

Collaboration to Implement and Evaluate Family Centered Practice: Florida's Experience

National Child Welfare
Evaluation Summit

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Panelists

- ▶ Peter Pecora, Casey Family Programs (Seattle, WA)
- ▶ Mary Kay Falconer and Christine K. Thompson, Evaluators, Ounce of Prevention Fund of Florida (Tallahassee, FL)
- ▶ Margaret Taylor, Families First Network (Circuit 1, Pensacola, FL)
- ▶ Shawn Salamida and Ginger Griffeth, Partnership for Strong Families (Circuits 3/8, Gainesville, FL)
- ▶ Andrea Mendez, Our Kids (Circuit 11, Miami, FL)

Learning Objectives for this Panel

- 1) Learn how the collaboration with Casey Family Programs in Florida to improve family centered practice was formed and what has contributed to its success
- 2) Learn about the evaluation of family centered practice in three innovation sites in Florida
- 3) Learn about the achievements and challenges encountered in the implementation of family centered practice in three innovation sites in Florida.

The Collaboration: Casey Family Programs

- ▶ Who is in the collaboration?
 - ▶ Casey Family Programs
 - ▶ Florida Department of Children and Families
 - ▶ Three Innovation Sites
 - ▶ Circuit 1, Families First Network
 - ▶ Circuits 3/8, Partnership for Strong Families
 - ▶ Circuit 11, Our Kids
 - ▶ Ounce of Prevention Fund of Florida (Evaluators)
- ▶ What are the benefits of collaborating?

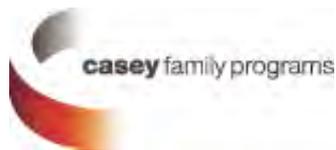
Partnerships



Casey Family Programs: 2020 Strategy Goals

▶ 2020 Strategy Goals

- ▶ To safely reduce the number of children in foster care by 50 percent by the year 2020 Casey Family Programs.
- ▶ To reinvest from the safe reduction of foster care into effective practices that strengthen families.
- ▶ To improve access to education, employment and mental health for vulnerable children.



Casey Family Programs: How We Will Get There

- ▶ Casey Family Programs will achieve our 2020 goals by working through three primary areas :
 - ▶ Direct Practice
 - ▶ Strategic Consulting
 - ▶ Public Policy



Florida Department of Children and Families

Why change practice?
Why family centered practice?
Florida's Child Welfare Structure
Why innovation sites?

Innovation Site Selection
Florida's Family Centered Practice Framework

Why Change Practice?

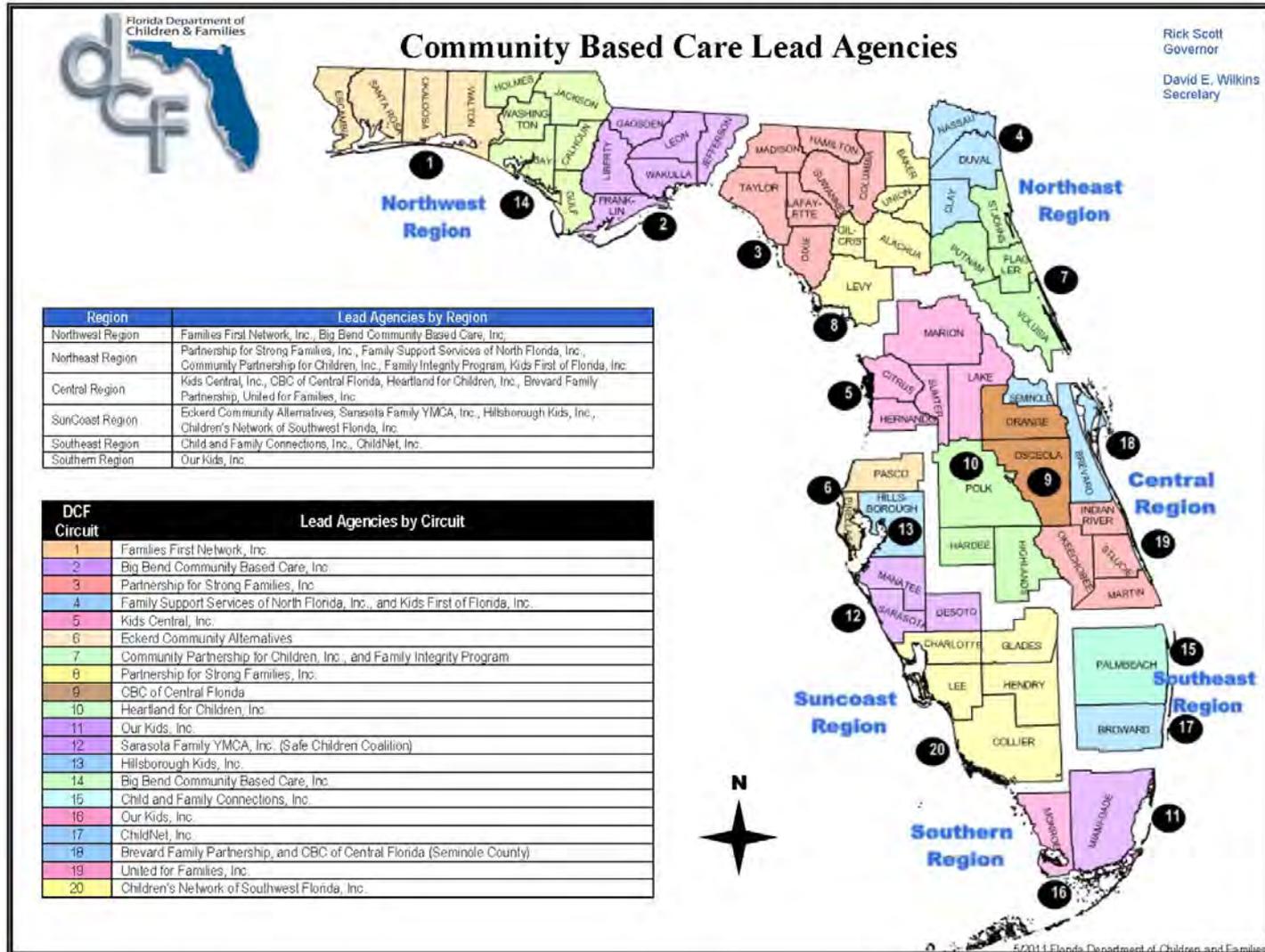
- ▶ Florida's federal Child and Family Services Review for the national Round 2 occurred in late 2007-early 2008 (onsite review 1/2008)
- ▶ The CFSR Report, received 10/2008, identified some strengths, but all outcomes and some systemic factors had areas needing improvement. Examples:
 - ▶ Family assessments and ongoing risk assessment
 - ▶ Multiple placements
 - ▶ Lack of family connections and relationships
 - ▶ Quality of visits, especially of child with father
 - ▶ Family involvement in case planning
 - ▶ Service array to address individualized needs
- ▶ The required Program Improvement Plan, called the Quality Improvement Plan or QIP in Florida, was developed with extensive stakeholder involvement and ACF input to address the issues.

