maltreatment, with the child’s family structure as the primary independent variable: 1) two-parent family, or 2) single-parent family; and race a second, moderating, variable: 1) Black (Non-Hispanic) family; or 2) White (Non-Hispanic) family. This 2 x 2 factorial survey design was developed using a single vignette with two experimentally manipulated variables randomly assigned to each participant. There were three **dependent variables** utilized: 1) the FFA Safety Decision (safe or unsafe); 2) the FFA Caregiving Protective Capacity (sufficient or insufficient); and 3) the removal recommendation (in-home services or out-of-home services). There were two groups of **confounding variables** collected: professional experience and personal factors.

KEY FINDINGS

The overall findings of this study suggest that family structure may contribute to biased removal decisions, a result that is amplified by race. The findings point to White, single parent households as being at risk of receiving a removal recommendation, even when the safety decision—used as a mediating variable—was safe.

Family Structure and Removal Decision

To examine the relationship between family structure and removal decision, a chi-square analysis and logistic regression were utilized. The results of the chi-square analysis yielded a statistically non-significant p-value ($\chi^2 = 3.47$, $p = .06$, $d = 1$); however, the Cramer’s Phi indicated a medium effect ($\phi = .25$),¹² suggesting the data may trend toward family structure influencing the removal decisions of case managers. The 2 x 2 tabulations table indicated that for respondents who selected an out-of-home removal decision ($n = 14$), 71.4 percent viewed the single parent vignette. Using a logistic regression model to examine the mediating effect of the safety decision, the relationship between family structure and removal decisions became significant ($p < .05$), with over a .50 probability of recommending out-of-home services for children said to be from single parent families when the safety decision was safe.

Racial Composition and Removal Decision

To examine the relationship between racial composition and removal decision, a chi-square analysis and logistic regression were utilized. The chi-square analysis ($\chi^2 = 1.170$, $p > .2$, $d = 1$), indicated there was not a statistical difference in the removal decisions of case managers based on race. Additionally, the Cramer’s Phi yielded a small effect ($\phi = .147$),¹³ indicating that racial composition was not clinically significant either.¹⁴ The logistic regression also yielded non-significant results when examining the effects of the safety decision on the relationship between racial composition and removal decision in the mediated model ($p = .22$).

The Interaction of Family Structure and Racial Composition and Removal Decision

Finally, to examine the relationship between the interaction of family structure and racial composition and removal decision, a chi-square analysis and logistic regression were utilized. The chi-square analysis ($\chi^2 = 4.432$, $p > .2$, $d = 3$) indicated there was not a statistical difference in the removal decisions of case managers based on the interaction of family structure and race. The Cramer’s V approached a medium effect ($\phi^2 = .286$),¹³ indicating the data may trend toward a relationship between removal decision and the interaction of family structure and racial composition.¹⁴ The 4 x 2 tabulations table indicated that of the 14 respondents who identified an out-of-home removal decision, 50 percent ($n = 7$) had viewed the vignette describing a White single parent family, a proportion much greater than the other vignette

KEY FINDINGS (CONTINUED)

types (White two-parent = 14.3%, $n = 2$; Black two-parent = 14.3%, $n = 2$; Black single parent = 21.4%, $n = 3$). Furthermore, of the respondents who viewed the White single parent vignette ($n = 16$), 43.8 percent ($n = 7$) selected an out-of-home removal decision, a greater proportion than the other types (White two-parent [$n = 12$] = 16.7%, $n = 2$; Black two-parent [$n = 15$] = 13.3%, $n = 2$; Black single parent [$n = 11$] = 27.3%, $n = 3$). The logistic regression analysis for the mediated model, with safety decision mediating the relationship, the White, single parent vignette resulted in a significant p-value (O.R. = 2.394, $p < .05$) with a probability of having a removal decision at .99 for respondents who viewed the White, single parent vignette even though the safety decision was safe.

DISCUSSION

While the relationship between removal decisions and safety decisions was not a primary focus of this study, given the practice model, it was examined during the bivariate analysis stage. The results indicate that a statistically significant difference occurred between the safety decisions of case managers and removal decisions of case managers (p -value $< .05$; $\phi = .316$). This was a surprising result as the practice model used within the Florida child welfare system states, "Florida's practice model includes the expectation that when children are safe...affirmative outreach and efforts will be provided to engage families in family support services..." (p 1-2),¹¹ indicating that when a safety decision results in a "safe" outcome, the child should remain in the home. CFOP 170-1 further advises "When children are determined to be unsafe, safety management and case planning is non-negotiable" (p 1-2)¹¹ suggesting that the safety determination should inform the removal decisions, with safe decisions resulting in services provided to the family and unsafe decisions resulting in children being removed from the home. Given the results, which potentially have clinical significance even with a small sample size and underpowered analysis, this relationship needs to be further explored as the practice model is used as the structured decision-making tool in the child welfare system in Florida and therefore, should reduce biases and decisions based on heuristics. Additionally, the results become statistically significant when safety decision acts as a mediating variable among two of the relationships examined: the relationship between family structure and removal decision; and the relationship between the interaction of family structure and race and removal decision. These results are contradictory to the safety methodology. This could point to the need to further explore how case managers make decisions and what aspects of the safety assessment are utilized when recommending out-of-home services. The results from this study provide some insight into the intersectionality of diversity. While more research is needed in this area, the data point to a possible greater understanding into decision-making: that biased decision-making does not just occur because the family is non-White, but because the family is non-White and is headed by a single parent. As with studies examining income and race factors related to decision-making^{14,15} biases may occur because the family is experiencing multi-layered discrimination based on race, family structure, and income.¹⁴ It is likely that the decision-making process will never be perfect because of human error;^{16,17,18} however, that is what makes decision-making research so valuable—providing on-going assessments to ensure the safety and well-being of both children and their families.

RECOMMENDATIONS

There are three primary recommendations based on this study.

- 1) Given that the practice model should be used as a guide in the decision-making process, the first practice recommendation is additional training on the use of the practice model, specifically the safety decisions and the subsequent removal decisions when examining an ambiguous risk case.
- 2) Disparity within the child welfare field is still a considerable concern, particularly in Florida with current numbers suggesting Black children are still disproportionately more likely to be in foster care compared to White children.¹⁹ The second practice recommendation is cultural sensitivity training regarding non-White families and the often-multiple levels of discrimination these families face.²⁰
- 3) Research on decision-making highlights the use of heuristics. Heuristics are utilized during the decision-making process as a method to fill in missing pieces of information.²¹ Heuristics are prone to biases;²² therefore, the third recommendation is training on the use of heuristics in the decision-making process and how to use heuristics to complete gaps in information without increasing biased decision-making.

¹ Drury-Hudson, J. (1999). Decision making child protection: The use of theoretical, empirical and procedural knowledge by novices and experts and implications for fieldwork placement. *British Journal of Social Work*, 29, 147-169.

² Chor, K. H. B., McClelland, G. M., Weiner, D. A., Jordan, N., & Lyons, J. S. (2013). Patterns of out-of-home placement decision-making in child welfare. *Child Abuse & Neglect*, 37, 871-882.

³ Adoption and Foster Care Analysis and Reporting System (AFCARS). (2016). The AFCARS report. *Preliminary FY 2015 Estimates as of June 2016*, 23, 1-6. Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport23.pdf>

Kids Count Data Center. (2017d). *Children population by race*. Retrieved from <http://datacenter.kidscount.org/data/tables/103-child-population-by-race?loc=1&loc2=1#detailed/1/any/false/870/68,69,67,12,70,66,71,72/423,424>

⁶ Morton, C. M., Ocasio, K. & Simmel, C. (2011). A critique of methods used to describe the overrepresentation of African Americans in the child welfare system. *Children and Youth Services Review*, 33, 1538-1542. doi: 10.1016/j.chilcyouth.2011.03.018

⁸ Singleton, R. A., & Straits, B. C. (2005). *Approaches to social sciences*. New York: Oxford University Press.

⁷ Atzmueller, C., & Steiner, P. M. (2010). Experimental vignette studies in survey research. *Methodology*, 6, 120-138. doi: 10.1027/1614-2241/a000014

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Case Study: SWOT Analysis of the Early Childhood Court (ECC) of Pasco County, Florida

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Key Words: Early Childhood Court, dependency, trauma-informed, parent and child psychotherapy, infant mental health

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BACKGROUND

Florida's Early Childhood Court (ECC) began in 2014¹ using evidence-based and evidence-informed practices to foster early development to ensure a strong start for children and their families.² The program's success is based on strong collaborations among stakeholders: keeping these community members vested in childhood development, research, and the needs of the community. The mission of the ECC is to ensure that child safety and well-being needs are met, to expedite permanency while diminishing recurrence of maltreatment, to prevent and eliminate the intergenerational cycle of maltreatment, and to repair trauma and relationships.³ In 2015 the Quality Improvement Center for Research-based Infant-Toddler Court Teams (QIC-CT) provided a grant to fund training and resources for ECC sites for an evaluation. Initial data indicate that the ECC sites are making progress. In 2016, children in the ECC sites went home 71 days earlier than non-ECC children; cases were closed more than 100 days earlier than non-ECC cases; and 3.38 percent of ECC children were removed again after case closure compared to 3.86 percent of non-ECC children. Considering the novelty of this program, these statistics are promising.

The success, weaknesses, opportunities, and threats (SWOT) analysis helps organizations identify areas for future development and vulnerability.⁴ This strategic tool can help determine areas that are hindering progress, particularly in new programs, like the ECC. The SWOT analysis is a participatory activity, engaging stakeholders in introspective reviews.³ The current study aimed to engage the Pasco County's ECC's primary stakeholders to explore the factors they believe contribute to the success of their service delivery model, which should help to identify the key characteristics of the ECC program. Two research questions are being explored: 1) What do the key stakeholders informed in the ECC believe are critical building blocks to ECC success across a SWOT continuum? 2) To what extent do ECC staff practice the principles of trauma-informed care?

RESEARCH METHODOLOGY

The current study, which partnered with the Florida Institute for Child Welfare and the Pasco County ECC, utilized a snowball sampling methodology to identify key ECC stakeholders. The snowball technique resulted in a final sample of 12 female respondents who reported an average of 16.7 years of experience, with more than half of the respondents reporting specific trauma-informed care training (67%). A mixed-methods design was utilized to collect quantitative data compiled from responses to the Trauma Informed Core Principles-Observation Tool, a 13-item instrument scored on a 5-point Likert scale (1 = lowest; 5 = highest) based on the Substance Abuse and Mental Health Services Administration (SAMHSA) guiding principles of trauma-informed care,⁵ and two process related meetings (ECC session and monthly ECC community stakeholder meeting) that were rated based on the ECC core tenants utilizing a trauma lens to focus on engagement efforts. Qualitative data from structured face-to-face and phone interviews, were created by the research team and reviewed for adherence to the SWOT methodology and designed to elicit interactive discussions among stakeholders.

KEY FINDINGS

Overall, stakeholders were able to identify strengths, weaknesses, opportunities, and threats to the ECC. The results from the structured interviews indicated clear themes that suggest the Pasco County ECC is focused on the best interests and needs of the child; is trauma informed, utilizes an infant mental health expert; has dedicated judicial leadership; and operates with strong collaboration between stakeholders. The quantitative findings suggest that the Pasco County ECC is utilizing trauma-informed care principles as intended, supporting the qualitative findings. These results are aligned with the goals of the ECC model and match the core components of the ECC model, suggesting that the Pasco County ECC is engaging in procedures that match the best practices in trauma-informed care.

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KEY FINDINGS (CONTINUED)

Quantitative: The findings that rated high on impartiality, transparency, and trust speak to the quality of judiciary leadership, dedication, and stakeholder collaboration. The low-rated options—controlled-choice, prohibition-empowerment, power-differential-power-balance—were rated only slightly lower than the other principles. However, each of the low-rated principles dealt with the power dynamic indicative of the courtroom setting (see Table 1).

Table 1. Trauma-informed Core Principles-Observation Tool Results

Item	Mean	SD
Covert-Transparency ^a	4.65	0.63
Distrust-Trust	4.64	0.67
Isolation-Self Help	4.42	0.65
Historical Stereotypes-Historical Impartiality	4.77	0.60
Censored-Voice	4.61	0.66
Power Differential- Power Balance ^b	4.20	0.87
Controlled-Choice ^b	3.74	0.87
Prohibition-Empowerment ^b	4.00	0.81
Gender Stereotypes-Gender Impartiality	4.35	0.42
Cultural Stereotypes-Cultural Impartiality	4.61	0.66
Noncooperation-Collaboration	4.27	0.48
Unsupportive-Peer Support	4.23	0.67
Unsafe-Safe	4.45	0.32

Qualitative: The Pasco County ECC is functioning without dedicated funding, making the program susceptible to problems should a collaborative partner pull back funding, potentially resulting in a decreased ability to adhere to the standards and components of the model. Other community weaknesses mentioned included: not enough transportation options for the families; an inadequate number of foster homes; a lack of trauma-informed resources; and no dedicated funding for a community coordinator (see Table 2). The opportunities noted included educating case managers on trauma-informed approaches, garnering buy-in from other community stakeholders, and adding stakeholders to the program. Turnover of the current judge and/or case managers was a serious concern expressed, as it could result in the end of the program, which might result in children languishing in the system. Lack of interest or participation among stakeholders and case managers was also a threat to the ECC.

