

Session 5.05 – Collaboration To Implement and Evaluate Family Centered Practice: Florida's Experience

Panelists:

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Andrea Mendez
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Please note: The following is a direct transcription and has not been edited.

Peter Pecora: Good afternoon folks, just in interest of time making sure we have enough time for questions and discussion, we're going to start. Thank you for your interest in this Florida initiative and we're going to talk a little bit about the partnership on that today. My name is Peter Pecora. I'm with Casey Family Programs of the University of Washington School of Social Work and I have the pleasure of doing is just sort of kicking this off this afternoon with some of the intro slides. So I do want to introduce our panelists today, Mary Kay Falconer. Falconer is an evaluator with Ounce of Prevention. She was there. Christine K. Thompson is an evaluator with the Ounce of Prevention Fund. I should mention too though by the way Mary Kay is the project director for the evaluation for the initiative and so you'll see a lot of us turning to her for details today. Hard questions direct to Mary Kay.

Mary Kay Falconer: Please.

Peter Pecora: Margaret Taylor is the director of Policy Quality and Training for Families First Network there at Pensacola and Ginger Griffith is the Practice Model Specialist for the Partnership for Strong Families. You will hear from her later.

Ginger Griffith: Yeah, not Shawn.

Peter Pecora: Not Shawn, no. The CEO could not make it. He had another pressing issue came up and last but certainly not least Andrea Mendez is the Quality Assurance Manager for Our Kids at Circuit 11 and we'll talk a little bit about these different circuits who are the different counties or communities in Florida that are participating in this initiative. We do want to mention that there are three things we're going to try and do. There are a couple of the PowerPoint slides are on this first chair, so if you didn't get those and one of the briefs of the report of the project are also on the chairs. So, feel free to get those so you can follow along.

We also want to mention by the way on the Ounce of Prevention website, you'll see a couple of websites referenced in the presentation, but probably the easiest website to navigate is the Ounce of Prevention's website and that's where some of these documents reside as well. So you have an easy way to grab a PDF and share with colleagues we hope so.

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Ounce of Prevention, Florida's good website to go to for some of these materials. Today, this afternoon, we're going to try and cover three things briefly with you. We're going to stop at least at two different points along the way and at the end for questions and discussion to make this a little more interactive. We were curious about how many people here are involved in implementing some type of a family-centered practice model in your county or state or anybody here involved in that directly, one person okay. So we'll be sharing a lot of lessons learned along the way. So really our focus for today was learning how the collaboration between really the State Department, State Public Child Welfare, how the counties and the circuits and Casey Family Programs, which is an operating foundation. How this sort of collaboration emerged, how it's operating a little bit.

We're going to talk about the evaluation of family-centered practice in these three innovation sites as Mary Kay is going to mention, this is much more at this stage a very much of an implementation study. We're at the implementation, evaluation phase of the work at fairly early stages.

The third area we're going to look at is some of the achievements and challenges that we're learning so thus far around the implementation of family-centered practice in these three what we call innovation sites in Florida and believe me they are living up to their name of being innovation sites given in fact some of the pioneering work that's going on. So who is in this collaboration? Well, Casey Family Programs is an operating foundation. We're trying to be sort of the provider of some technical assistance, some support around planning. Paul DiLorenzo who is our state Systems Improvement Leader is the sort of the person on the ground working closely with state leaders and county leaders around the effort.

We've got the Florida Department of Children & Families as the key leadership group in the sense that as the state agency is saying this is the direction we want to go in. We'll talk a little bit about why they are doing that in a minute and then we've got three innovation sites. Circuit 1, which is a Families First Network. You've got Circuits 3 and 8, which involves Partnership for Strong Families and you got Circuit 11, which is Our Kids and we'll talk a little bit about those geographic communities in a minute. And then you've got the Ounce of Prevention Fund, which is our third party objective evaluator and they have been just tremendous in stretching budget dollars and as you're going to see accomplishing with the innovation sites in the state, a huge amount of implementation, research in a relatively short period of time.