For more detail on the QIP, see <http://centerforchildwelfare.fmhi.usf.edu/kb/QI/Forms/AllItems.aspx>

Why Family Centered Practice?

- ▶ During Quality Improvement Plan development, the concept of Family Centered Practice was identified to address multiple interrelated issues across child safety, permanence, and well-being.
- ▶ Florida's Family Centered Practice framework was developed to cover the entire spectrum of child welfare, and be visionary rather than prescriptive.

Florida's Child Welfare Structure



Why Innovation Sites?

- ▶ Florida's child welfare program is diverse and large
 - ▶ Administered by the state through about 20 community-based care lead agencies, covering 67 counties
 - ▶ At any point in time, thousands of children and their families are being served (on July 5, 2011, there were 12,314 children receiving in-home services and 19,263 in out-of-home care)
- ▶ Changing practice takes time and focus. Selecting a few key areas as “seedbeds” for intensive cultivation prior to statewide expansion seemed most practical within the 2-year Quality Improvement Plan timeframe.

Selection of Innovation Sites

- ▶ The largest metropolitan area, Miami-Dade, was identified early as an innovation site; their community based care agency is Our Kids.
- ▶ Other geographic areas were invited to apply.
- ▶ Two additional areas were selected based on several factors:
 - ▶ Leadership commitment across the Department, community-based agency, judiciary, and other stakeholders in the area.
 - ▶ Geographic diversity
 - ▶ Demonstrated ability to implement change related to family centered practice.
- ▶ Selected:
 - ▶ Circuit 1 in Florida's Panhandle, served by Families First Network
 - ▶ Circuits 3/8 in mid-state, served by Partnership for Strong Families.

Florida's Family Centered Practice Framework: Core Principles

- ▶ Florida's approach is conceptual rather than prescriptive.
- ▶ 11 core principles were identified, including:
 - ▶ If removal of child from their family is necessary, children should be placed in family-based settings, with the first priority given to families of origin and kin, or people with whom the child has a connection
 - ▶ Our approach to working with children and families should be family focused, with the needs of the child and family dictating the types and mix of services and supports.

Florida's FCP Framework: Core Principles

(continued)

- ▶ Services to children and families shall be individualized based on their unique strengths and needs and should be delivered pursuant to an individualized plan, constructed with the family and their team.
- ▶ Practice is always local: Our work with children and families should be community based with management, services and decision-making responsibility, at the community level.
- ▶ Children who reach adolescence without achieving permanency should be connected to caring adults who can support them over time. Older or transitional youth in care should be meaningfully involved in their planning and decision-making processes.