Table 2. Pasco ECC SWOT Analysis Results

STRENGTHS	OPPORTUNITIES
<ul style="list-style-type: none"> Focus on what's best for the child/ needs of the child Strong partnership between stakeholders Evidence based/ trauma- informed approach Reducing time in care/ eliminate recidivism Infant mental health therapist Dedicated judicial leadership 	<ul style="list-style-type: none"> Educate caseworkers/ staff of various agencies Buy-in by stakeholders, upper management, agencies Dedicated caseworker/ case manager for the ECC More family specialists, infant MH smental health specialist More social service organizations to get involved Very committed judge must remain
WEAKNESSES	THREATS
<ul style="list-style-type: none"> Lack of dedicated funding stream More trauma-informed resources needed/ lack of continued education for case managers Not enough availability of foster homes Lack of dedicated transportation High case manager turnover Lack of collaboration with CMO Lack of dedicated funding for community coordinator Amount of trauma experienced by parents with children that enter the system Lack of dedicated case managers for the ECC 	<ul style="list-style-type: none"> Loss of funding Lack of interest/participation of stakeholders Loss of judge or replaced with non-interested judge No dedicated case manager with appropriate caseloads and pay Turnover of agency personnel Lack of teamwork/partnerships

CONSIDERATIONS AND RECOMMENDATIONS

Stakeholders being invested and working collaboratively is what makes the Pasco County ECC successful. Additionally, this ECC is meeting its top three goals of judicial leadership, a consistently focused trauma lens, and the integration of the infant mental health specialist. However, there are some concerns and recommendations to take away from this study.

1. Respondents reported a need for more family specialists, more infant mental health teams, and a dedicated judge to take over when the current judge retires.
2. Sustainability or growth require funding, something the ECC requires. A cost-benefit analysis between types of dependency courts and a summative evaluation to examine specific outcomes achieved by the ECC may assist in securing necessary funding.
3. Future research could explore the relative power balance between the ECC and other styles of dependency courts.

^a Several key findings emerged as strengths of the ECC: To embrace participants individually (Historical Stereotypes-Historical Impartiality), to openly share information (Covert-Transparency), and to foster an environment of safety (Distrust-Trust).

^b Key findings for growth: equity of power (Power Differential-Power Balance), participants able to impact the outcome (Prohibition-Empowerment), and promoting an environment of freedom (Controlled-Choice).

Children's Home Society: CaseAIM Evaluation



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BACKGROUND AND PURPOSE

Child welfare case managers are responsible for handling high caseloads, increasingly more complex and severe cases, and time consuming administrative tasks. These responsibilities must be accomplished in an environment with limited organizational and community resources.¹ Job stress leads to high staff turnover in the field, which often results in negative outcomes for children, families, and agencies alike. While some circumstances surrounding workload are agency specific, child welfare literature highlights some universal themes among case management services that influence workload stress, such as time constraints and variability in caseload demands. Turnover is one of the most troublesome issues the child welfare system is facing. Research states that annual turnover rates typically range from 20 to 40 percent and have significant financial and service effects.²

There are also concerns for the safety, permanency, and well-being of the children and families receiving case management services. Studies have shown that turnover influences the outcomes for children in foster care by delaying time to permanency, increasing placement moves, increasing safety risks, reducing the quality of case management, and interrupting intervention services such as counseling and educational support.³

Recently, practice models such as alternative/differential response, family engagement, and systems of care initiatives have shown promising results in outcomes associated with children and families as well as worker retention. These program models focus on strategies targeted to 1) enhance worker process and support; 2) implement the program, make changes to practice and the system, address staffing challenges, and improve worker effectiveness. These changes are possible through consolidation of:

- requirements and processes
- tools
- technology
- alternative worker arrangements
- prevention and early intervention
- evidenced-based practice
- permanency initiatives
- continuous quality assessment and improvement
- shifts in organizational climate and culture
- reallocation of worker positions
- ditional positions made available within agencies
- careful selection of new staff
- the hiring of specialized support staff
- creating teams to work cases together to alleviate the stress of doing it alone
- concerted efforts on the retention of current staff through training and ongoing support and increased supervision.^{2,3}

Children's Home Society of Florida (CHS) responded to the challenges above through the application of technology. In collaboration with the Microsoft Corporation, CHS developed a new approach to case management through the implementation of CaseAIM, an innovative environmental change model that gives case managers the ability to carry out essential case-related tasks while in the field through a phone or tablet. Everything from home visit assessments to court documents can be worked on without the necessity of being in, or traveling to, the office. CaseAIM also utilizes Unified Service Centers staffed 24/7 by veteran case managers who can provide crisis intervention and service level supports such as referrals, workload mapping, and transportation to alleviate the burden it places on frontline staff.

The goal of CaseAIM is to enable case managers to spend more face-to-face time with clients, build strong worker-client alliances, identify case-appropriate community resources, collaborate on developing individualized case plans, and provide children and families with skills for success. CHS piloted CaseAIM in December 2015 in Orange and Seminole Counties.

RESEARCH METHODOLOGY

CHS contracted with the Florida Institute for Child Welfare (Institute) to conduct a two-part evaluation of CaseAIM. Utilizing a mixed methods approach, the Institute conducted both a secondary data analysis of information gathered in the Florida Safe Families Network (FSFN) to assess child outcomes, as well as a survey designed to gather primary data from key CHS stakeholders on their experiences related to the delivery and receipt of case management. The study design is based on the following CHS research questions:

1. Does care coordination differ between case managers who are using CaseAIM and case managers who are not using CaseAIM case management services?
2. Does engagement with clients differ between case managers who are using CaseAIM and case managers who are not using CaseAIM case management services?
3. Do child outcomes improve as indicated by child safety, permanency, and well-being for children receiving CaseAIM case management compared to children not receiving CaseAIM case management services?

RESEARCH METHODOLOGY (CONTINUED)

This study examines three elements of case manager care coordination and engagement: 1) case manager caseload; 2) number of child placements; 3) and number of child case managers. Higher caseloads are linked to staff turnover, which in turn, is linked to children experiencing multiple cases managers and placement moves. These events alone or in combination have the potential to negatively impact child outcomes for safety, permanency, and well-being.⁴

The Institute's study also examines child outcomes that are based on federal or state standards for child welfare programs. The following are statewide data indicators for federal compliance as well as state standards required to be entered into the Florida Safe Families Network (FSFN):⁵

1) Safety Category

- a. Of all children who exit foster care, what percentage had no verified maltreatment of abuse or neglect in the six-month period following their termination of supervision?

2) Permanency Category

- a. Of all children who enter foster care in a 12-month period, what percentage discharged to permanency within 12 months of entering foster care?
- b. Of all children who entered foster care during the reporting period and achieved permanency within 12 months of entry, what percentage did NOT re-enter foster care within 12 months of their permanency date?

3) Well-being Category

- a. Of all children who are in foster care at the end of the reporting period, what percentage have had a dental service documented in FSFN where the date of the dental service is within the seven months prior to the end of the report period?
- b. Of all children who are in foster care at the end of the reporting period, what percentage have had a medical service documented in FSFN where the date of the medical service is in the 12 months prior to the end of the selected report period.

The Florida State University Institutional Review Board (IRB) approved both parts of the CaseAIM evaluation.

QUANTITATIVE STUDY METHOD

CHS data were entered into the Florida Safe Families Network (FSFN), a child welfare information system developed to meet the federal and state reporting requirements. CHS of Central Florida was responsible for creating datasets for the study. The FSFN data were pulled from nine child welfare agencies in eight districts throughout the state. Case manager demographic data were collected from the CHS personnel record system. CHS electronically submitted the datasets to the Institute who organized the FSFN and personnel data into three datasets: Case managers, children (foster care), and providers (foster parents and relative/non-relative caregivers). Quantitative data was exported from the Qualtrics system and entered in SPSS v25 for analysis. The data was stratified into CaseAIM and non-CaseAIM groups using the information gathered about the counties in which participants currently experience CHS case management services. CaseAIM is currently only implemented in Orange and Seminole Counties.

The quantitative analysis analyzed the characteristics (e.g., age, race, gender) of both CaseAIM and non-CaseAIM groups, looked for differences and similarities between the groups, and tested the following hypotheses:

Case Manager Case Coordination and Engagement

1. The CaseAIM group will carry fewer cases (i.e., number of cases associated with one worker) than the non-CaseAIM group.
2. The number of placement moves (i.e., the number of placements per child) for the CaseAIM foster children will be fewer than the non-CaseAIM foster children.
3. The number of case managers per child for the CaseAIM group's foster children will be fewer than the non-CaseAIM group's foster children.

Child Outcomes Related to Child Safety, Permanency, and Well-being

1. The number of children exiting foster care to a permanent home within 12 months will be higher in the CaseAIM group than the non-CaseAIM group.
2. The number of children in foster care who received medical services within the last 12 months will be higher in the CaseAIM group than the non-CaseAIM group.
3. The number of children in foster care who received dental services within the last seven months will be higher in the CaseAIM group than the non-CaseAIM group.
4. The number of children who are not neglected or abused within six months of termination of supervision will be higher in the CaseAIM group than the non-CaseAIM group.
5. The number of children who do not re-enter foster care within 12 months of moving to a permanent home will be higher in the CaseAIM group than the non-CaseAIM group.

QUANTITATIVE STUDY PARTICIPANTS

The sample represents nine operating sites/locations and consists of all children and providers entered into FSFN and case managers entered into the CHS personnel record system between December 2015 and November 2017. The CaseAIM case management model was initiated in December 2015 and introduced in two of the nine counties. Although CHS provided data for both in-home and out-of-home cases, only out-of-home (foster care) cases were included in the final datasets to focus the analyses on the population of interest.

QUANTITATIVE STUDY KEY FINDINGS

Several key findings indicate positive results with CaseAIM with regard to children's outcomes. The most significant finding suggest that CaseAIM is having an impact on reducing a child's length of stay in care and achieving permanency within 12 months. CaseAIM children spend approximately three months less time in care than non-CaseAIM children. This is an important finding because a child's timely return to a safe and stable home improves the long-term prospects in multiple domains for children who have experienced abuse and neglect.⁶ See the full report at <https://ficw.fsu.edu/research-evaluation/research-reports> for more detailed information on the findings.

QUANTITATIVE STUDY KEY FINDINGS (CONTINUED)

TABLE 1: Summary of Quantitative Findings for Hypotheses 1 through 8

Hypotheses/Research Questions		Findings
1	Do CaseAIM groups differ on case manager caseload?	Yes^a – On average, CaseAIM case managers carry 14 cases, which are 5 fewer cases than the non-CaseAIM caseload of 19.
2	Do CaseAIM groups differ on the children’s number of placement moves during foster care stays?	Yes – On average, non-CaseAIM children moved 3.4 times compared to CaseAIM children’s moves of 2.8. If this decrease were applied to the non-CaseAIM group, it would result in 2,947 fewer placements moves.
3	Do CaseAIM groups differ on how many case managers are assigned to children while they are in foster care?	Yes – On average, non-CaseAIM children had 1.9 case managers compared to CaseAIM children who had 1.6 case managers. If this decrease were applied to the non-CaseAIM group, 1,474 children would have fewer case managers while in care.
4	Do CaseAIM groups differ on how many children achieve permanency within their first 12 months in foster care.	Yes – 61 percent of CaseAIM children exited foster care within 12 months compared to 45 percent of non-CaseAIM children. CaseAIM children spent approximately three fewer months in foster care than non-CaseAIM children.
5	Do CaseAIM groups differ on the number of children who receive medical services in a timely manner?	No – The results indicated that the CaseAIM groups did not differ significantly. Eighty-six percent of CaseAIM children received medical services in a timely manner compared to 84 percent of non-CaseAIM children.
6	Do CaseAIM groups differ on the number of children who receive dental services in a timely manner?	Yes – The results indicated that the CaseAIM groups differed significantly. Eighty-seven percent of CaseAIM children received dental services in a timely manner compared to 78 percent of non-CaseAIM children.
7	Do CaseAIM groups differ on foster care children who are not neglected or abused within six months of termination of supervision?	No – The results indicated that the CaseAIM groups did not differ significantly. Ninety percent of CaseAIM children were not maltreated within 6 months of discharge compared to 92 percent of non-CaseAIM children.
8	Do CaseAIM groups differ on the number of children who do not re-enter foster care within 12 months of moving to a permanent home?	No – The results indicated that the CaseAIM groups did differ significantly; however, the direction of change was not as hypothesized. More CaseAIM children re-entered foster care within 12 months than non-CaseAIM children.

^a “Yes” indicates a statistically significant result ($p \leq .05$).

SURVEY STUDY METHOD

The CHS CaseAIM Case Management Services Survey was exploratory in nature. Both open and closed ended questions were given to key CHS stakeholders (caregivers, case managers, guardians ad litem, and judges) throughout the state of Florida with the goal of gathering insight into the perspectives they have on CHS case management services. The sample was both convenient and purposive. CHS stakeholders were contacted via email to participate in the survey on a voluntary basis. A total of 133 responses were submitted with only 103 cases included in the analysis, giving an overall response rate of 19.9 percent. The instrument collected data using scaled and text response options.

Descriptive statistics were run as well as independent samples t-tests to explore mean differences between the CaseAIM and non-CaseAIM groups. The text responses were exported and hand coded for themes that emerged around differences between the CaseAIM and non-CaseAIM groups using content analysis.

SURVEY STUDY KEY FINDINGS

Eight themes emerged from the caregivers who responded to the survey: communication, timelines, transparency, support, advocacy, inconsistency, and effort. Guardians ad litem’s issues were similar to caregivers’ experiences with CHS case management services. Emergent themes for case managers include incongruence, time, resources, and communication. The themes that emerged for the judges consisted of communication, resources, burnout, and standards. For more information on the stakeholders’ responses, please reference the final CaseAIM evaluation report.

TABLE 2: Summary of Survey Findings for Hypotheses 1 through 2

Hypotheses/Research Questions		Findings
1	Does care coordination differ between those who are and those who are not using CaseAIM Case Management Services?	No – from all accounts, there is no difference in care coordination between groups. All stakeholders referenced high caseloads and insufficient communication as barriers to effective coordination of case management services with CHS.
2	Does worker engagement with clients differ between those case managers who are and those who are not using CaseAIM Case Management Services?	No – from all accounts, there is no difference in engagement with clients between groups. All stakeholders referenced high caseloads and insufficient communication as barriers to effective engagement with clients utilizing CHS case management services.