The benefits of collaborating some of our representatives from diverse innovation sites are going to comment on that later in the presentation. I can just tell you from a Casey Family Programs perspective and then looking with other states and counties, having a mix of partners like this really creates some very innovative thinking, it gives people space to think through issues, to raise critical questions from one innovation set of sites to say to the other. This is what we're running up against, what do you think about that? One site might be making a breakthrough in a particular area. They are assuring it with

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other innovation sites. It's in a sense I think what the folks in Florida have done is developed a learning network, a CQI oriented sort of learning network where there is information being shared among the different communities and I think the state and the evaluator and I think we're all benefiting from that. I know the innovation sites leaders are going to have some more specific comments about that later, but that was one of the things we are mentioning that we thought one of the values of collaboration there.

The Casey Family Programs just a word a little bit about that because some people don't know who we are. We're an operating foundation, which means we don't typically give our grants, we actually do work on the ground, we been providing family foster care services since 1966. At times, we have been working in 23 communities and 13 states across United States that's we shrunk that down a bit. Our real goal now is accelerated permanency planning for adolescence and care that's the focus on the mission of our direct practice, but we also the bulk of our dollars now increasingly are going to technical assistance to states and counties. So we do a lot of work around our 20-20 goal, which is really to safely reduce the number of children in foster care by 50% and to reinvest much or all of those savings back into higher quality services because we all know that children who are in care now and the families deserve a lot more support and we are aren't able as counties and states to move dollars from the backend to the frontend and we need to do that. And we also want to improve the access to education, employment and mental health services for vulnerable children. You heard Dr. Samuel's talk a little bit about the value and the importance of high quality mental health services for youth and family's care this morning.

So that's our 20-20 strategy goals that relate to that. How we do our work is through direct practice services like I said we've been delivering family foster care services for a long time. Our strategy consulting is a very, very primary key aspect of our work as well as now we do a lot of work in public policy. We're trying to help get waivers passed, orders one of the innovative states that has Title IV-E Waiver. We're trying to get that legislation reauthorized for all states in the United States as well as trying to advocate for finance reform in child welfare, so for county and states to be able to move to dollars more upfront. So that's how we work.

The Florida Department folks want me to comment because we didn't have someone here today from Department of Children and Families to talk about why family-centered practice, why is this change in practice and what happened is that some state related introspection and the Federal Child and Family Services Reviews were very key in helping Florida start to think through where were their areas of strength and where were their areas that they really needed to do some refinement. And some of those areas were the need to improve family assessment, the need to a better connect department staff with families, better connect children back with their families, to better involve families in case planning. These were some of the things that came through and what we call the CFSR reviews. They're probably not uncommon to many states and many, many states have family-centered practice and improvements in connection to families in their pips in their program improvement plans and Florida is no stranger to that. So that was some of the impetus for this family-centered practice model and the fact that the model really

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when you think about it and the panel here is going to go through some of the components of it.

You can see how this approach to practice really does try to address issues of child safety permanence and wellbeing. If you do the work right upfront you know you've got benefits that accrue to you downstream there and so it really was meant to be sort of a visionary engaging transformative process rather than at this stage a very prescriptive practice model with little, with very, very micro components. Mary Kay, I think is going to take us through in a minute some of the components and the core principles of that practice model and then we'll probably stop for the questions there. So with that I think I'm going to turn out to Mary Kay unless I have forgotten to cover a slide, I don't think so and here we go. Oh, did I forget the innovations sites, I did, didn't I. That's like me double-sided handouts always throw me here, okay, so innovation sites.

As you might imagine Florida is a huge state, 67 counties. It's very complex. Changing practice takes time. It takes focus so the state and some of the counties and circuits let's start with three circuits, let's start with three major innovation sites and roll it out from there and you can see here that we've got some fairly significant areas there. You've got Circuit 11, which is Miami-Dade being one of the innovation communities.

We've got Circuit 1, which is in the Florida's Panhandle, but we wanted to mention that includes the communities of Pensacola, Escambia and Fort Walton Beach. So that sort of you think of that if you know Florida little bit in those areas. And then we've got Circuits 5 and 8 in the mid state, which includes 13 different counties some of those you might recognize as Alachua and Columbia. So, you've got some very diverse communities, different clusters of counties represented in these three what we call the three innovation sites and they were selected based on the fact that they had leadership commitment from key members of the child welfare community, the judiciary and other community stakeholders.