Florida's FCP Framework: Practice Components

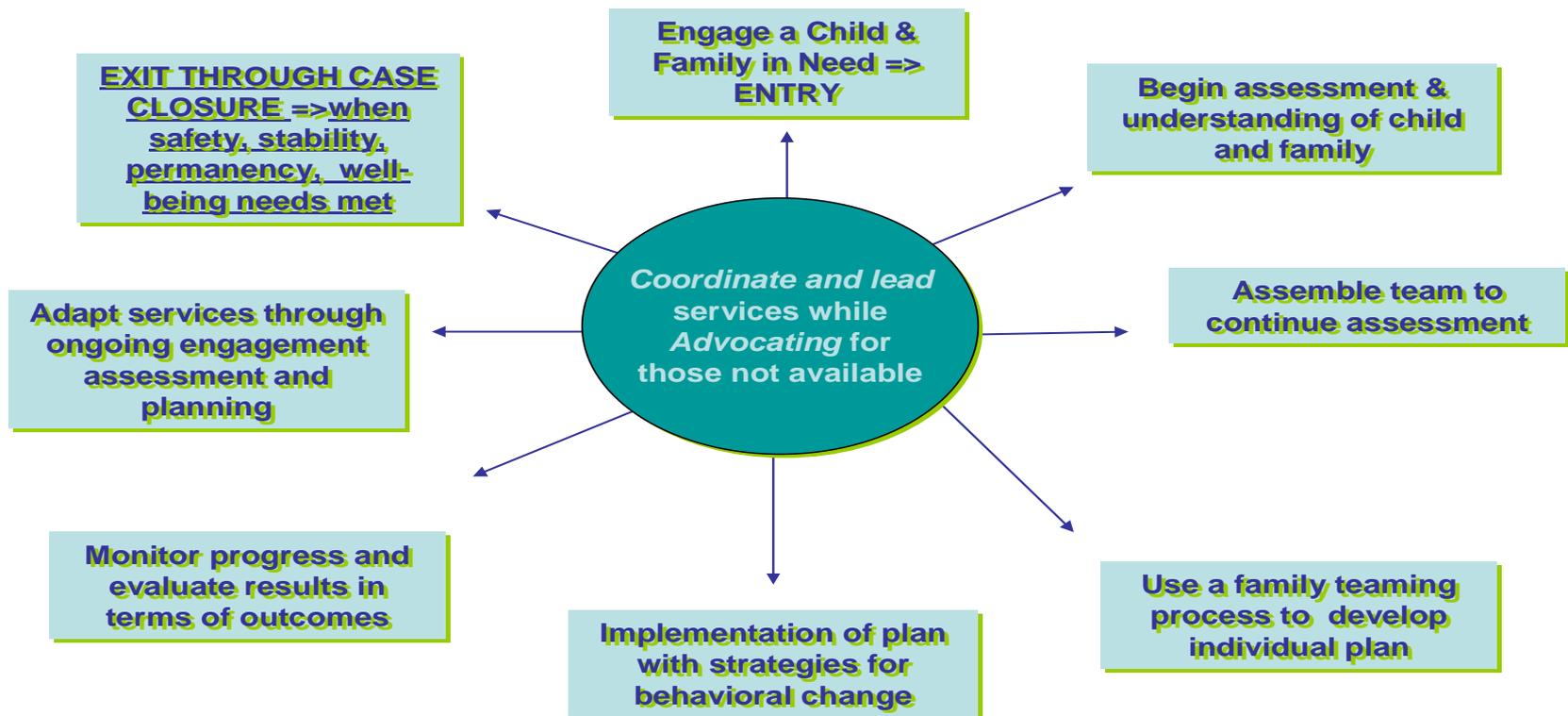
- ▶ Family Engagement
- ▶ Assessment – Extensive and Frequent
- ▶ Team-Based Planning and Decision-making
- ▶ Individualized Planning and Services Matched to Needs

For more information, see

<http://centerforchildwelfare.fmhi.usf.edu/kb/FamilyCenteredPractice/Forms/AllItems.aspx>