EVALUATION CONCLUSION

CaseAIM shows great promise as an effective case management model. CHS found that case managers spend approximately 75 percent of their time engaged in administrative tasks rather than in the field working with families and service providers. The CHS finding mirrors a Children's Bureau policy brief that reported "[child welfare] case managers tend to spend 60 to 70 percent of their work time on case-related activities, with approximately 20 to 35 percent on direct client contacts or collateral contacts (p. 1)."⁷ CHS responded to the problem by designing and implementing CaseAIM, an innovative workforce intervention for case managers. CaseAIM incorporates best practices identified by the Children's Bureau, such as the inclusion of specialized units to support staff and help decrease paperwork and administrative tasks. Children's Home Society is at the forefront of utilizing technology in the social service domain.

Addressing the overwhelming tasks that case managers are expected to carry out on a day-to-day basis seems daunting. The CaseAIM framework attempts to alleviate some of the administrative burdens placed on case managers, which gives them more time to have direct contact with clients. This is all done with the goal of improving child and family outcomes.

The CaseAIM design of providing case managers with field-based technology and organizational support appears to be a promising practice model. However, the results are mixed. CaseAIM appears to outperform non-CaseAIM case management in several significant ways. The study found that CaseAIM case managers carry fewer cases than non-CaseAIM case managers, CaseAIM children in foster care have fewer placements than non-CaseAIM children, and CaseAIM children also have fewer case managers during a placement episode than non-CaseAIM children. While the quantitative evaluation of data showed statistically significant differences between groups, analysis of the survey data indicated that case managers both within the CaseAIM group as well as the non-CaseAIM group are perceived as overwhelmed with their caseloads. Significant improvement was found in the number of CaseAIM children achieving permanency within 12 months (61%) compared to the non-CaseAIM group (45%). However, the safety outcome for the number of children who are not neglected or abused within six months of discharge was not statistically significant. Likewise, the permanency outcome for the number of children who do not re-enter care within 12 months of discharge was not significant. Receipt of medical services in a timely manner was also not significant.

Overall, the evaluation of the CaseAIM pilot project warrants further evaluation using more rigorous designs, examining the linkages between multiple variables, and exploring potential pathways of change. Replication of the outcomes would also help to verify the findings and determine if they can be applied to other participants and circumstances; particularly as random assignment was not used in this study.

The results of this evaluation are comparable to previous research in the social work field in that stakeholders within CHS all unanimously reported the need for smaller caseloads in order to be effective at their jobs. Respondents who received services also reported that case managers are overworked, fatigued, and spread extremely thin. This theme was reported from CaseAIM participants as well as non-CaseAIM participants.

Clear and concise communication was also a common theme that emerged among all stakeholders in both the intervention and control groups. While there were caregivers who expressed satisfaction with the case managers on their cases, there were some in both the CaseAIM and non-CaseAIM groups who expressed frustration with the level of communication with the case managers on their cases. Caregivers discussed that information was only given if they pressed the case managers for it. Both CaseAIM and non-CaseAIM caregivers reported frustration with the necessity of pressing for information, as well as the lack of response to phone calls, emails, and text messages asking for information.

Emerging from the discussion of better communication with case managers was the desire for more *timely* communication. Stakeholders in both groups expressed the need to have more efficient responses to questions, comments, and concerns about the children's cases, stating that they thought it was detrimental to the outcomes of the children's cases if they are not able to receive the information they are looking for in a timely manner.

In the questions that gave scaled response options, there were higher levels of agreement and a more positive tone for the CaseAIM group compared to that of the non-CaseAIM group. However, the themes that emerged from the content analysis were the same for both groups and reflected a dissatisfied tone for case management services irrespective to the type of case management received.

Further, when asked to rate their level of agreement to statements that discussed case managers' care coordination and engagement, caregivers receiving CaseAIM case management services had statistically significant differences in responses compared to those who were not receiving CaseAIM case management services. This suggests caregivers were more likely to select 'strongly agree' or 'agree' in the scaled response options while simultaneously stating their dissatisfaction with their current case management services, reflecting an overall lack of communication and engagement with their case managers. This sentiment was reflected in the non-CaseAIM group as well.

Overall, it seems that the CaseAIM program has the potential to be beneficial for case management as a whole but needs further evaluation before that conclusion can be definitive. Based on the results of this evaluation, those who are currently utilizing CHS case management services would like there to be improved communication and smaller caseloads to increase the amount of time needed to engage families in direct services. This was the same conclusion for both CaseAIM and non-CaseAIM groups from all stakeholders who were questioned.

RECOMMENDATIONS

- There are many families in the system who have mental health concerns; the Institute recommends deeper examination of 1) if they are receiving services; 2) if the services are impacting mental health and case outcomes.
- Continued evaluation of CaseAIM is crucial. The next phase should examine at least two to three years of data to identify rate of re-entry and re-abuse.
- The next phase of evaluation should be a deeper dive into the experiences of CaseAIM case managers via focus groups and in-depth interviews. It is difficult to make a thorough assessment of case plan involvement, family engagement, quality of relationships etc., with administrative data. Focus groups and interviews could bring more depth to the information gathered in this evaluation.
- This evaluation of aggregate data is a great start to providing evidence for CaseAIM effectiveness. It is recommended that the next evaluation employs a random selection of cases for comparison, has a case file review component, and utilizes focus groups and interviews.

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WORKFORCE



Supporting Family-Centered Practice Through Supervision: An Evaluation of Strengths-based Supervision

Lietz, C. A., Hayes, M. J., Cronin, T. W., & Julien-Chinn, F. (2014). Supporting family-centered practice through supervision: An evaluation of strengths-based supervision. *The Journal of Contemporary Social Services, 95*, 227-235. doi: 10.1606/1044-3894.2014.95.29

Issue

Child welfare supervision focuses on administrative tasks, while education and support are often overlooked. Clinical supervision is often overlooked due to the crisis nature of child welfare work. Supervisors have a critical role in supporting their workers as they apply federal and state policies and procedures in the context of each case. Therefore, the strengths-based supervision model encapsulates all of these activities into one model that highlights the need for supervisors to engage in intentional supervisory activities. The strengths-based supervision model was developed for the child welfare system that includes four components integrated to enhance implementation of family-centered practice (FCP) through intentional supervisory interactions. One of the fundamental aspects of FCP is that families should be preserved whenever possible and using natural supports (such as family relatives) when keeping families together is impossible. Supervisors play a crucial role in the implementation of practice principles. There are four elements to the strengths-based supervision model: 1) parallel FCP principles in supervisory interactions; 2) integrate crisis-oriented and in-depth supervisory processes to foster critical thought; 3) conduct clinical supervision using both individual and group modalities; and 4) serve administrative, educational, and support functions during supervision.

The strengths-based supervision training lasts 12 hours over a 2-day period and comprises four modules and an introduction defining supervisory tasks and the importance of the supervisory process. Module 1 includes a discussion on the administrative, educational, and supportive functions of supervisors. During this module, supervisors have an opportunity to reflect on their strengths and areas for growth. Module 2 includes an explanation of the parallel process. Supervisors are expected to develop a list of supervisory interactions that are consistent with both the strengths-based supervision and FCP. Module 3 includes a description of the differences between task-centered and reflective supervision. Supervisors learn when to use task supervision, such as when the worker is new or in urgent decision-making situations and when to use reflective supervision, such as when the supervision should foster analytical thinking. Module 4 compares individual and group supervision, specifically, the importance of intentionality when making decisions about how to structure supervisory conferences. More than 1,000 child welfare supervisors have been trained in the strengths-based supervision model since its inception in 2008, yet an evaluation to determine the degree to which supervisors implement aspects of the strengths-based supervision after the training is needed.

Method

The purpose of this study was to evaluate the learning from the strengths-based supervision training to what actually occurs in supervisory practice. This was accomplished by observing the changes in the supervision as reported by the workers during a two-month period. Workers were aware that their supervisors attended the training, but were not informed about the specific content of the training. Supervisors were also asked to self-evaluate their implementation of the model. A sample of 28 supervisors were identified who were scheduled to attend the training. Supervisors were invited to participate in a pre-test survey one month prior to the training. A one-group pre-test-post-test design was used to evaluate the changes observed by the workers during the two-month of implementation. A sampling frame of 144 workers was identified, with 81 replies (a response rate of 56%). A concurrent nested design was used to create an instrument that primarily included closed-ended items, with two open-ended responses. Six subscales were created to measure the respondents' perceptions of: 1) administrative supervision; 2) educational supervision; 3) supportive supervision; 4) modeling of FCP principles in supervision; 5) critical thinking in supervision; and 6) supervisor availability. Respondents were asked to report their level of agreement with the items ranging from 1 strongly disagree to 6 strongly agree. Workers were also asked to report the number of hours of individual and group supervision they received per week.



Findings

The results indicate that nearly half (40.5%) of respondents reported that they observed positive changes in the supervision they received after the implementation of strengths-based supervision. Respondents stated that they had more scheduled group supervision meetings and that supervisors seemed to pay more attention to group meetings with more detail being presented in each case. Respondents also reported that individual and group supervision became more clinical in focus, paying more attention to the needs of the families and being more case-driven. These positive changes were corroborated by the supervisors, with 16.6 percent of supervisors reporting that their supervision was primarily clinical in nature prior to the training versus 24.4 percent of supervisors reporting that their supervision was primarily clinical in nature during the post-test. Similarly, only 7.4 percent of supervisors in the pre-test group identified clinical focus during the group supervision versus 25 percent of supervisors in the post-test group identified clinical focus during the group supervision. Interestingly, more than half of the sample (50.6%) reported not receiving group supervision at pre-test compared to 31 percent who reported not receiving supervision at post-test. While this suggests a need for more improvement, it does point to the training promoting group supervision services. When looking at the scale items (see Table 1 below), the findings demonstrate that on average respondents perceive modest improvement in all areas, with the most substantial changes indicated in the educational (pre-test mean = 4.16; post-test mean = 4.38) and critical thinking (pre-test mean = 4.00; post-test mean = 4.19).

Table 1: Scale Items

SCALE	PRE-TEST MEAN (SD) (N = 81)	POST-TEST MEAN (SD) (N = 85)
Critical Thinking (eight items; $\alpha = .92$)	4.00 (1.27)	4.19 (1.14)
Modeling FCP (five items; $\alpha = .93$)	4.42 (1.30)	4.58 (1.23)
Supervisor Availability (three items; $\alpha = .80$)	3.91 (1.39)	4.08 (1.24)
Administrative Supervision (three items; $\alpha = .87$)	4.67 (1.32)	4.76 (1.14)
Educational Supervision (three items; $\alpha = .87$)	4.16 (1.39)	4.38 (1.35)
Supportive supervision (three items; $\alpha = .92$)	4.60 (1.46)	4.71 (1.39)

Findings from the supervisor implementation survey suggest that supervisors self-report substantial increases in most of their supervisory activities. There were three areas that were perceived as unchanged: individual supervision, crisis supervision, and supportive supervision. Given that crisis supervision is offered through one-on-one modality, is the most common type of supervision, it makes sense that there would be little to no reported change. There were areas that were reported as having substantial perceived changes: mean score in use of group supervision (pre-test mean = 2.73; post-test mean 4.00) and level of agreement that the supervisor had implemented strengths-based supervision (pre-test mean = 3.60; post-test mean 4.62). The group supervision result indicates that perceived increases in group supervision occurred after the training, corroborated by the comments by the supervisors reporting wanting to use group supervision more or finding the utility of group supervision. The level of agreement about the implementation of strengths-based supervision indicates that supervisors were more intentional about the usage of the strengths-based supervision model after the training.

Table 2: Agreement of Implementation of Strengths-based Supervision

ITEM	PRE-TEST MEAN (SD) (N = 16)	POST-TEST MEAN (SD) (N = 15)
Model FCP	3.80 (1.08)	4.75 (0.58)
Conduct scheduled individual supervisory conference	4.67 (1.05)	4.63 (1.26)
Conduct scheduled group supervisory conference	2.73 (1.39)	4.00 (1.63)
Conduct crisis supervision when needed	5.07 (0.59)	5.31 (0.60)
Monitor the quality of practice	4.60 (1.71)	5.12 (0.72)
Provide supportive supervision	4.93 (0.70)	5.00 (0.63)
Provide educational supervision	4.77 (0.83)	4.87 (0.50)
Foster critical thinking	3.77 (1.09)	4.50 (0.63)
Conduct clinical supervision	4.20 (1.40)	4.62 (1.20)
Implement strengths-based supervision	3.60 (1.06)	4.62 (1.02)

Implications

The findings suggest that overall, respondents observed positive changes to the supervision they received 2 months after the supervisor received training. The increases to group supervision and clinical supervision were positive outcomes of the training. These increases in clinical supervision are consistent with the direction of the system given FCP suggests moving away from an incident-driven investigation toward a global assessment that examine the concerns in the broader context. The findings suggest that strengths-based supervision may be one way to support the growth of clinical supervision in both the individual and group modalities. The findings offer implications for child welfare supervision regarding supervisory training, specifically group supervision and clinical supervision. Continuing the education of supervisors can impact how the supervisor structures their supervisory activities. The strengths-based supervision might also prove beneficial for social work students, particularly given that these child welfare workers tend to move into supervisory positions quickly. While training can provide a theoretical framework for supervision; practical supervision is necessary as well. Therefore, training and supervision need to work in conjunction with one another to support ongoing professional development.

WORKFORCE



Supporting Family-Centered Practice Through Supervision: An Evaluation of Strengths-based Supervision

Lietz, C. A., Hayes, M. J., Cronin, T. W., & Julien-Chinn, F. (2014). Supporting family-centered practice through supervision: An evaluation of strengths-based supervision. *The Journal of Contemporary Social Services, 95*, 227-235. doi: 10.1606/1044-3894.2014.95.29

Issue

Child welfare supervision focuses on administrative tasks, while education and support are often overlooked. Clinical supervision is often overlooked due to the crisis nature of child welfare work. Supervisors have a critical role in supporting their workers as they apply federal and state policies and procedures in the context of each case. Therefore, the strengths-based supervision model encapsulates all of these activities into one model that highlights the need for supervisors to engage in intentional supervisory activities. The strengths-based supervision model was developed for the child welfare system and includes four integrated components to enhance implementation of family-centered practice (FCP) through intentional supervisory interactions. One of the fundamental aspects of FCP is that families should be preserved whenever possible and use natural supports (such as relatives) when keeping families together is impossible. Supervisors play a crucial role in the implementation of practice principles. There are four elements to the strengths-based supervision model: 1) parallel FCP principles in supervisory interactions; 2) integrate crisis-oriented and in-depth supervisory processes to foster critical thought; 3) conduct clinical supervision using both individual and group modalities; and 4) serve administrative, educational, and support functions during supervision.