For example, if anyone who knows the work of Judge Cindy Lederman in the Miami-Dade Area. Judge Lederman is one of the key proponents of family-centered practice. She has been one of the lightning rights to really push this movement in her community and she has been a key partner to the voluntary agencies into the state and county in this area just to give one example and I think each of the innovations sites could point to at least one judicial, official or staff member who really has been a person they could turn to who has been in their corner for them to support them. And so that's what it really takes this kind of a community based partnership to make these things happen.

Now, I think Mary Kay is going to get us into the parts that you are probably most interested in which what is this family-centered practice model?

Mary Kay Falconer: So as part of the process getting this project underway in response to the CSFR, DCF along with some input from the leadership team developed a framework for family-centered practice and there are 11 core principles included and we just highlighted a few of them here. We also want to identify that they were conceptual

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and not prescriptive, again allowing some innovation to blossom and occur out in each circuit that was involved with the project.

The first one referring to removal of a child from the family when that is necessary making sure that their placement is the family based setting and emphasizing their connection to where they are placed, the person or the family that they are placed with. Individualized services as well as the services for the family being emphasized and also being strength based, needs based. So those are some of the again key principles that were included in the framework that was developed by Department of Children and Families.

They have a nice figure that we've included in the PowerPoint selection here, family engagement being one component in the figure and assessment that can be used at the beginning certainly to assess risk and then used frequently during development with of the case and working with the family, team based planning and decision making and then as I mentioned individualized planning and services being match to needs.

When Peter was talking about the availability of some of the materials for the evaluation, this was another site that you could refer to Center for Child Welfare, which is housed by FMHI at University of South Florida. So there are couple places to go to get information. So this is the figure and I know a hard copy there probably too small for you to really see much of the content. But at this point, it's important for you to know that there was a framework developed with core principles for family-centered practice.

Okay, we're going to take a little breather here before we get into the implementation evaluation and just kind of allow you to may be ask a question or two before we start again, provided a little bit on the history and the staging of this particular project. Is there anything particular that we might have missed that you want to know more about, yes.

Speaker: I'm just curious if you can talk a little bit more about the development process of the model, the framework you just described. How did that come into being?

Mary Kay Falconer: Well, we as very later were brought in actually after the development of the framework, so I don't know Margaret...

Margaret: Sure, we can talk about it. We had a consultant who'd work with us on it and you know they are like many models across the country I think you would say and admire, we had already developed one probably several years before we got this one. So we had a lot of ideas already on how to go about that. But we, with our group there were three sites and we reviewed among ourselves and gave feedback and in the very end this is what the framework look like and there is a paper that goes along with it and if you would like to have a copy then I would be happy to share that if I had your email address or something, we happy to share that with you. I'm not sure that it would be on the site. But we had many discussions about how that would fit around the things that we were working on, we particularly emphasis around those items in the onsite CFSR, items 12 through 20, can get those. Okay, which were around family-centered practice and

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because our performance improvement plan and had a section in there that we were going to be addressing those areas to be that we were going to work on for improvement. So we use those as we worked on this.

Next one I add to the DCF really wanted to use all three sites to figure out what best way, how they should grow a lot of practice for the rest of the state. They saw what conflict the areas in the North East were doing, what the central state which is very complex. The area is very, very complex with many different counties they have and then of course with Miami being the biggest urban section. It was we could all three come to some agreement as to what was working well, what when commonality there was and that would give them a little bit more ability to push through for the rest of the state. But we already know because we meet all the QA managers, meet you know on a quarterly basis throughout the state, but there is other counties that are not represented here that already do has some really good innovations that they already doing in family-centered practice, but...

Speaker: Were families or communities involved in the model design and implementation of this. Where is their input reflected in the model?

Margaret: Well in my area, we did because each one of us had to review it and then give feedback. But, in my area, we did have the community providers who look at it because there was a lot of the areas obviously talk about what we would be able to do whether to do services within families, closer to families even in their own homes, etcetera. So we did involve our service providers as we talked about that we had large meetings that they all came to and so we looked at that. We had foster parents who were involved in it with one parent. So we didn't have a good representative that I guess representation of parents, but we didn't have one.