Florida's Family Centered Practice Framework

A Practice Model Framework: And the Competencies Related to These Core Functions



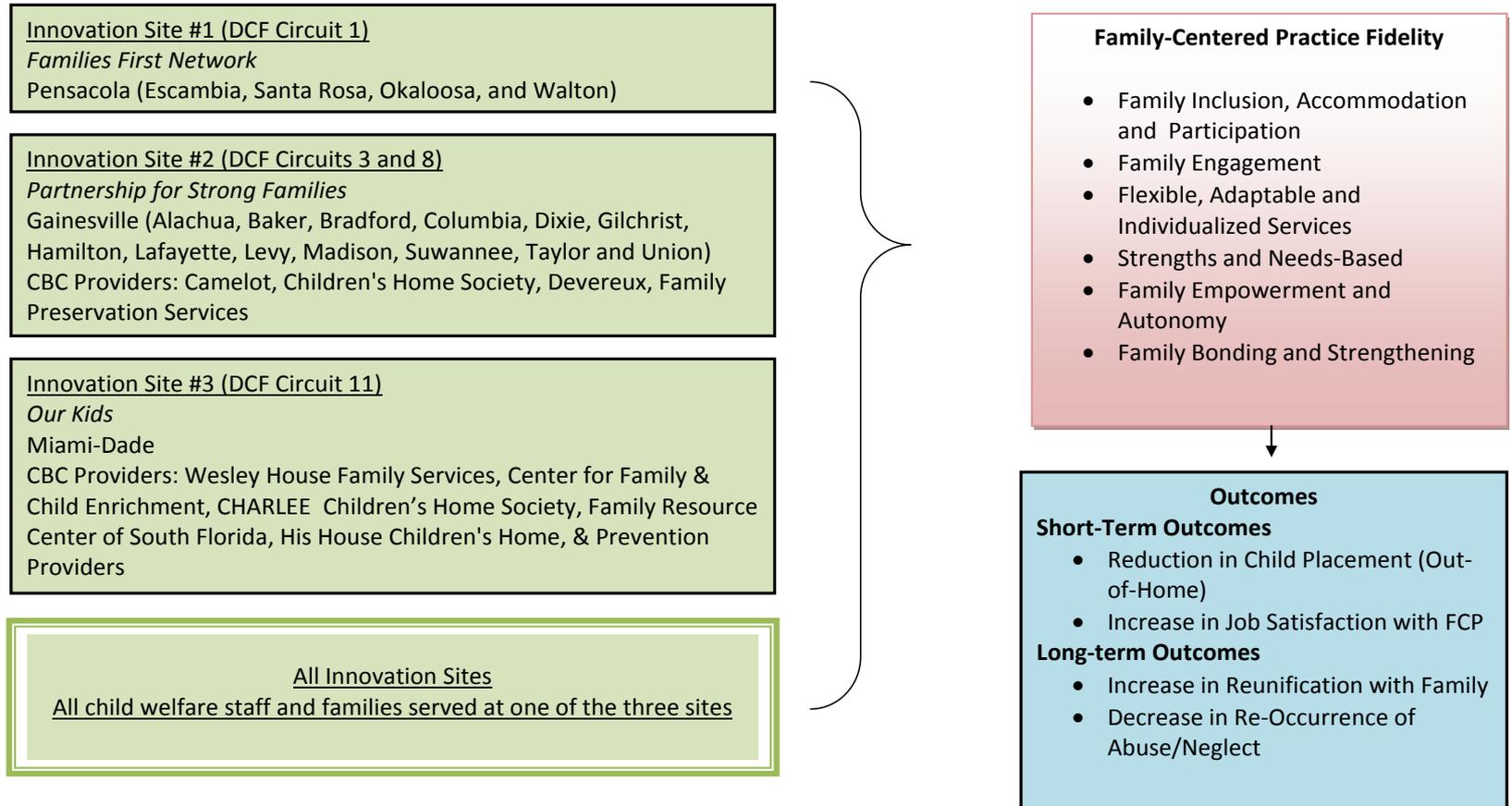
Implementation Evaluation

Family Centered Practice Implementation
(Two Phases, 2010 and 2011)

Design, Methodology and Measurement

Evaluation Design

Comparison Group Design to Evaluate Innovation Site Family-Centered Practice Implementation and Impact on Outcomes



July 30 2010

Evaluation Methodologies and Measurement

(Phase I, August 2010 through February of 2011)

- ▶ On-line Survey of Child Welfare Staff (initial launch on 10/17/2010, 2 additional launches, analysis completed, [Webinar conducted](#))
- ▶ Review of Client Case Files (completed, [Webinar conducted](#))
- ▶ Semi-Structured Interviews with Child Welfare Staff who worked with families in selected cases (interviews completed and analysis completed, [Webinar conducted](#))
- ▶ Child Welfare Staff Focus Groups (focus groups and analysis completed, [Webinar conducted](#))
- ▶ Document Review—Chronicles for Each Innovation Site (completed)
- ▶ Secondary Data Analysis—QA ratings, FSFN Data Extracts (identified QA standards that were FCP relevant, processed data in FSFN extract file)
- ▶ Interviews with Families in Selected Cases (Jan. 2011, [Webinar conducted](#))

An FCP Evaluation Brief and an Executive Summary (4 pages) are available for download at: <http://centerforchildwelfare.fmhi.usf.edu/kb/FamilyCenteredPractice/Forms/AllItems.aspx>

Child Welfare Staff Online Survey

Final Results: All Innovation Sites Combined and
Innovation Sites Compared

Online Survey: Final Results

Innovation Sites Combined and Compared

- Entire Sample (331 Respondents)
- Response Categories
 - Employment positions and experience
 - Family Centered Practice **Training**
 - Family Centered Practice **Knowledge**
 - Family Centered Practice **Implementation**
 - Family Centered Practice **Benefits**
 - Family Centered Practice **Satisfaction**
 - Family Centered Practice **Achievement of Goals**
- Subgroup Analysis based on Employment Position (CPIs, Case Managers)