The strengths-based supervision training lasts 12 hours over a 2-day period and comprises four modules as well as an introduction that defines the supervisory tasks and the importance of the supervisory process. Module 1 includes a discussion on the administrative, educational, and supportive functions of supervisors. During this module, supervisors have an opportunity to reflect on their strengths and areas for growth. Module 2 includes an explanation of the parallel process. Supervisors are expected to develop a list of supervisory interactions that are consistent with both the strengths-based supervision and FCP. Module 3 includes a description of the differences between task-centered and reflective supervision. Supervisors learn when to use task supervision, such as when the worker is new or in urgent decision-making situations and when to use reflective supervision, such as when the supervision should foster analytical thinking. Module 4 compares individual and group supervision, specifically, the importance of intentionality when making decisions about how to structure supervisory conferences. More than 1,000 child welfare supervisors have been trained in the strengths-based supervision model since its inception in 2008, yet an evaluation to determine the degree to which supervisors implement aspects of the strengths-based supervision after the training is needed.

Method

The purpose of this study was to evaluate the learning from the strengths-based supervision training to what actually occurs in supervisory practice. This was accomplished by observing the changes in the supervision as reported by the workers during a two-month period. Workers were aware that their supervisors attended the training, but were not informed about the specific content of the training. Supervisors were also asked to self-evaluate their implementation of the model. A sample of 28 supervisors were identified who were scheduled to attend the training. Supervisors were invited to participate in a pre-test survey one month prior to the training. A one-group pre-test-post-test design was used to evaluate the changes observed by the workers during the two-month of implementation. A sampling frame of 144 workers was identified, with 81 replies (a response rate of 56%). A concurrent nested design was used to create an instrument that primarily included closed-ended items, with two open-ended responses. Six subscales were created to measure the respondents' perceptions of: 1) administrative supervision; 2) educational supervision; 3) supportive supervision; 4) modeling of FCP principles in supervision; 5) critical thinking in supervision; and 6) supervisor availability. Respondents were asked to report their level of agreement with the items ranging from 1 strongly disagree to 6 strongly agree. Workers were also asked to report the number of hours of individual and group supervision they received per week.



Findings

The results indicate that nearly half (40.5%) of respondents reported that they observed positive changes in the supervision they received after the implementation of strengths-based supervision. Respondents stated that they had more scheduled group supervision meetings and that supervisors seemed to pay more attention to group meetings with more detail being presented in each case. Respondents also reported that individual and group supervision became more clinical in focus, paying more attention to the needs of the families and being more case-driven. These positive changes were corroborated by the supervisors, with 16.6 percent of supervisors reporting that their supervision was primarily clinical in nature prior to the training versus 24.4 percent of supervisors reporting that their supervision was primarily clinical in nature during the post-test. Similarly, only 7.4 percent of supervisors in the pre-test group identified clinical focus during the group supervision versus 25 percent of supervisors in the post-test group identified clinical focus during the group supervision. Interestingly, more than half of the sample (50.6%) reported not receiving group supervision at pre-test compared to 31 percent who reported not receiving supervision at post-test. While this suggests a need for more improvement, it does point to the training promoting group supervision services. When looking at the scale items (see Table 1 below), the findings demonstrate that on average, respondents perceive modest improvement in all areas, with the most substantial changes indicated in the educational (pre-test mean = 4.16; post-test mean = 4.38) and critical thinking (pre-test mean = 4.00; post-test mean = 4.19).

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Table 2: Agreement of Implementation of Strengths-based Supervision

ITEM	PRE-TEST MEAN (SD) (N = 16)	POST-TEST MEAN (SD) (N = 15)
Model family centered practice	3.80 (1.08)	4.75 (0.58)
Conduct scheduled individual supervisory conference	4.67 (1.05)	4.63 (1.26)
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Conduct clinical supervision	4.20 (1.40)	4.62 (1.20)
Implement strengths-based supervision	3.60 (1.06)	4.62 (1.02)

Implications

The findings suggest that overall, respondents observed positive changes to the supervision they received two months after the supervisor received training. The increases to group supervision and clinical supervision were positive outcomes of the training. These increases in clinical supervision are consistent with the direction of the system given FCP suggests moving away from an incident-driven investigation toward a global assessment that examine the concerns in the broader context. The findings also suggest that strengths-based supervision may be one way to support the growth of clinical supervision in both the individual and group modalities. The findings offer implications for child welfare supervision regarding supervisory training, specifically group supervision and clinical supervision. Continuing the education of supervisors can impact how the supervisor structures their supervisory activities. The strengths-based supervision might also prove beneficial for social work students, particularly given that these child welfare workers tend to move into supervisory positions quickly. While training can provide a theoretical framework for supervision; practical supervision is necessary as well. Therefore, training and supervision need to work in conjunction with one another to support ongoing professional development.

WORKFORCE



Do the Components of Strengths-based Supervision Enhance Child Welfare Workers' Satisfaction with Supervision?

Lietz, C. A., & Julien-Chinn, F. (2017). Do the components of strengths-based supervision enhance child welfare workers' satisfaction with supervision? *The Journal of Contemporary Social Services*, 98, 146-155. doi: 10.1606/1044-3894.2017.98.20

Issue

Turnover rates, burnout, vicarious trauma, and professional development needs of the workforce are specific challenges often faced by child welfare administrators. The relationship between the supervisor and the frontline worker is important to increasing staff retention, debriefing stress, and enhancing staff development. The strengths-based supervision (SBS) model enhances the intentionality and quality of supervision provided by child welfare professionals. The SBS model supports family-centered practice (FCP) by using supervisory activities and is considered the overarching theoretical framework guiding child welfare practice in the United States. The FCP is recommended as essential to achieving positive outcomes for children and families involved in the child welfare system and has six organizing principles commonly discussed. FCP: 1) prioritizes the family as the unit of attention and family preservation is paramount; 2) is relational and expects child welfare workers to form professional, supportive partnerships with families; 3) is grounded in an empowerment approach; 4) allows for individualized practice to meet the cultural and personal preferences of the family; 5) involves meeting the practical needs of each family, using a holistic view when considering how best to support the family; and 6) is a strengths-based model that identifies and builds upon the strengths and resources of the family. The parallel process is repeating patterns that occur within the relationship between the supervisor and worker and similarly within the relationship between the worker and the family—the interactions between the supervisor and worker influence the interaction between the worker and the family being served. Therefore, it is crucial that supervisory interactions remain theoretically consistent within any practice model implemented. To create an intentionality in supervision that is consistent with FCP, the strengths-based supervision model expects supervisors to: 1) parallel FCP principles in supervision; 2) integrate the use of crisis and reflective supervisory conferences; 3) use individual and group supervision modalities; and 4) fulfill administrative, educational, and supportive functions. The purpose of this study was to evaluate the degree to which certain components of SBS predict higher levels of satisfaction with supervision for child protective services (CPS) specialists. Satisfaction with supervision is imperative as it impacts retention and enhances decision-making and improves client outcomes.

Method

The purpose of this project was to determine which supervisory processes are associated with higher levels of satisfaction with supervision. A mixed methods concurrent nested design was used to evaluate the association between six components of SBS and levels of satisfaction with supervision. A cross-sectional survey was administered online to a group of child welfare workers that consisted primarily of closed-ended questions (38 items), supplemented by two open-ended items to allow participants to explain their responses. The survey consisted of demographic questions, questions about the amount of supervision received, and six scales measuring the primary components of SBS: 1) reflective supervision; 2) supervision availability in crisis and for scheduled supervision; 3) modeling FCP; 4) educational supervision; 5) supportive supervision; and 6) administrative supervision. A scale measuring respondent satisfaction with supervision was included to assess the association between these elements of SBS and levels of satisfaction with supervision in child welfare. All the scales were created based on the supervisory activities expected in SBS. An 8-item scale was created to determine the degree to which respondents perceive that their supervisors prompt critical thinking during supervision. A 5-item scale was developed to assess the degree to which the direct report observes FCP practice principles in action by the supervisor. Three scales, with three items each, were created to measure participants' perceptions regarding a supervisor's supportive, educational, and administrative functions. Finally, a scale measuring the supervisor's availability for crisis and in-depth scheduled individual and group supervision was also included. The outcome variable, satisfaction with supervision, was created for the purpose of this study, which consisted of a 4-item scale asking the level of agreement. The sampling frame included child welfare specialists in one specific region of about 811 and resulted in a sample size of 427 (response rate of 52.6%). The average years of service in the child welfare system was about 9 years ($M = 9.3$; $SD = 5.8$); however, nearly 20 percent of the sample identified serving 1 year or less. Similarly, while the average years in the current position in CPS was 7.6 years ($SD = 5.1$); the highest frequency of years indicated was 1 year or less.



Findings

Multiple regression was used to test the association between the components of SBS and the levels of satisfaction with supervision. Variables were added hierarchically in order to compare the relative change in explained variance. Model 1 tested the control variable: number of hours of supervision, which was associated with levels of supervisor satisfaction such that as hours of supervision increased, so did the level of satisfaction ($R^2 = .12$). Model 2, incorporated the six SBS variables. Five of the six SBS variables were significantly associated with the outcome variable, with more than 70 percent of the variance explained ($R^2 = .82$). Interestingly, when regressed along with the components of SBS, not all levels of the hours of supervision were significant and some relationships moved from positive to negative indicating that when accounting for elements of supervision that relate to content of supervision, more hours of supervision were not consistently associated with increased satisfaction.

The open-ended comments were relevant when triangulated with the quantitative findings. There were 317 responses to the question "What do you appreciate about the supervision that you currently receive?", with 59 percent of the respondents providing comments regarding supervisory support, which indicates that support in supervision is imperative. The second most commonly discussed theme was about the importance of availability (40% of subsample). Although the impact of number of hours of supervision on satisfaction was inconsistent in each of the models tested, the open-ended responses demonstrated the importance of the availability of the supervisor. The general theme was that workers felt appreciative of supervisors who were readily available and checks in on the worker. The 261 respondents who answered the question, "What would help to improve the supervision you receive?", the most commonly addressed item was the supervisor's availability (40% of subsample). Workers who did not feel their supervisors were available to them when needed, often expressed dissatisfaction with supervision. Respondents also identified issues of lack of support (39% of subsample). Respondents identified a need for increased support of the individual worker and the need for increased support at the organizational level. This qualitative data corroborated the primary quantitative findings by continuing to emphasize the importance of supervisor support and availability for crisis and in-depth, scheduled supervisory conferences.

Implications

These findings indicate that most of the supervisory practices measured in this study were associated with higher levels of satisfaction. The quantitative findings are corroborated by the open-ended comments that lend further support to these conclusions. Supervisory practices such as forming positive supervisory relationships, engaging in reflective supervision, being available in a crisis, and scheduled in-depth supervision meetings were highly valued. Given that the model explained 82 percent of the variance, this suggests that these components should be integrated into a model of supervision such as SBS. There are certain components of supervision that are of great importance, such as supportive supervision and availability of the supervisor, both of which have been demonstrated as important to the relationship between the supervisor and worker. Although the hours of supervision were less explanatory in the full model, this variable did predict increased satisfaction in the initial model suggesting that increasing quality of supervision may be more important than quantity of supervision. This satisfaction is demonstrated in the second model that had negative effects between hours of supervision when the supervisory activities were not valuable. The role of supervisory support was replicated in this study, suggesting that child welfare agencies need to create time in the supervisor's schedule to remain adequately available to regular, scheduled, and crisis supervision activities. Policies should consider the number of workers assigned to a supervisor, the additional caseload supervisors should carry, and the degree of other responsibilities required of supervisors to ensure supervisory activities include a reasonable level of supervision. Training is needed to ensure that supervisors have the skills needed to communicate effectively with CPS specialists. Supervisor-support requires the ability to leverage the knowledge and expertise of the supervisor while still allowing specialists to make decisions. Workers often perceive their supervision activities to include instrumentation and to be task-oriented, suggesting a need for enhanced skills in clinical debriefing. Supervision activities should not be too procedural but should promote professional development and clinical skills. Findings also lend support to the benefit of SBS as a model that can integrate supervisory activities into a coherent program. Considering that five of the six SBS components were associated with higher levels of satisfaction, SBS may provide one strategy for improving supervision satisfaction, potentially increasing worker retention.

WORKFORCE



Strengths-based Supervision: Supporting Implementation of Family-centered Practice through Supervisory Processes

Lietz, C. A. (2013). Strengths-based supervision: Supporting implementation of family-centered practice through supervisory processes. *Journal of Family Strengths*, 13, 1 - 16. Retrieved from <http://digitalcommons.library.tmc.edu/jfs/vol13/iss1/6>

Issue

Strengths-based supervision is a model that integrates supervisory processes designed to intentionally support a worker's implementation of Family-Centered Practice (FCP). Supervisors in the child welfare system serve dual purposes of monitoring the quality of practice to ensure workers adhere to agency policies and practice guidelines. Supervisors are also mentors, who provide professional development to help workers apply their learning in the training sessions to their work in practice. Strengths-based supervision has been adopted by three states since its inception in 2008 and the elements of the model were incorporated into the training modules of the child welfare agencies' curricula.