Speaker: How do you get the parent involved? Is it through the meeting or they get invited.

Margaret: It was a meeting, it was a meeting and we had started working on family-centered practice probably in about '05 or '06. So by that time we've come up with a lot of parents who've seen the difference in our systems as it relates to family-centered practice. So they have been amenable to coming to meetings or to participate in conferences and other things, so that was how that happened.

Mary Kay Falconer: Yeah, Circuits 3 and 8 had a similar experience. We didn't specifically set down and say help us construct this, what we did is include parents and we had a small number as well but that ended up participating with us on various other workgroups or we were implementing family-centered innovative ideas within our system and based on the input from providers and parent attorneys and everyone who was involved in these different workgroups that were working to change this system. We took that feedback from those and then it actually kind of worked around this now, they didn't sit down with us and say okay we wouldn't see it this way, but certainly we heard their input.

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Margaret: This going to sound strange in a room with a lot of people working in mental health and child welfare, but we have a lot of voices in our heads in Miami.

[Laughter]

We have lot of voices from our judiciary and we have some very strong foster parent boards that are constantly you know I get emails from them, I mean in time and date. So we were very involved with them, but in addition to that I mean to actually sit down like you said actually to sit down and say help us with come up with our framework for this particular project. I don't think that was really necessary for us when we started our strategic plan for 2008, we had gone through a very stringent and this is for you really the process of giving opinions and without our getting we had a third party interviewing, having focus groups with very segmented parts of the stakeholders. So, specifically talking to a group of parents who had lost their children, specifically talking to a group of parents who were reunified with their children, specific adoptions, failed adoptions. So they really looked at every segment. We spend a lot of time and money getting that information and that's a kind of bible for us for quite a while and that was what we were doing in 2007 to come up with our strategic plan. We are doing it again now because we want a new three-year mission plan, so we are going through some of that same process, but again we have a lot of voices in our heads telling us where things are not good and were things are getting back.

Mary Kay Falconer: Okay, excellent. All right, again mentioning that this was more than implementation affirmative evaluation, didn't really get the outcome evaluation in this particular phase. We're going to skip through some of these slides but I think it's important for you to at least have a glimpse at how many different methods we used in this Phase 1 evaluation and the complexity and sophistication of some of the things that we did. An evaluation design to again reinforce what Peter and all of the panelists have been talking about so far, three innovation sites included, then we combined information from the three innovation sites to come up with some of our findings to compile the results.

We have an on the right side there a box first of all at the top, which were the six constructs that we used to measure family-centered practice and this was again stemming from the framework that DCF or Florida had developed, but also some literature review, some of the things that we are familiar with on family-centered practice. So, it was a little beyond, extended beyond Florida's framework and I think can you see those constructs. Do you want me to go through them? We show them again later and a subsequent slide the family inclusion, accommodation and participation, family engagement and I might mention something about the CK, the other evaluator will be following up with it a little bit later.

For us family engagement was actually report with the family respect for the family listening to the family. It was your actual interaction with the family, which is different from how some states view it. Flexible, adaptable, and individualized services, strengths

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in each space which we've already mentioned again part of the core principles for Florida Family Empowerment and Autonomy and the last one family bonding and strengthening. The outcomes again that's for the future. We're not quite there yet, but we're thinking certainly reduction and out of home placement, increasing job satisfaction using family-centered practice long term, increase in the reunification with the family and of course decreasing the reoccurrence of abuse and neglect.

Okay, the only thing I'm going to talk about here is again the number of different methods we used, a lot of being qualitative. We had a online survey that we launched early in the project to get some baseline preliminary measures of knowledge of family-centered practice, use of family-centered practice, but we did many other things, interviews and focus groups. We also want to emphasize that this was again the participation of the leadership team. We did webinars when we completed a particular method and compiled the results, we shared those results within a very short timeframe so that they could see what was happening and then make adjustments along the way if they had the resources to do that, but at least they can understand where they were in the implementation of family-centered practice.