Innovation Site Comparison: Family Centered Practice Knowledge

▶ I know what Family Centered Practice is:

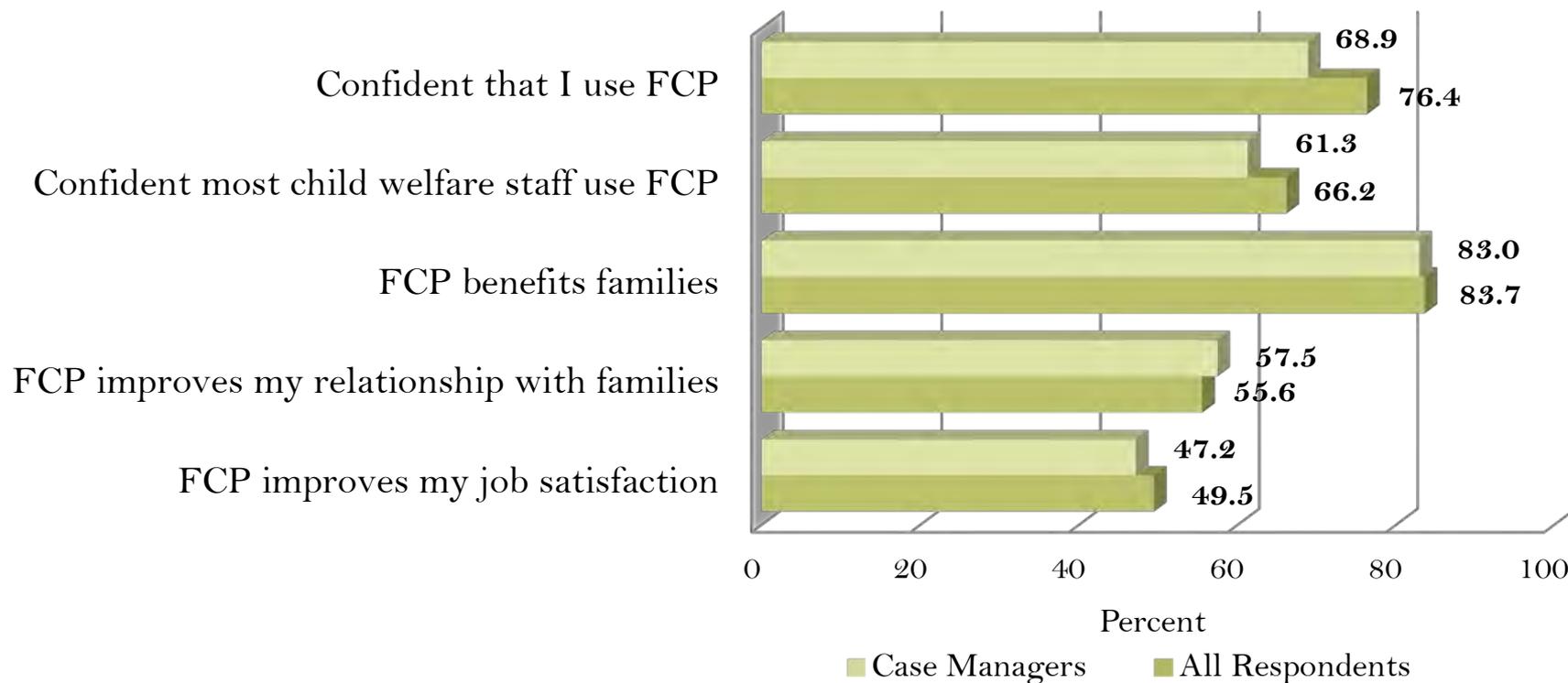
Response Values	Circuit 1	Circuits 3/8	Circuit 11
Strongly Agree	55.4% (67)	30.2% (38)	40.5% (34)
Agree	36.4% (44)	52.4%(66)	40.5% (34)
Neutral/No opinion	2.5% (3)	9.5% (12)	8.3% (7)
Disagree	--	--	1.2% (1)
Strongly Disagree	--	.8% (1)	2.4% (2)
CPIs Only			
Strongly Agree	33.3%(5)	28.2%(11)	63.6%(7)
Case Managers Only			
Strongly Agree	50.9% (27)	30.3% (10)	30.0% (6)

Family Centered Practice Knowledge

- ▶ Identification of FCP Guiding Principles
 - ▶ At least 70% of all survey respondents in the 3 innovation sites combined identified 8 of 9 guiding principles for Family Centered Practice

Family Centered Practice Knowledge

Figure 3: Utilization of Family Centered Practice by All Child Welfare Staff and Case Managers



Data Source: Child Welfare Staff Survey across three innovation sites in Florida (October-November 2010)