Explanation

Strengths-based Supervision involves the task of monitoring the work of others and ensuring the quality of that work. Specifically, child welfare supervisors ensure that frontline workers are promoting the outcomes of safety, permanency, and well-being of children and families being serviced. Supervisors often have direct or indirect effects on the cases they supervise. For example, a direct effect occurs when the worker speaks with a parent during a case staffing and a decision is made based on that conversation. An indirect effect occurs when case reviews are performed. These effects can change the decisions of frontline workers, which is thought to enhance the overall well-being of children and families being served. It is often difficult to assess the indirect impact; however, it is understood that supervisors can and do influence the quality of practice. There are four guidelines of the Strengths-based Supervision, that provide direction to supervisors about the best way to structure supervision to support effective implementation of FCP. These guidelines include: 1) fulfill the three functions of supervision: administrative, educational, and support; 2) parallel the principles of FCP during supervisory conferences; 3) utilize both task and reflective supervision; and 4) conduct supervision using both individual and group modalities. These guidelines are discussed further below.

Supervisory Functions

There are three functions of supervisors. The administration function involves monitoring practice and holding workers accountable for the quality of their work. The tasks of the administrator include tracking and reviewing cases, signing off on case reports, monitoring adherences to agency policies and procedures, and writing performance reviews or improvement plans. The education function involves mentoring their workers and providing training and skill development. Supervisors are tasked with providing information to their workers about the basic elements of child welfare case management during the supervisory meetings. Additionally, supervisors should help workers make connections between the trainings and the field. During these meetings, supervisors should also be developing the critical thinking of their workers, prompting workers to utilize analytic tools to strengthen their decision-making capacity. The support function involves supporting the workers so that they can conduct the challenging work of child welfare, which includes both practical and emotional support. Practical support includes approving needed time off, providing answers in urgent situations, and working alongside the worker when necessary to complete tasks. Emotional support includes demonstrating genuine care and concern for the well-being of their workers and building an alliance between the supervisor and supervisee. Supervisors should be prepared to debrief their workers in high-risk situations to limit the effects of burn-out. It is argued that all three of these functions are necessary to promote retention among workers and when one of these functions is not being served, the supervisory program is falling short of its goals.

Parallel Process and Family-centered Practice

The notion of parallel process stems from various theories, including systems theory, which suggests that within large systems, such as the child welfare system, subsystems remain interrelated and influenced

Explanation

by one another. The relationship between the supervisor and worker is considered a subsystem and the workers' interactions with children and families is also considered a subsystem. Given the notion that there are parallels between the interactions of one subsystem and that of another subsystem, it is argued that the interaction between supervisors and their workers and the interactions between those workers and the families they service have repeated patterns. Examining this phenomenon through the lens of social learning theory, the behaviors of the workers would be replicated through modeling what they observe. Psychodynamic theory also addresses parallels in the workplace, suggesting that repeating patterns occur due to reenactment or unconscious desire to play out previous meaningful relationships in the current interactions with others. With respect to the strengths-based supervision, understanding that parallels exist between the interaction of the supervisors and supervisees and the supervisees and the families they service, supervisors can be more intentional about their supervisory interactions. The family-centered practice, a strengths-based approach to child welfare, is the preferred practice model across the U.S., which includes fundamental practice principles and key concepts. For example, the FCP seeks to keep children with their families whenever possible or to seek permanency when keeping children with their families is impossible. The FCP seeks to rely on natural occurring resources such as family members, friends, faith-based organizations, and other community-based services to sustain the family after interventions end. The FCP also focuses on empowerment and incorporates the children and family into the decision-making process. Therefore, this model encourages workers to form collaborative relationships with the families and to acknowledge the expertise of the family regarding their strengths and difficulties. To this end, FCP requires creative and critical thought to adapt services that are culturally and personally appropriate to the families. Given the parallel process and the utility of the FCP, supervisors should be intentional about conducting supervision that is consistent with the FCP principles.

Table 1: Family-centered Components

FCP KEY CONCEPTS	WORKER DISPLAYS KEY CONCEPT	SUPERVISOR PARALLELS KEY CONCEPT
Strengths-based	Workers identify internal and external strengths of family.	Supervisor conducts an assessment of the strengths of the worker and utilizes the internal and external capacities. in conducting child welfare assessments.
Family-centered	Workers seek to preserve families or look for relatives.	Supervisors ask questions that demonstrate a value on family preservation.
Membership	Workers understand how important family and personal connections are and invite concerned parties to participate in family-group decision-making.	Supervisors conduct group supervision as a way of fostering a sense of membership amongst their teams.
Empowerment	Workers are deliberate to value the opinions of parents.	Supervisors acknowledge the expertise of their workers regarding their cases.
Culturally Responsive	Workers are expected to move away from cookie-cutter case plans and move towards unique, individualized plans.	Supervisors raise issues of culture and adapt their supervisory style to match the unique learning preferences of their workers.
Critical Thinking	Workers manage bias and articulate a position grounded in evidence.	Supervisors foster critical thinking by suspending judgment and asking questions that prompt deeper thought.
Respectful Communication	Workers engage with families by forming respectful communication styles that include honest, direct feedback to families without judgment.	Supervisors develop respectful communication styles with their workers, providing honest, direct feedback. They make expectations clear and provide constructive feedback in a positive manner.
Hope	Workers approach each case believing all people maintain an inherent capacity for growth and change.	Supervisors value professional development, see potential in their workers, and create opportunities to enhance skills through supervision.

Task and Reflective Supervisory Process

The process of supervision can look different depending on the needs. At times, supervision needs to be task-oriented, which tends to be more efficient and provides answers or solutions to problems. This type of supervision involves direction and information sharing on the part of the supervisor. Task-centered supervision is another supervisory technique, which is often reserved for new workers who need to grasp the basic knowledge and competencies required. Task-centered supervision may be appropriate for

Explanation

experienced workers when the situation calls for urgent decision-making or crisis situations. Task and reflective supervisory processes are essential to developing the skills needed to work within the child welfare system. Reflective supervision fosters analytical thinking by asking questions that prompt critical thinking. This type of supervision is suited for enhanced critical thinking.

Table 2: Supervision Types

TASK-CENTERED SUPERVISION	REFLECTIVE SUPERVISION
Efficient in the short-run	Takes longer in the short-run, but builds skills that save time later
More concrete	Tolerates complexity
Directive approach	Collaborative approach
More information sharing	Less information sharing, more discussion
More answers	More questions
Good when workers are new	Good for more experienced workers
Supports urgent decision-making	Supports critical decision-making
Solves a problem	Prompts critical thinking

Individual and Group Supervisory Conferences

Individual supervision involves one-on-one meetings, which is often the most common supervision modality. It allows supervisors to develop an in-depth relationship with the worker. The supervisor often comes to know the worker's strengths and areas for growth and provides an opportunity to receive constructive feedback. Group supervision is used when the supervisors hold conferences with their team. These group discussions often focus on case consultations and allow workers to bring forth complicated cases to supervisors and peers to generate creative solutions. It encourages peer-to-peer learning and promote a supportive environment for problem solving. The group supervisory conferences foster creative, critical thinking and a sense of belonging, both integral to family-centered practice.

Table 3: Benefits of Individual and Group Supervision

BENEFITS: INDIVIDUAL SUPERVISION	BENEFITS: GROUP SUPERVISION
<i>Builds supervisory relationship</i>	Team building
<i>Provides practice and emotional support</i>	Fosters mutual aid and peer driven support
<i>Explores worker's strengths and capabilities</i>	Strengths of individual team members are identified to support one another
<i>Examines cases in greater depth</i>	Utilizes the process of dialog of a group to support decision-making
<i>Conducts direct conversations in private</i>	Enhances critical thinking based on diverse experiences and perspectives of team members
<i>Provides accountability and monitoring</i>	Increases efficiency by addressing common issues with all team members at once

Implications

Strengths-based supervision provides a conceptualization of supervisory programs in the child welfare system that seek to support the implementation of FCP. Training for new supervisors should include a summary of the strengths-based supervision model. Trainees who have received strengths-based supervision training self-reported a mean score of 4.45 (on a scale 1; strongly disagree to 5; strongly agree) on satisfaction with content, a mean score of 4.65 on relevance to their job, and a mean score of 4.60 on overall satisfaction. While the implementation of FCP is sought out, there do seem to be some inconsistencies with the adherence to these principles. Given the high demands of the child welfare field, supervisors need to engage workers in a supervisory process that is grounded in respectful interactions. Supervisors should monitor the quality of practice while also mentoring their workers to build skills and knowledge to conduct child welfare case management. Adopting a model that increases the supervisor's intentionality regarding how to conduct supervision that supports family-centered practice is critical.

WORKFORCE



Critical Thinking in Child Welfare Supervision

Lietz, C. A. (2010). Critical thinking in child welfare supervision. *Administration in Social Work, 34*, 68-78.
doi: 10.1080/03643100903432966

Issue

Child welfare administrators are often tasked with preparing new child welfare professionals, typically frontline workers, for the challenging responsibilities of assessing and responding to reports of child maltreatment. A crucial part of this training process is the supervision, which is arguably as critical of a factor in ensuring quality services as training. Through supervision, the policies and procedures often learned during the training sessions can be understood through monitored practice. Providing a component of educational supervision can promote critical thinking about the policies and procedures. In addition to providing the frontline workers with educational supervision, child welfare supervisors are often tasked with monitoring policies, procedures and paperwork in an effort to provide accountability to their supervisees. Supervisors are tasked with preparing their frontline workers to deal with the complexities of assessing child safety, which includes appropriately utilizing standardized assessments while also employing critical thinking strategies. Understanding the critical thinking component of the supervisory sessions is a crucial piece, specifically given that a combination of critical thinking and utilization of assessment tools is required for frontline workers to make sound decisions.

Method

To assess the critical thinking occurring in the supervision process at the Department of Children, Youth, and Families (DCYF) in Arizona, an online self-reported survey instrument was created. The concurrent nested research design included 21 close-ended qualitative questions and 2 open-ended qualitative questions. The variables included perceived quality of the supervisory relationship, availability of the supervisor, level of learning occurring as a result of the supervision, and the level of critical thinking during the supervision. Nine questions were utilized to measure critical thinking, which were created to comprise a critical thinking scale. The sample consisted of administrators, supervisors, and caseworkers at DCYF throughout the state with the exception of child welfare professionals working in District 4 of the state as there was an oversight when forwarding the email. The response rate was approximately 58 percent, resulting in a sample size of 348. Of this sample, 75 percent identified as case managers working directly with families in the field and 25 percent of the sample were supervisors and administrators at DCYF. Almost half of the sample (40%) reported working for DCYF less than 3 years.

Findings

The critical thinking scores ranged from 11 to 52, with a mean of 26.75, suggesting that DCYF workers are between "somewhat disagree" and "somewhat agree" on average regarding their impressions that critical thinking occurs during supervision. The table below provides the mean scores by district, and what is interesting is that there is little variance between districts in critical thinking scores. On a whole, the supervision process seems to provide frontline workers with some critical thinking skills, which was supported by the qualitative data, with respondents suggesting that their supervisors help them gain a broader view to make better service decisions.

Table 1: Critical Thinking Scores

DISTRICT	N	MEAN	SD
District 1	138	27.51	7.25
District 2	74	24.53	7.74
District 3	30	23.80	7.62
District 4	0		
District 5	20	28.95	7.76
District 6	30	25.80	10.19
Hotline	19	31.05	8.73
All Districts	311	26.75	7.97

Missing data = 37

Findings

While there were positive findings in this study, the overall mean of 26.75 indicates an opportunity to promote greater critical thinking within supervision. This was supported by the participants as evidenced by their responses to the open-ended questions. Respondents seemed to want more questions that challenged the respondent's decision-making. Additionally, respondents identified a need for creative solutions or identifying multiple solutions, which are components to critical thinking. Respondents also indicated that their supervisors spent too much of the time during supervision meeting talking and suggested that supervisors talk less and listen more. This is indicative that supervisors need to ask more leading questions of their workers that promote deep, critical thought. Finally, respondents suggested that more focus should be on seeing other points of view or different perspectives. This suggests a lack of openness to diverse perspectives, a component to critical thinking.

About half of the respondents reported that their supervisor promoted critical thinking while the other half did not. A regression analysis was conducted to explore factors that predict different levels in this outcome variable. The analysis shows that there were two significant predictors of critical thinking: quality of supervisor relationship ($\beta = .173, p < .001$) and the availability of the supervisor ($\beta = .764, p < .001$).

Implications

The findings are encouraging given the number of respondents who reported some level of critical thinking occurring during the supervision process. However, with nearly half of the respondents reporting no critical thinking, there is still room for improvement. Given the two predictive variables that increase the likelihood of critical thinking are the relationship between the supervisor and supervisee and the availability of the supervisor, the findings indicate that supervisors at DCYF need to be trained and supported to develop positive relationships. Supervisors also need to make time for their supervisees to support the process of critical thinking. Supervisors at DCYF often carry a caseload in addition to their supervisory responsibilities. Given the need for supervisors to spend time fostering their relationships and being available to their supervisees, it is recommended that the workload balance shift to allow more time for supervisory activities. This may seem like a difficult task initially, particularly given that when turnover happens, supervisors are tasked with stepping in and taking over those cases. It can be argued that when supervisors have the time to devote to their supervisory tasks, job satisfaction and retention increase. Another potential area for improvement is with the federal and state reporting requirements, which often keeps workers and administrators in their offices filing paperwork instead of interacting with families, communities, or each other. This decreases the time available for critical reflection, necessary for critical thinking.

SERVICE ARRAY



Training Youth Services Staff to Identify, Assess, and Intervene When Working with Youth at High Risk for Suicide

Osteen, P. J., Lacasse, J. R., Woods, M. N., Greene, R., Frey, J. J., & Forsman, R. L. (2018). Training youth services staff to identify, assess, and intervene when working with youth at high risk for suicide. *Children and Youth Services Review, 86*, 308-315. doi:10.1016/j.childyouth.2018.02.008

Issue

Youth in the child welfare system are often at increased risk for suicide due to the numerous physical and psychological challenges they face. This study was a longitudinal assessment of the impact of suicide intervention training on staff's abilities to identify, assess, and intervene when working with these youth in a child welfare setting.