Okay, the online survey just again a few slides here and what were we doing, I mentioned trying to get the baselines for family-centered practice knowledge, some information on what they thought about the training that was occurring where they implementing family-centered practice, do they think there were implementing family-centered practice, do they think that there are other staff who are implementing family-centered practice. Their satisfaction with their jobs, their views of family-centered practice and serving the families, the views of the benefits of family-centered practice for the families and then the achievement of some goals related to when you implement the family-centered practice.

This is just one example of the table. We had many of them in the webinar that we conducted that showed the results for the responses to each question. We showed it by point on the Likert scale and then across the innovation sites, the three innovation sites and then we pulled out the investigators and the case managers in a number of the questions responses to those questions. So we didn't do it for everything, but we did it for a lot of it. So, again we could do a little subgroup analysis here and see where they were with investigators compare to case managers.

Okay, this is just again another example of one finding at least 70% of our survey respondents in the three innovation sites combined identified eight of nine guiding principles for family-centered practice. This finding is important to share because when you ask someone do you think you know what family-centered practice is. In most respects, what do you think their response is going to be, particularly, when they knew that this survey was being launched for that particular purpose? So what we did was we followed up with a list of some guiding principles that referred to family-centered practice and then we asked them to identify those that were in line with or adhere to family-centered practice. So, that was how we again extended the measurement here,

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made a little bit stronger to okay, well how much do you know about family-centered practice.

This is another example of a graph that we put together that provided the responses to several different questions. The examples in this particular graph included, am I confident that I used family-centered practice. What the responses were to that. I am confident that most child welfare staff I work with use family-centered practice. So what do the percentages do in response to that particular question and were asking them about what their other staff does. What happens to those percentages there in that graph? For them personally, they thought they were implementing family-centered practice at a much higher level when you ask them about what they thought others, they work with we're doing, the percentages go down. Again it's just you know a little – looking at measurement and trying to get valid measures here accurate measures FCP benefits families and what the response was there, improving my relationship with families and then improving my job satisfaction. Again we're just showing you examples of things that we did and how we handle the measurement. Okay, CK is going to handle few of the other methods and again we're just kind of skipping through some of the slides.

Speaker1: Yes, just a group question, the ones that you just showed, was that after they were trained or introduced to, was that just you're starting at I missed that...

Mary Kay Falconer: Well training, that's a good question though, but training had occurred to some extent in every single innovation site. There were also little bit different stages of evolution of implementing family-centered practice. But Circuit 11, I think with in the process of doing training when we launched that survey. So it was happening right then.

Margaret: Yeah, there is a lot of caveat though. I mean some, not all of the subcontracted agencies were going to that training, it was mandated for CPIs, but then as we found later on in your study, there was a 50% turnover and protector or investigators anyways. I think a lot of it is in your philosophy are you doing it, is everybody else doing it, whatever it is.

Mary Kay Falconer: It was sort of at different stages.

Speaker1: So is that goal doing that you do it again later or to see where things...

Margaret: Yes. Yes, we have a Phase 2.

Speaker1: All right, thanks.

Margaret: Well, for the case file review, this is one of the methods that we use. This first slide really the point here to show you that we looked at wide variety of cases, in home out of home although history DCF didn't, we look to wide and variety of different cases, so we are trying to get a good picture of what the cases at the time we're looking like despite some of the variations and we were trying to use cases that were more recent so

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that there would be cases fell in the time period that FCP was being the implemented and if I say FCP I mean family-centered practice excuse me, we're used to that acronym and we tend to use that a lot. It's easier.

We developed a scoring rubric for these cases and we use those six contracts that were mentioned earlier here probably a little bit easier to see. Each contract had between one and 19 items in it. For example, actually I believe it's family bonding and strengthening. One of the items was that the child was placed or was left in the home or was placed with the relative or non-relative that they were familiar with.

Each item was then rated on a scale of 1 to 3. We do acknowledge that yes that rating is subjective. However we went through the case twice to try to make sure that it was being done evenly across all the cases and across the sites. The contracts that we talked about those were developed based on that framework that was mentioned earlier. So that's where that information is coming from.