Case File Review

Description of Cases
Case File Scoring Rubric
Case File Scores

Description of Cases

- ▶ 20 cases reviewed
 - ▶ 7 in Circuits 3/8
 - ▶ 6 in Circuit 1
 - ▶ 7 in Circuit 11/16
- ▶ Average of 2.2 children per case
- ▶ Type of case
 - ▶ 6 voluntary/diversion; 14 court-ordered
 - ▶ 8 in-home; 12 out-of-home or custody change
- ▶ Case Plan Goal
 - ▶ 2: Maintain and strengthen
 - ▶ 12: Reunification
- ▶ History with DCF
 - ▶ 20% (4 families) did not have a history

Case File Review Scoring Rubric

- ▶ Six FCP Constructs
 - ▶ Family inclusion, accommodation, and participation
 - ▶ Family engagement
 - ▶ Flexible, adaptable, and individualized services
 - ▶ Strengths and needs based
 - ▶ Family empowerment and autonomy
 - ▶ Family bonding and strengthening

- ▶ Number of items within each construct: 1 to 19

- ▶ Each item rated on a 3 point scale
 - ▶ 1 = Minimal or no evidence
 - ▶ 2 = Some evidence
 - ▶ 3 = Substantial evidence

- ▶ Average score calculated for each construct and for each case

Case File Review Scores

Table 2: Case File Reviews, Average Ratings for Each Family Centered Practice Construct in the Three Innovation Sites, October 2010

Family Centered Practice Constructs	Average Rating
Construct #1: Inclusion & Accommodation	<i>2.16</i>
Construct #2: Engagement	<i>2.22</i>
Construct #3: Flexible, Adaptable & Individualized Services	<i>2.60</i>
Construct #4: Strengths & Needs-Based	<i>2.04</i>
Construct #5: Empowerment & Autonomy	<i>2.33</i>
Construct #6: Bonding & Strengthening	<i>2.21</i>
All Constructs	<i>2.25</i>

Child Welfare Staff Interviews

Individuals Interviews
FCP Definitions/Descriptions
When FCP is Easier/More Difficult

Child Welfare Staff Interviews

- ▶ Individuals Interviewed (most of the interviews were conducted in person on site; other interviews conducted by telephone)
 - ▶ Child Protection Investigators (13)
 - ▶ Case Managers (16)
 - ▶ Other Case Management-related Positions (3)
 - ▶ Service Providers (7)
 - ▶ CM or CPI Supervisors (2)

Family Centered Practice: Definitions/Descriptions

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

Family Centered Practice

When is it easier and when is it more difficult?

▶ Easier

- ▶ When parents are willing, cooperative and/or open to services
- ▶ Parents who are outgoing and easy to get along with
- ▶ Not having the child in licensed care
- ▶ Relative or family supports available to assist
- ▶ “Not only do we need the families to buy in to it, but we need the CPIs to buy in also. Everyone has to believe in it, in order for it to be easy.”

▶ More Difficult/Challenges

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

Evaluation Question: Did the implementation of FCP demonstrate fidelity?

There was evidence that FCP was implemented based on all research methods. However, implementation across all of the FCP constructs was not consistent.

Did the implementation of FCP demonstrate fidelity?

- ▶ Evidence based on two evaluation methods:
 - ▶ Online Survey of Child Welfare Staff
 - ▶ Percentages of survey respondents identifying 5 of the 9 principles, practices and/or items that are incorporated in the FCP framework adopted for this evaluation were above 80%.
 - ▶ The percentage of survey respondents agreeing that they were confident they used FCP was 76.4% and 36% strongly agree. The percentages for strongly agree were also relatively high in both the CPI and the CM subgroups (43% and 32%).
 - ▶ Close to 30% of the survey respondents had participated in 5 or more family team conferences.
 - ▶ Case File Review (variation by FCP construct)
 - ▶ The average score for the level of evidence across all FCP constructs and innovation sites was 2.25 out of 3 possible or 75.05%.
 - ▶ There was variation in the level of evidence across the FCP constructs. The highest scores were for Construct #3, Flexible, Adaptable and Individualized Services (2.60 or 86.8%), and Construct #4, Strengths and Needs-based (2.33 or 77.67%).

Evaluation Question: Did fidelity in the implementation of FCP vary across innovation sites?

Yes. Among the three innovation sites, evidence of FCP implementation across all FCP constructs was stronger in one site compared to the other two.

Evaluation Question:
Were there challenges shared in the
implementation of FCP across
innovation sites?

Yes, challenges were shared in all methods.

Summary of Family Centered Practice Implementation Challenges

- ▶ Communication, coordination, and sharing a commitment to serve families using a Family Centered Practice approach among child welfare professionals and community partners were impeded by the following challenges:
 - ▶ Separate office locations for child protective investigators, case managers, and service providers
 - ▶ Extensive amounts of travel time
 - ▶ High caseloads
 - ▶ Absence of or very limited opportunities for child welfare staff and service providers to interact and share their expertise
- ▶ Lack of coordination and/or inconsistencies between child welfare staff and the judiciary were evident when:
 - ▶ (a) case plans prepared during family team conferences were revised by judicial staff or client attorneys; and
 - ▶ (b) the understanding and application of Family Centered Practice varied across judges and attorneys within a circuit.