Risk factors, such as maltreatment, type of placement, mental health status of the caregiver, and overall connection or lack of connection with one's placement, coupled with the higher prevalence of psychiatric illness puts child welfare youth at an increased risk for suicide (Broner, Embry, Gremminger, Batts, & Ashley, 2013; He, Fulginiti, & Finno-Velasquez, 2015). It is estimated that 27 percent of youth involved in the child welfare system are at imminent risk for suicide—defined as having current suicidal thoughts and planned behaviors such as suicide preparation and means—compared to 16 percent of youth in the general population (He et al., 2015). Youth in care are also more likely to make suicide attempts compared to youth not in care (3.6% and 0.8% respectively) (Evans, et al., 2017).

Findings

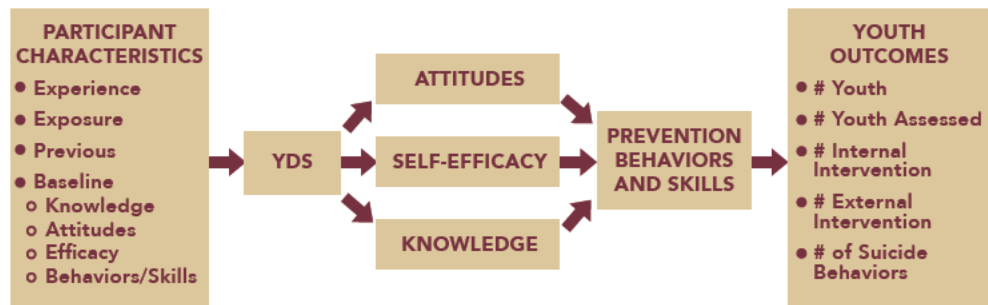
The intervention used in this project was an adapted version of the "Youth Depression and Suicide: Let's Talk" (YDS) gatekeeper training. The YDS training was developed by the Massachusetts Society for the Prevention of Cruelty to Children (2010) in collaboration with the Massachusetts Department of Children and Families. The goal of the YDS training is to decrease suicide ideation and behavior with youth using evidence-based and sustainable suicide prevention practices.

The target population for this study was youth services staff working with youth in the child welfare system who are at risk for suicide ideation and behaviors. The sample consisted of staff at a youth service agency in northern Florida who had direct contact with youth (including clinical, non-clinical, and administration). The original goal was to train all agency employees; however some employees ($n = 12$, 22%) did not attend for a variety of reasons (e.g., scheduling conflict, administrative duties). Of the 43 employees who attended the training, 98 percent ($N = 42$) consented to be in the study.

The training was created using a federal grant from the Garret Lee Smith Foundation and is listed on the Suicide Prevention Resource Center (SPRC) Best Practices Registry (BPR) as adhering to BPR standards. Based on a review of literature this is believed to be the first empirical evaluation of the YDS training curriculum. The core curriculum of the YDS training focuses on three areas:

- **Part 1:** *Acknowledging the Problem* addresses myths, risk factors, protective factors, and warning signs.
- **Part 2:** *Caring for the Person* is skills oriented and focuses on active listening skills, assessing degree of risk, and skill practice using scenarios and role plays.
- **Part 3:** *Telling a Professional* finishes with additional skills for risk assessment and crisis management.

Findings



The goal of this study was to evaluate the impact of the YDS suicide intervention training for staff working with youth in the child welfare system. Increasing the knowledge, attitudes, self-efficacy, and skill set of child welfare professionals may lead to improved abilities to identify, assess, and intervene in a high suicide risk situation. Overall, improvements were observed with many outcomes of the YDS training.

Results from the project are consistent with previous work in suicide intervention training. Previous work has shown that integrating experiential learning and providing opportunities to practice new skills predicts future use of such skills (Jacobson et al., 2012a). Experiential activities such as role play used in this study have been linked to increases in efficacy, preparedness, and use of intervention behaviors (Osteen et al., 2016; Pasco, Wallack, Sartin, & Dayton, 2012). The strong improvement in this area observed over time is a significant outcome of the training.

Implications

Providers who received the training demonstrated positive changes in many of the training outcomes. Ideally, improving outcomes in assessment and intervention could be linked to improving and providing services to meet children and youths' mental health needs, specifically as related to suicide thoughts and behaviors. Although there were different levels of success by outcome, it is clear that the training did not have any negative impact on participants, and alternatively was associated with positive results in this sample. Replication studies on the YDS curriculum are needed to assess the overall effectiveness and utility of the curriculum; suggestions include delivering the training to providers in different practice settings (e.g. outpatient clinics, residential treatment, community case management services, etc.), and with diverse client populations (e.g., justice-involved youth, survivors of abuse and neglect, gender-specific programs, etc.).

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SERVICE ARRAY



Making it Work Without a Family Drug Court: Connecticut's Approach to Parental Substance Abuse in the Child Welfare System

Ungemack, Jane; Giovannucci, Marilou; Moy, Samuel; Ohrenberger, Karen; DeMatteo, Thomas; et al. (2015). Making it work without a family drug court: Connecticut's approach to parental substance abuse in the child welfare system. *Child Welfare, 94*(5), 107-123.

Issue

Parental substance abuse presents complex challenges for the child welfare system and courts. This article describes the state of Connecticut's experience with implementing the Recovery Specialist Voluntary Program (RSVP), a recovery support program designed to confront the problem of parental substance abuse within the child welfare system without a family drug court. The state-level collaboration efforts, system changes, factors affecting development and implementation of the RSVP, program participants, and preliminary outcomes are described.

Coordinated, effective family interventions are hampered as parents are served in one system while their children are served through another, and insufficient mechanisms exist to ensure communication, collaboration, and compliance across the systems (McMahon & Luthar, 1998). Common challenges to collaboration between systems include: insufficient knowledge and understanding of addiction; the complexity of the service needs of parents who abuse substances; lack of a coordinated response to address the parents' needs; different agency missions and cultures; inadequate understanding of the different agency perspectives and practices; limited access to appropriate treatment options; legal barriers to sharing information; different timeframes and criteria for achieving outcomes; lengthy court proceedings; and children at risk of delayed permanency decision-making and future maltreatment (Marsh & Smith, 2012). The key stakeholders within each system, including agency administrators, social workers, treatment providers, and attorneys, have historically made few efforts at collaboration, and often perceive each other as adversaries.

The Recovery Specialist Voluntary Program (RSVP) is a joint initiative of the Connecticut Department of Children and Families (DCF), the Judicial Branch, the Department of Mental Health and Addiction Services (DMHAS), and Advanced Behavioral Health (ABH), a non-profit behavioral health administrative services organization. The article describes how a strong leadership and an inter-operability model has effectuated changes in policy and practice based on a common commitment to children and families, shared data, and evidence-based practice to deliver an outcome-oriented program for parents whose children have been removed by the court.

Findings

In a research article by Ungemack, et al. (2013) where they found that 32 percent of removals of children from their parents between 2006 and 2009 in Connecticut showed that parental substance abuse was a factor for the removal.

For a three-year pilot study, 208 participants enrolled between May 2009 and May 2012. Ninety-six percent (N = 200) of RSVP enrollees identified by DCF caseworkers as alcohol- or drug-abusing or -dependent were confirmed as needing substance abuse treatment when evaluated. Eighty-seven percent of those referred to RSVP enrolled in the program, and two-thirds were in treatment within 30 days of RSVP enrollment, most within 14 days. Six in ten had a history of prior substance abuse treatment. At intake into RSVP, 74 percent of clients reported alcohol use, 76 percent marijuana use, 60 percent used cocaine, and 42 percent were heroin users. The primary problem substances for which RSVP clients received treatment were heroin (29%), alcohol (24%), cocaine/crack (15%), marijuana (15%), other opiates (8%), and PCPs (5%).

Seventy-five percent of RSVP clients successfully completed their initial treatment episode, staying an average of 88 days in treatment. This completion rate exceeded the 43 percent rate among clients statewide admitted to treatment during the same time period, and it was comparable to rates reported for Family Treatment Drug Courts (Oliveros & Kaufman, 2011). Treatment completion by parents with substance use disorders is significantly associated with the increased likelihood of reunification with their children, and 90 days is optimal for both individual recovery and child welfare outcomes (Smith, 2003; Grella, Needell, Shi, & Hser, 2009).

Findings

During the pilot study conducted May 2009 to May 2012, 167 clients were discharged from the RSVP, with 54 percent successfully discharged; 28 percent discharged due to noncompliance; and 18 percent discontinued due to incarceration, death, or moving. Only participant age and gender predicted program completion. Adults aged 18 to 29 and men were less likely than older adults and women to successfully complete the RSVP. The longer parents participated and complied with program requirements, the more likely they were to reunite with their children. The reunification rate rose from 27 percent for clients who did not fully comply with the RSVP to 76 percent for those compliant for at least 180 days. Judicial data comparing RSVP cases with all Orders of Temporary Custody (OTC) occurring within the same time period showed that 74 percent of children whose parents enrolled in RSVP had a permanent placement within 12 months versus 49 percent of OTC cases statewide.

These findings, based only on participant data and without a comparison group, only suggest the potential benefits of the RSVP. In the pilot study, only RSVP intake and service data were available for individual-level analysis. Department of Children and Families, Department of Mental Health and Addiction Services, and judicial analyses relied on aggregate data. With a data-sharing agreement in place, current analyses are focused on individually-linked data to determine outcomes across systems with a comparison group of OTC cases that did not participate in the RSVP, as well as a cost analysis.

Implications

The RSVP has become an exemplary model of a recovery-oriented system of care for parents whose substance abuse problems have resulted in an out-of-home placement for their child. The RSVP initiative demonstrates how inter-operability, collaboration, information-sharing between systems, and use of data to inform program development and performance monitoring is possible outside of a dependency drug court. Through their efforts, the partners representing child welfare, substance abuse treatment, and the judicial branch have tackled system change and implemented a program that serves some of the most challenging families in the child welfare system. The positive processes and outcomes of the RSVP have helped support a paradigm shift in the state's child welfare system's view of substance abuse as a risk factor in child neglect cases. This recovery-oriented framework has pushed the protective service agency and courts to focus on child impact rather than adult behaviors. Key stakeholders within all three systems have become advocates for the program, and the RSVP is being disseminated statewide. The next steps will be to refine the RSVP further to incorporate family-centered and trauma-informed services into the program, to finalize an implementation manual, and to conduct a cost analysis of the program.

Grella, C. E., Needell, B., Shi, Y., & Hser, Y. I. (2009). Do drug treatment services predict reunification outcomes of mothers and their children in child welfare? *Journal of Substance Abuse Treatment, 36*(3), 278–293.

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Smith, B.D.(2003). How parental drug use and drug treatment compliance relates to family reunification. *Child Welfare, 82*(3), 335–356.

Ungemack, J., Giovannucci, M., Moy, S., Ohrenberger, K., DeMatteo, T., & Smith, S. (2015). Making it work without a family drug court: Connecticut's approach to parental substance abuse in the child welfare system. *Child Welfare, 94*(5), 107-123.



SERVICE ARRAY



Engagement in Child Protective Services: Parent Perceptions of Worker Skills

Schreiber, J. C., Fuller, T., & Pacey, M. S. (2013). Engagement in child protective services: Parent perceptions of worker skills. *Children and Youth Services Review, 35*(4), 707-715. doi:10.1016/j.childyouth.2013.01.018

Issue

Recent reforms in child protection systems in several countries have placed an increased emphasis on engaging parents in the initial assessment and service planning process. Child protective caseworkers face multiple barriers to successful engagement with parents, including parents' preconceived notions of CPS and their subsequent fearful or angry responses to the initial visit.

Findings

This qualitative study sought input from 40 parents involved in child protective services regarding the strategies that workers used to successfully engage them in the child protection intervention. Three major themes about worker skills emerged from the analysis of the interview transcripts.



Parents were more positively engaged with CPS workers who:

- 1) they perceived as competent;
- 2) utilized positive communication skills; and
- 3) provided them with either emotional or concrete support.



Two additional themes emerged from the interviews regarding the context surrounding the first visit:

- 1) parents' negative expectations about CPS and its workers; and
- 2) parents' strong negative emotional reactions to the initial CPS visit.

During data analysis, it became evident that child protective services operates within a very different social context than the other types of human services and that context inhibits the process of engagement with families. Before the workers arrived at the households, many of the parents had formed negative opinions about CPS workers and assumed they would be rude and disrespectful. CPS workers need to overcome these negative stereotypes and expectations in order to engage parents and develop a positive working relationship.

Engagement at the initial phase of CPS intervention requires worker skills that can overcome the parents' fears of child removal, shame at being labeled a bad parent, and negative expectations that surround the role of a CPS worker.

Parents were more likely to be accepting of a CPS intervention when they felt that their worker had heard all sides of the story and talked to everyone who had relevant information. Conversely, parents were angered when they perceived that their worker failed to collect information that might alter their case outcomes.

Since parents often have little factual knowledge about CPS processes, one of the most important things for parents to have was clear understanding about what was going to happen during their initial visits. From the parent's perspective, a critical part of communication with their CPS worker involved the worker's accessibility for additional discussion or questions after the initial visit.

Implications

Engaging parents in child welfare services is challenging, and child protective caseworkers who make the initial contact with parents have the especially difficult job of engaging them when the parents' fear is at its peak (Diorio, 1992). Most parents, even if they have never interacted with child protective services, hold negative stereotypes of workers and what might happen during the assessment and intervention. The current results confirm previous findings that parents feel strong negative emotions of fear, anger or shame in response to a visit from a CPS worker.

Many of the worker behaviors and skills that parents found most engaging were respecting parents' views and opinions, communicating honestly and openly about the CPS process, and exploring strengths as well as needs. These attributes are very similar to those described in "family-centered" or "empowerment" approaches to social work practice.

Child protective services in the United States has an image problem. Although current reform efforts in many countries are attempting to change the public perception of these services, recent studies have shown that these efforts have not been enough to diffuse the "negative and inevitably intimidating image of child protection workers as hostile, powerful, and to be avoided if possible" (Buckley et al., 2011, p. 104). These feelings were echoed in the current study as many of the parents held negative assumptions about child protective services prior to their first interaction with their worker.

Buckley, H., Carr, N., & Whelan, S. (2011). 'Like walking on eggshells': Service users' views and expectations of the child protection system. *Child & Family Social Work, 16*, 101–110.

Diorio, W. D. (1992). Parental perceptions of the authority of public child welfare caseworkers. *Families in Society, 73*, 222–235.

RACIAL BIAS



Racial and Ethnic Differences in the Outcomes of Former Foster Youth

Dworsky, A., White, C. R., O'Brien, K., Pecora, P., Courtney, M., Kessler, R., . . . Hwang, I. (2010). Racial and ethnic differences in the outcomes of former foster youth. *Children and Youth Services Review*, 32(6), 902-912. doi:10.1016/j.childyouth.2010.03.001

Issue

In 2006, children of color comprised 58 percent of the U.S. foster care population compared with 42 percent of all children in the U.S., though not all children of color are equally overrepresented.^{1,2}

Past research by Pecora et al. (2005) using data from the Casey National Alumni Study shows that being White rather than African American was associated with a significant increase in the estimated odds of several positive outcomes (having income at or above the poverty level, having income at or above three times the poverty level, and owning a home or apartment).³

Using data from the same study, Harris, Jackson, O'Brien, and Pecora (2010) examined racial differences in mental health outcomes. They found no statistically significant difference between alumni who are African American and alumni who are White after controlling for demographic and background characteristics, risk factors, and foster care experiences.⁴

This paper utilizes data from two large scale studies of former foster youth, the Midwest Evaluation of the Adult Functioning of Former Foster Youth (Midwest Study) and the Northwest Foster Care Alumni Study (Northwest Study), to examine two questions: are there racial or ethnic differences in foster youth outcomes? If so, can those differences be explained by factors other than race or ethnicity, such as differences in family background or placement history?

Findings

The researchers limited their analysis to foster care alumni who completed all interviews (Midwest Study 513 foster care alumni, Northwest Study 479 foster care alumni). Self-report data was used to measure outcomes and is comparable across the two studies.

Northwest Study: There were statistically significant differences between African American alumni and those in other racial and ethnic groups.

- African American alumni were more likely to have a high school diploma or GED. This was due to the high percentage of African American alumni who had a GED. African American alumni were less likely than non-Hispanic White alumni to have a high school diploma.
- African American alumni were more likely to have completed at least some postsecondary education or training, though this association was only seen after all of the controls had been added to the model. This could happen if one control is associated with an increase in the estimated odds of completing any postsecondary education or training, another control is associated with a decrease in the estimated odds of completing any postsecondary education or training, and both controls are associated with being African American. In essence, these "effects" cancel each other out, resulting in no relationship in the absence of the controls.
- African American alumni were more likely to have avoided early parenthood than Hispanic/Latino alumni, but less likely to avoid homelessness than non-Hispanic White alumni.

Midwest Study: Most of the statistically significant differences (after controlling for demographics- family background, and placement history) were between alumni who are African American and those who are non-Hispanic White.

- The odds of experiencing a positive (or of avoiding a negative) outcome were lower for African American alumni than for their non-Hispanic White counterparts.
- Being African American was associated with a reduction in the estimated odds of a range of positive economic outcomes (never having received TANF or food stamps, currently being employed, and having worked or having earned at least \$5,000 during the past year).
- Being African American was associated with a reduction in the estimated odds of having been married and having avoided teenage parenthood.

Implications

This paper sought to address two questions about the outcomes of foster care alumni during the transition to adulthood.

Question one: Are there racial or ethnic differences in foster youth outcomes?

Just under one quarter of the possible differences between alumni who are non-White or Hispanic/Latino and alumni who are non-Hispanic White were statistically significant. The differences were not consistent. In some cases, being non-White or Hispanic/Latino was associated with favorable outcomes and in other cases the reverse was true. Nor were they consistent across the two studies.

Question two: Can those differences be explained by factors other than race or ethnicity, such as differences in family background or placement history?

The results underscore the importance of controlling for factors that may be correlated with both the outcomes of foster care alumni and their race/ethnicity. Controlling for demographics, family background, and placement history explained 39 percent of the statistically significant differences between the outcomes of Midwest Study alumni who are non-White or Hispanic/Latino and those who are non-Hispanic White. This was most evident in the domain of educational attainment. Before any controls were added, being African American was associated with an increase in the estimated odds of having completed any postsecondary education or training, having ever attended college and having completed at least one year of college. All of those differences in educational attainment disappeared once controls were added.

Comparison of the two samples produced many inconsistent results. It is difficult to make clear recommendations for child welfare policy or practice based on the findings. The one exception may be in the area of family formation, where the odds of avoiding teenage parenthood were lower for African American alumni than for non-Hispanic White alumni regardless of the sample. Although child welfare agencies should have strategies aimed at preventing teenage pregnancy among foster youth of all races and ethnicities, the results suggest that particular attention should be paid to ensure that those strategies are culturally relevant to African American foster youth.

Given that the results mirror racial and ethnic differences that exist among young people in the general population, interventions that extend beyond the child welfare system and address social and economic inequalities that persist in the larger society are needed.

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³ P.J. Pecora, R.C. Kessler, J. Williams, K. O'Brien, A.C. Downs, D. English, et al. (2005). *Improving family foster care: Findings from the Northwest Foster Care Alumni Study*, Casey Family Programs, Seattle, WA.

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PRACTICE MODEL



Child Welfare Practice Model Implementation Projects: Lessons Learned

Jill G. Sanclimenti, Lizbeth E. Caceda-Castro & James P. DeSantis (2017) Child Welfare Practice Model Implementation Projects: Lessons Learned, *Journal of Public Child Welfare*, 11:3, 279-298, DOI: 10.1080/15548732.2016.1275920

Issue

Many state child welfare agencies have implemented practice models as part of reform efforts to strengthen practice and improve child and family outcomes. While definitions vary, practice models can be viewed as “conceptual maps that reflect organizational ideology and describe how the agency’s employees, families and stakeholders work together”.¹

Practice models provide a basis for consistency in practice and clarify staff roles and expectations in child welfare agencies.² A shared understanding of the agency’s philosophy becomes the basis for developing and delivering services that meet child and family needs, which in turn are expected to lead to improved outcomes.³

Between federal fiscal years 2009 and 2013 the Children’s Bureau supported five regional Child Welfare Implementation Centers (IC) to carry out multi-year implementation projects aimed at achieving sustainable systems reform. More than 50 percent of the implementation projects funded were focused on child welfare practice models. To assess changes in the projects’ implementation capacity, IC evaluators collectively developed two measures—the Implementation Process Measure (IPM) and the Implementation Capacity Analysis (ICA).⁴ Local evaluators held focus groups with implementation project team members and explored which implementation capacities were enhanced and which ones were particularly important to the implementation process.

This article focuses on the qualitative analysis and findings related to a subset of IC child welfare implementation projects examined in the cross-site evaluation—14 projects categorized by the evaluation team as addressing the design and/or implementation of child welfare practice models. Data were obtained from IC implementation project final reports with local evaluation findings submitted to the funding agency.

Findings

The jurisdictions with implementation projects were diverse, included 10 state child welfare agencies, one large county agency, and three tribes or tribal consortia. In seven of these jurisdictions, practice models were the primary focus of the project. In seven other jurisdictions, practice models were the secondary focus area, along with the use of data-driven practices, engaging stakeholders, strengthening workforce capacity, and/or enhancing tribal child welfare practices and culturally appropriate services to American Indian and Alaska Native children and families. The scope of the practice models varied from broad (family-centered practice model implemented statewide across the full continuum of child welfare service areas from prevention through permanency) to narrow (model to assist youth transitioning out of foster care in a few pilot sites). In addition, the practice models had slightly different foci, such as solution-based casework, in-home services, safety assessment, and systems of care. Despite their differences, most practice model implementation projects emphasized family and stakeholder engagement and shared goals of strengthening practices and improving outcomes for children, youth, and families.

Evaluation findings and IC reflections pointed to the following interrelated lessons.

In order for desired outcomes to be achieved, it is critical that an implementation project begins with a clear focus and goals that are achievable in the planned timeframe. In sites that had well-defined foci and/or practice models established at the outset of their projects, ICs were able to concentrate more quickly on supporting implementation and building capacities. Jurisdictions with less clarity regarding direction and rationale for their practice models experienced additional delays before specifying interventions.

IC staff and project stakeholders commonly emphasized the critical role of committed agency leadership to a practice model project’s success and sustainability. Leadership commitment was vital to communicating the importance of practice models to the agency’s work, building a shared vision, allocating needed resources to effective implementation, and conveying that the change effort was a priority.

Sites needed proactive involvement of a cross section of internal and external stakeholders (including youth and family members), and integration of their perspectives into project design, implementation, and evaluation.

Findings

Organizational culture and climate were recognized as significant factors in implementation. Many of the evaluations assessed culture and climate and, specifically, readiness and buy-in. ICs and stakeholder participants recognized that classroom training alone was typically not sufficient to promote widespread and consistent practice changes associated with new practice models. Coaching was used to augment classroom training and help recipients apply new information on the job.

In many cases, the design and development of a new practice model occurs at the same time as other child welfare initiatives. These different initiatives can compete for attention and resources and dilute the overall impact of any single initiative. To maintain momentum, several jurisdictions found it valuable to link the practice model project with other ongoing efforts.

Several implementation projects focused both on the implementation of practice models and on using data more effectively to support data-driven practices, quality assurance, and CQI. Implementation project team members discovered the importance of identifying and articulating practice standards early to demonstrate fidelity and support practice consistency, accountability, and sustainability.

ICs recognized the importance of starting discussions and planning for sustainability early in the implementation process. In some jurisdictions, however, the T/TA providers found it challenging to engage staff in thinking about sustainability while they were still in the midst of implementation.

Implications

Using a multiple case study approach to analyze the experiences of 14 diverse jurisdictions that implemented child welfare practice models, this article offers a series of lessons that may be valuable to other states and tribes that are planning or implementing practice models, as well as T/TA providers helping to build capacity for such systems change efforts. These lessons point to key elements that can foster practice model success, including a clear focus, supportive leadership, champions at multiple levels, broad-based stakeholder engagement, and alignment with other ongoing initiatives. Specific activities such as assessing culture and readiness, collaborative visioning, coaching to reinforce training and guide practice, and conducting fidelity assessments were also identified as essential to the consistent integration of practice models.

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WORKFORCE



Listening to the Voices of Children in Foster Care: Youths Speak Out About Child Welfare Workforce Turnover and Selection

Strolin-Goltzman, J., Kollar, S. & Trinkle, J. (2010). Listening to the voices of children in foster care: Youths speak out about child welfare workforce turnover and selection. *Social Work, 55*(1), 47-53.

Issue

Recruitment and retention of an experienced workforce is a problem for most child welfare systems and service providers. High staff turnover places vulnerable children at greater risk for maltreatment, impede timely intervention, and can delay permanency. Workforce attrition estimates across Florida range from 25 percent to 60 percent, mirroring other parts of the country. This study explored the experiences and opinions of youth in the child welfare system who experienced caseworker turnover while in care. Additionally, the authors looked at the relationship between the number of caseworkers a youth had and his or her number of foster care placements.

Findings

From the youths' perspective, three themes relating to caseworker turnover were identified: 1) lack of stability – youth reported that due to turnover of their caseworkers, their permanency plans were disrupted or prevented from being accomplished. Analysis by researchers revealed that with every two new caseworkers, placements increased by one, thus confirming youths' self-reports; 2) loss of trust – workforce turnover perpetuates the cycle of the lack of stable, healthy adult relationships for youth, thus reinforcing their mistrust and hostility towards adults and authority figures; 3) second chance – researchers found that for a minority of youth, new caseworkers were viewed positively as they were hopeful of receiving a "second chance" from them, providing them the opportunity to "start fresh" with an adult who is more able to effectively meet their needs.

THEME	EFFECT
Lack of Stability	Every two workers increases placement disruption at a 2:1 ratio
Loss of Trust	Worker turnover erodes youths' trust in the system as a whole
Second Chance	Some youth view new workers as an opportunity to "start fresh"

Implications

The authors confirmed youth self-reports that worker turnover negatively impacted their placements and permanency plans, setting back their achievement of permanency. Worker turnover also reinforces youths' beliefs that the adults in their lives are chaotic, untrustworthy and unreliable. Contrasting these findings, the authors found for a minority of youth, getting a new worker was a "fresh start", which speaks both positively and negatively. To improve practice, the authors suggest:

1. Child welfare caseworkers develop case plans with their clients, solicit their clients' opinions on what services would be most appropriate, be honest with them about their options, and provide them with support to independently make important life decisions.
2. Agencies may want to consider the effects of caseworker unit rotation on child well-being indicators, such as bonding.
3. State agency trainers can use youth as resources to facilitate training in youth culture.
4. Child welfare administrators at the state and local levels can solicit youths' opinions on the causes of and solutions to system-wide problems.
5. Local agency administrators can seek the participation of youth during the selection of and recruitment of child welfare caseworkers.
6. Social work researchers can collaborate with foster care youth leaders to develop participatory research designs that investigate the effects of workforce retention on other measures of child wellbeing such as permanency, bonding, and educational achievement.

WORKFORCE



Recruitment and Retention of Child Welfare Workers in Longitudinal Research

Wilke, D. J., Radey, M., & Langenderfer-Magruder, L. (2017). Recruitment and retention of child welfare workers in longitudinal research: Successful strategies from the Florida Study of Professionals for Safe Families. *Children and Youth Services Review*, 78, 122-128.

Issue

A longitudinal panel study that recruits workers at hire and follows them over time provides an opportunity to empirically examine the contributors of turnover and retention. Longitudinal studies encounter several obstacles that threaten the validity of findings. Foremost, high, disproportionate participant attrition rates can lead to differences between targeted populations and sampled populations, and these differences may grow over time.