Family Centered Practice Implementation Challenges (continued)

- ▶ Family team conference challenges included the following:
 - ▶ Unclear goals and variation in topics/concerns covered
 - ▶ Challenges identifying and recruiting participants (family members, service providers, child welfare staff, others)
 - ▶ Scheduling family team conferences with sufficient notice at appropriate intervals, convenient times and locations for participants
 - ▶ Inadequate preparation of families for the family team conferences
 - ▶ Inappropriate and inadequate facilitation of the family team conferences

- ▶ Joint or Early Engagement Home Visits ...
 - ▶ with the participation of investigators and case managers were praised by child welfare staff but there was still some confusion over staff roles and responsibilities, timing for case transfers and making sure the child welfare staff assigned to the case could participate in the early or joint home visit

Evaluation Methodologies and Measurement

(Phase II, March through December, 2011)

- Semi-Structured Interviews with Guardian ad Litem Volunteers, CLS Attorneys, and Judges/Magistrates in the Dependency Courts (April through May, 2011, Webinar conducted)
- On-line Survey of Child Welfare Staff (launch Sept., 2011)
- Child Welfare Staff Focus Groups (Sept. 2011)
- Secondary Data Analysis—FSFN Data Extracts (processing data in FSFN extract file)
- Family Centered Practice Efficiency (compiling examples of efficiency from innovation sites)

Semi-Structured Telephone Interviews in the Judiciary

Guardian ad Litem Volunteers
Children's Legal Services Attorneys
Judges/Magistrates

Judiciary Interviews

- ▶ Number of Completed Telephone Interviews
 - ▶ 19 Guardian ad Litem Volunteers
 - ▶ 7 in Circuit 1; 6 in Circuits 3/8; 6 in Circuit 11
 - ▶ 21 Children's Legal Services Attorneys
 - ▶ 7 in Circuit 1; 7 in Circuits 3/8; 7 in Circuit 11
 - ▶ 10 Judges/Magistrates
 - ▶ 3 in Circuit 1; 4 in Circuits 3/8; 3 in Circuit 11

- ▶ Questions addressed their familiarity with and opinions of:
 - ▶ Family Centered Practice
 - ▶ Interaction with Families
 - ▶ Services (what is important?)
 - ▶ Participation in the Courtroom (family, children)
 - ▶ Goals of Dependency Court
 - ▶ Successful Endings in Dependency Cases
 - ▶ Recommended Changes (Dependency Court/Child Welfare System)

Guardian ad Litem Interviews: Selected Findings

- ▶ Familiarity with FCP...
 - ▶ was limited (only 6 of 19 or 31% of those interviewed had heard of FCP). Despite lack of familiarity with the term, most GALs expressed family-centered views.
- ▶ Major concerns expressed by the GAL volunteers included...
 - ▶ families being overloaded with services and not being able to get the intended benefit, lack of communication between involved parties in the case, heavy caseloads for case workers, and lack of focus on the child's best interest.
- ▶ When asked the goal of the dependency court,
 - ▶ GAL volunteers focused primarily on the rehabilitation of the parents, providing oversight, intervening in dysfunctional families, and protecting children. Some also mentioned reunification with the parents/keeping families together.

CLS Attorney Interviews: Selected Findings

- ▶ Among the CLS attorneys interviewed, recognition of FCP was evident across the vast majority (19 of 21 or 90%).
- ▶ While most CLS attorneys agreed that families were allowed to participate in the courtroom, less than half of the attorneys indicated that families were encouraged to be active participants.
- ▶ CLS attorneys recognized child safety as important but emphasized preserving, strengthening, and reunifying families.

Judge/Magistrate Interviews: Selected Findings

- ▶ FCP was a concept that had been heard by all of the judges/magistrates interviewed but descriptions of FCP were not comprehensive with 2 judges/magistrates referring to the unified court model.
- ▶ Views regarding the participation of children in the courtroom were mixed with 6 of 10 welcoming children without conditions and the other 4 preferring limited participation of children with reasons noted.
- ▶ Regarding the goals of dependency court, all mentioned child safety but 4 of 10 mentioned acting in the best interest of the child and that was thought to be keeping the families together or to reunify.

Innovation Sites

Circuit 1, Circuits 3/8, Circuit 11

What did they learn from the evaluation?
Was the collaboration and participatory approach
beneficial?

Circuit 1: Escambia, Walton, Okaloosa, Santa Rosa

What did we learn from the evaluation?

Deployment of Family Centered Practice Strengths and Gaps

- ▶ Staff Survey Data : Over 92% of DCF/FFN staff knew what FCP was.
- ▶ Supported belief that CFSR supports FCP implementation
- ▶ Supported belief that staff believe families are better served due to FCP implementation
- ▶ Need to continue to support judicial knowledge of FCP

Circuit 1: Escambia, Walton, Okaloosa, Santa Rosa

Success of Family Centered Practice Model

1. Defined need to cascade more FCP training to community partners
2. Defined gap in GAL volunteer knowledge of FCP despite efforts in the GAL program
3. Evidence that 84% of staff are confident that they are practicing FCP
4. FCP implementation strategies were working

Whether we look at staff satisfaction/pride in implementing the model or at performance data resulting from applied practice, both support FCP as an effective model. This is very helpful in reinforcing and gaining buy-in.

Circuit 1: Escambia, Walton, Okaloosa, Santa Rosa

Was the collaboration and participatory approach to the evaluation beneficial?

Yes

- ▶ Evaluators included sites in development of all documents:
 - ▶ Standards (CFSR/QA)
 - ▶ Constructs
 - ▶ Survey instruments/who to survey
 - ▶ Interview questions
 - ▶ Who to Interview/Where
 - ▶ Document reviews
 - ▶ Conference calls
 - ▶ Planning for next steps

- ▶ *The participatory approach served as a useful learning opportunity for how we examine and evaluate ourselves. Ounce of Prevention Fund was able to suggest a variety of ways to “look at the elephant”!*

Circuits 3/8:

Alachua and 12 other counties in North/Central FL

What did we learn from the evaluation?

- ▶ Most (82%) of our staff knew what FCP is
- ▶ Most (80%) of our staff were able to identify 5 of the 9 FCP guiding principles
- ▶ Most (74%) of our staff felt they were implementing FCP. However, only 62% felt other staff were implementing FCP
- ▶ Many of our staff felt the best example of FCP in our Circuits is the implementation of FTC's and our focus on finding relative placements

Circuits 3/8

What did we learn from the evaluation? (continued)

- ▶ Most (84%) staff felt FCP was beneficial for families
- ▶ Almost half of all staff (47%) felt FCP has improved their satisfaction with their job
- ▶ Many (67%) of our staff felt FCP would help with achieving child safety, well being and reunification. Most (76%) felt FCP would help with achieving Family Preservation

Circuits 3/8

Was the collaboration & participatory approach helpful?

- ▶ It was very helpful because staff felt their voice was being heard through multiple means (survey, interviews, focus groups)
- ▶ Service providers also felt that their input was valued as FCP was being implemented since they were also included in the evaluation
- ▶ It was very helpful to hear how other innovation sites were implementing FCP. Learning about successes and challenges in other Circuits could help inform practice changes in our Circuit.
- ▶ Through the evaluation, a parallel process was created and staff were empowered and able to participate in continuous improvement in the implementation of FCP. At the same time families are being engaged in strength based practice to insure their voice is heard throughout the life of their case.

Circuit 11: Miami-Dade

What did we learn from the evaluation?

- ▶ CPIs and CMs are viewed very differently by families.
- ▶ Need to continue to support the build family centered practice knowledge in the judiciary, including CLS attorneys and GAL volunteers
- ▶ The intensive nature of Drug Court (“Strict Honesty,” strong supervision, case manager teaming approach, serving as a parent advocate in addition to CM, lower caseloads, etc.) is a very successful family centered practice model and should be replicated in the larger system to the extent possible.
- ▶ The understanding of FCP reported by staff was higher than expected (81%) during phase 1
- ▶ The percentages of staff confident that they were practicing FCP and that all or most of the other staff were using FCP were lower than expected for Phase 1 (69% and 55%, respectively)
- ▶ Importance of CPIs, prevention providers, and court case management providers using the same tools (Structured Decision Making) to assess risk, safety, needs and reunification.

Circuit 11: Miami-Dade

Was the collaboration and participatory approach beneficial? Yes

- ▶ Always helpful to have fresh faces (The Ounce of Prevention of Florida (OPFF)) involved in interviewing our stakeholders and teams and approaching them for their insight and providing that information to us.
- ▶ Although it increased the workload for them, it was important that the OPFF and Casey Family Programs recognized that the strong stakeholders of our region needed to be involved in every aspect of the evaluation.
- ▶ Both Casey Family Programs and the OPFF respected and examined existing family-strengthening practice examples (e.g., Model Court, Drug Court, Parent-Child Psychotherapy modules).
- ▶ Also beneficial that the OPFF remained flexible in their approach (e.g., they realized they needed to have a separate focus group with prevention providers and highlighted their strength-based approach to keeping families together).

Questions and Discussion

Contact Information for Panelists

Contact Information

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- ▶ Andrea Mendez, Our Kids (Circuit 11) (mendeza@ourkids.us)
- ▶ Shawn Salamida and Ginger Griffeth, Partnership for Strong Families (Circuits 3/8) (shawn.salamida@pfsf.org, ginger.griffeth@pfsf.org)
- ▶ Mary Kay Falconer, Evaluator, Ounce of Prevention Fund of Florida (mfalconer@ounce.org)
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