Findings

This paper provides an overview of the Florida Study of Professionals for Safe Families (FSPSF), a projected 5-year longitudinal panel study designed to follow newly-hired child welfare workers through their early careers. Based on published state turnover data, a 12-month recruitment period (September 2015–August 2016) was established to facilitate adequate sample sizes for data analysis at study completion, accounting for projected attrition. The total population of potential participants included 1725 eligible trainees with an average class size of 11 ($sd = 3.9$; range: 3–16). Ninety-two percent of trainees ($n = 1594$) signed a consent and completed a pre-survey. Additional findings include:

1. **Relationship building and credibility:** Collaborative relationships with agency administrators and training providers were critical. Partnerships with leadership personnel provided access to the sample and informed survey protocol.
2. **Consistency:** The project utilizes a logo and other branded materials for all communication with administrators, trainers, participants, and the public in order to present a consistent image for the study.
3. **Communication strategy:** Communication protocols involve pre- and post-survey notifications, reminder messages, and incentive distributions via email and text. Moreover, study participants seem to appreciate contact with research staff outside of the survey distribution process.
4. **Tailored Panel Management (TPM)¹:** Researchers follow TPM guidance regarding compensation structure and schedule, offering a robust series of incentives over the course of the study, and working intensely to ensure that participants find their gift certificates useful.
5. **Convenience:** Researchers incorporated stakeholder feedback to minimize the impact of study recruitment on their work. In addition, the study was presented at a convenient time, allowing participants to take the electronic survey in multiple sittings, on multiple devices, and responding to any concerns through email, phone, or text within 48 hours.

Implications

The principles of TPM have been an effective tool for establishing guiding principles for the FSPSF. Researchers are confident that credibility (e.g., branding), consistency (e.g., study logo, consistent respondent expectations, predictable timing of surveys), communication (e.g., e-mail, text messages), compensation (e.g., choice of incentive, increasing incentive amount over time), and convenience (e.g., allowing survey completion over multiple sessions or on multiple devices) contributed to high response rates at Wave 1 (91.1%, $n = 1451$) and Wave 2 (81.2%, $n = 896$). As researchers complete Wave 3, one year after the initial recruitment, current high retention rates (83.9%, $n = 600$) provide additional evidence that, while labor intensive, TPM is an advantageous longitudinal strategy in conducting child welfare workforce research.

¹ Estrada, M., Woodcock, A., & Schultz, P.W. (2014). Tailored panel management: A theory-based approach to building and maintaining participant commitment to a longitudinal study. *Evaluation Review*, 38, 3-28.

WORKFORCE



Satisfactions and Stressors Experienced by Recently-hired Frontline Child Welfare Workers

Schelbe, L., Radey, M., & Panish, L. (2017). Satisfactions and stressors experienced by recently-hired frontline child welfare workers. *Children and Youth Services Review, 78*, 56-63.

<p>Issue</p>	<p>Many child welfare workers choose their positions due to their interest and commitment in protecting children and derive a sense of satisfaction from their work and serving children and families. However, child welfare workers commonly experience stress and burnout. High rates of turnover for child welfare workers occur within the first few years of hire with national annual rates ranging from 20% to 50% with the highest rates occurring during workers' first three years. The average length of child welfare employment is less than two years and high turnover rates create a constant flow of recently-hired child welfare workers.</p>				
<p>Findings</p>	<p>This study is a thematic analysis of in-depth interviews with recently hired Child Protection Investigators (CPIs) and Case Managers (CMs) in the state of Florida who have independent caseloads. Thirty-eight (38) recently-hired child welfare workers participated in the study including 21 CPIs and 17 CMs. All regions of Florida were represented in the sample.</p> <p>Workers' satisfaction with their positions largely fell within two categories: 1) helping and making a difference; and 2) job autonomy and variety. Workers' stressors included administrative requirements, workload, unsupportive colleagues, challenging parents, and hurt children.</p> <table border="1" data-bbox="386 961 1523 1365"> <thead> <tr> <th data-bbox="386 961 1039 1018">SATISFACTIONS</th> <th data-bbox="1039 961 1523 1018">STRESSORS</th> </tr> </thead> <tbody> <tr> <td data-bbox="386 1018 1039 1365"> <p>1) Helping and making a difference</p> <ul style="list-style-type: none"> » Working with children and families and, ultimately, helping them » Enjoying home visits » Knowing that their decisions and actions played a role in helping and making a difference in people's lives was rewarding to workers <p>2) Job autonomy and variety</p> <ul style="list-style-type: none"> » Enjoying the flexibility of their schedules and the uniqueness of each day » Appreciating the freedom and flexibility to manage cases </td> <td data-bbox="1039 1018 1523 1365"> <ul style="list-style-type: none"> » Required paperwork and documentation with some concern regarding rules » Large, demanding caseloads; the constant flow of new cases; and the consequential long and unpredictable schedules » Lack of a well-functioning team and the negative morale » Working with hostile or unengaged parents and seeing the damaging effects of maltreatment on children </td> </tr> </tbody> </table>	SATISFACTIONS	STRESSORS	<p>1) Helping and making a difference</p> <ul style="list-style-type: none"> » Working with children and families and, ultimately, helping them » Enjoying home visits » Knowing that their decisions and actions played a role in helping and making a difference in people's lives was rewarding to workers <p>2) Job autonomy and variety</p> <ul style="list-style-type: none"> » Enjoying the flexibility of their schedules and the uniqueness of each day » Appreciating the freedom and flexibility to manage cases 	<ul style="list-style-type: none"> » Required paperwork and documentation with some concern regarding rules » Large, demanding caseloads; the constant flow of new cases; and the consequential long and unpredictable schedules » Lack of a well-functioning team and the negative morale » Working with hostile or unengaged parents and seeing the damaging effects of maltreatment on children
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<p>Implications</p>	<p>The identification of the initial sources of satisfactions and stressors can inform pre-service training by acknowledging workers' opportunity to make a difference and proactively addressing potential stressors. Specifically, the stressor of working with challenging parents may be addressed through training recently-hired workers about reasons why parents may seem uncooperative and difficult to engage as well as strategies to effectively engage them. Finding ways to ensure that the workers continue to see the impact of their work and enjoy the autonomy and variety in their positions is critical and may contribute to promote prolonged worker satisfaction and decreased stress.</p> <p>Supervisors, senior workers, and recently-hired workers can benefit from training on promoting a team-based approach and supportive atmosphere. In addition to training, workloads can benefit from recognizing workers' needs to learn new responsibilities or assist recently-hired workers.</p> <p>Given workers in this study identified key organizational pitfalls almost immediately upon receiving independent caseloads, workers could benefit from retention efforts upon hire. Retention efforts may elect to reduce caseloads, consolidate required paperwork, and increase support, particularly for recently-hired workers. With technological advances and the dominance of electronic paperwork, agencies may consider evaluating the documentation process to capitalize on self-populating fields in order to reduce data entry and the potential for human error.</p>				

RECRUITMENT AND RETENTION OF CHILD WELFARE WORKERS IN LONGITUDINAL RESEARCH

Wilke, D. J., Radey, M., & Langenderfer-Magruder, L. (2017). Recruitment and retention of child welfare workers in longitudinal research: Successful strategies from the Florida Study of Professionals for Safe Families. *Children and Youth Services Review, 78*, 122-128.

ISSUE

A longitudinal panel study that recruits workers at hire and follows them over time provides an opportunity to empirically examine the contributors of turnover and retention. Longitudinal studies encounter several obstacles that threaten the validity of findings. Foremost, high, disproportionate participant attrition rates can lead to differences between targeted populations and sampled populations, and these differences may grow over time.

FINDINGS

This paper provides an overview of the Florida Study of Professionals for Safe Families (FSPSF), a projected 5-year longitudinal panel study designed to follow newly-hired child welfare workers through their early careers. Based on published state turnover data, a 12-month recruitment period (September 2015–August 2016) was established to facilitate adequate sample sizes for data analysis at study completion, accounting for projected attrition. The total population of potential participants included 1725 eligible trainees with an average class size of 11 ($sd = 3.9$; range: 3–16). Ninety-two percent of trainees ($n = 1594$) signed a consent and completed a pre-survey. Additional findings include:

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IMPLICATIONS

The principles of TPM have been an effective tool for establishing guiding principles for the FSPSF. Researchers are confident that credibility (e.g., branding), consistency (e.g., study logo, consistent respondent expectations, predictable timing of surveys), communication (e.g., e-mail, text messages), compensation (e.g., choice of incentive, increasing incentive amount over time), and convenience (e.g., allowing survey completion over multiple sessions or on multiple devices) contributed to high response rates at Wave 1 (91.1%, $n = 1451$) and Wave 2 (81.2%, $n = 896$). As researchers complete Wave 3, one year after the initial recruitment, current high retention rates (83.9%, $n = 600$) provide additional evidence that, while labor intensive, TPM is an advantageous longitudinal strategy in conducting child welfare workforce research.

¹ Estrada, M., Woodcock, A., & Schultz, P.W. (2014). Tailored panel management: A theory-based approach to building and maintaining participant commitment to a longitudinal study. *Evaluation Review, 38*, 3-28.

SATISFACTIONS AND STRESSORS EXPERIENCED BY RECENTLY-HIRED FRONTLINE CHILD WELFARE WORKERS

Schelbe, L., Radey, M., & Panish, L. (2017). Satisfactions and stressors experienced by recently-hired frontline child welfare workers. *Children and Youth Services Review*, 78, 56-63.

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Many child welfare workers choose their positions due to their interest and commitment in protecting children and derive a sense of satisfaction from their work and serving children and families. However, child welfare workers commonly experience stress and burnout. High rates of turnover for child welfare workers occur within the first few years of hire with national annual rates ranging from 20% to 50% with the highest rates occurring during workers' first three years. The average length of child welfare employment is less than two years and high turnover rates create a constant flow of recently-hired child welfare workers.

FINDINGS

This study is a thematic analysis of in-depth interviews with recently hired Child Protection Investigators (CPIs) and Case Managers (CMs) in the state of Florida who have independent caseloads. Thirty-eight (38) recently-hired child welfare workers participated in the study including 21 CPIs and 17 CMs. All regions of Florida were represented in the sample.

Workers' satisfaction with their positions largely fell within two categories: 1) helping and making a difference; and 2) job autonomy and variety. Workers' stressors included administrative requirements, workload, unsupportive colleagues, challenging parents, and hurt children.

SATISFACTIONS	STRESSORS
<p>1) Helping and making a difference</p> <ul style="list-style-type: none"> ▶ Working with children and families and, ultimately, helping them ▶ Enjoying home visits ▶ Knowing that their decisions and actions played a role in helping and making a difference in people's lives was rewarding to workers <p>2) Job autonomy and variety</p> <ul style="list-style-type: none"> ▶ Enjoying the flexibility of their schedules and the uniqueness of each day ▶ Appreciating the freedom and flexibility to manage cases 	<ul style="list-style-type: none"> ▶ Required paperwork and documentation with some concern regarding rules ▶ Large, demanding caseloads; the constant flow of new cases; and the consequential long and unpredictable schedules ▶ Lack of a well-functioning team and the negative morale ▶ Working with hostile or unengaged parents and seeing the damaging effects of maltreatment on children

IMPLICATIONS

The identification of the initial sources of satisfactions and stressors can inform pre-service training by acknowledging workers' opportunity to make a difference and proactively addressing potential stressors. Specifically, the stressor of working with challenging parents may be addressed through training recently-hired workers about reasons why parents may seem uncooperative and difficult to engage as well as strategies to effectively engage them. Finding ways to ensure that the workers continue to see the impact of their work and enjoy the autonomy and variety in their positions is critical and may contribute to promote prolonged worker satisfaction and decreased stress.

Supervisors, senior workers, and recently-hired workers can benefit from training on promoting a team-based approach and supportive atmosphere. In addition to training, workloads can benefit from recognizing workers' needs to learn new responsibilities or assist recently-hired workers.

Given workers in this study identified key organizational pitfalls almost immediately upon receiving independent caseloads, workers could benefit from retention efforts upon hire. Retention efforts may elect to reduce caseloads, consolidate required paperwork, and increase support, particularly for recently-hired workers. With technological advances and the dominance of electronic paperwork, agencies may consider evaluating the documentation process to capitalize on self-populating fields in order to reduce data entry and the potential for human error.

APPENDIX K: STAKEHOLDER MEETINGS

In addition to the mandated workgroups, the Institute sits on other workgroups in order to hear about issues, meet with stakeholders, and in many instances, provide advice and technical assistance.

Statewide Interagency Workgroup

The Institute has been represented on the Statewide Interagency Workgroup since early 2016. This Workgroup is comprised of state-level representatives from myriad agencies that may be involved in a dependent child's care and provision of services. The monthly Workgroup meetings are facilitated by Zack Gibson of the Governor's Office and Jennifer Prather from the Department of Children and Families. The Workgroup provides annual reports to the Children and Youth Cabinet with collected data and recommendations. After the revised *Interagency Agreement to Coordinate Services for Children Served by More than One Agency* was signed by the Cabinet members in early 2018, the Workgroup piloted a new data collection survey tool in three circuits. The data collection tool is designed to capture more specific information about the cases that they staff at the local level. After the local and regional interagency workgroups in those circuits provided feedback on the pilot questions, revisions were made. The data collection survey tool was implemented statewide in April and training was provided to all circuits. The Statewide Interagency Workgroup has reviewed the data collected for May – September and will be making a few small changes. Overall, the data received is much more comprehensive than before and will greatly enhance the Statewide Interagency Workgroup's ability to identify and address systemic barriers, identify best practices, and make recommendations to appropriate agency leadership. It is planned that a data summary report will be compiled and shared with the Children and Youth Cabinet at the October meeting.

Child Welfare Practice Task Force

Although travel schedule prohibited attendance at two of the quarterly meetings hosted by the Department, the program director attempts to regularly attend these meetings to participate in the discussions around implementation of the Practice Model, legislative and departmental priorities, as well as the progress in implementing ROA.

APPENDIX L: REFERENCES

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