For the case file review scores, we basically gave them an average score across all the items for each section. The lowest one that we had was strengths and needs base and that's primarily because it's very hard for case plan to be strength based particularly because it's a legal document and it's geared towards, okay what are the problems? What do we need to fix and that's just kind of how that written. So it's hard for that to come across the strength base. So we had a hard time to scoring high in that area.

The one that was the highest was flexible, adaptable and individualized services. We found for most cases that all the individual needs of the parents in the family were being addressed. They provided substance abuse when that was an issue or domestic violence. If there was many incidents where may be there was DV and substance abuse. If they could find a combined service for that, they would do with one provider instead of two different people.

These are general scores in all of them, a lot of these things we can give a lot more details on, but don't have a whole lot of time to do that right now. If you'd like some more detail on the scoring or so forth please let us know.

One of our other methods was staff interviews. We did a lot of these in combination with the case file reviews. We were trying to interview the staff from the same cases that we reviewed and to get a better picture. When you are looking at case notes, which I spend a lot of time reading case notes. When you are looking at case note, you don't always get a real good idea of what the interactions were like with a family. The notes can be where a point like saw the family, dropped off this. It doesn't say, praised mom for doing well and a class that she just finished taking. Sometimes they do, sometimes they don't, but talking with the staff helped a lot of that.

We interviewed several different people primarily we're focusing on case managers and child protection investigators and there were few other case management related

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positions primarily in Circuit 11 and they have some specials like targeted case management and some people related to their dependency court.

These were just to give you an idea some quotes from people about how they explained to us, what they saw family-centered practices meaning. The bottom two are two of my favorites; 'with you not to you' and 'nothing about me without me'. The idea that they are not going to make any decisions about your family without you involved. So these were some my favorite quotes from people about the differences in FCP and how they will define it.

We also asked them when it was easiest and most difficult to practice family-centered practice and the main thing we heard with easiest was when the family is cooperative, when they are all going, when they are willing to talk to us. Basically when they are easy to work with which makes sense. When was it more difficult? Obviously it's more difficult when the family is unwilling and they are resistant and they are not wanting to work with those who are trying to work with them. But they also mentioned cases like domestic violence where you couldn't have the parents both in the same room. So you had to do everything separately. It made things sometimes like transportation for the mom more difficult because if dad was owner of the car and they couldn't near each other than transportation had to be provided. So a lot of those types of issues were mentioned.

A lot of our CPIs talked about the difficulties with balancing family-centered practice and the safety of the child and their fear of accidentally putting one over the other in a way that was detrimental to the family.

We had several evaluation questions that we were addressing with this. We thought we put a few of them in here and discuss some of those and what we were finding from them. When it came to feudality, there was evidence that FCP was being implemented based on all of our research methods and it wasn't consistent across all of them. They were a little different depending on what we are looking at. The evidence for feudality was primarily based on these two, the online survey of child welfare stuff that Mary Kay was discussing and case file review. For the online survey, she mentioned a 170% of them, mentioned eight out of the nine principles and over 80% identified five out of nine and then four the case file review and the 2.25 out of three was the average score, which is 75%.

The next one is to the feudality and the implementation varies across the innovation sites, which yes, it definitely did. We have three sites all at very different points in their implementation and so they had all started at different areas and they had also several of them had been implementing other programs as well at the same time. There was lot of crossover and mix at different points. Circuit 1 had been doing this a little bit longer. I think we saw things a little stronger there, but lot of that is related to that they have been doing at a little longer than the other two circuits.

Then were there challenges? Yes, of course there were challenges and we found those across all the methods. Some of the main things that we are coming across were things

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like communication, coordination among the various parties involved with the families. Whether those service providers, the judiciary, CPI, case management all the different people involved. Having everyone kind of working together was definitely something that came up as an issue and sometimes it was a great thing. Sometimes everyone was working together, but it was also mentioned to something that wasn't always happening.

Lack of coordination and inconsistencies between child welfare and safety judiciary is also an issue that comes up. Case manager may feel I think it should go one way, judiciary may feel it should go another and those aren't think things and go the way that the case management agency would like for it to go. Sometimes the judges are onboard sometimes they are not quite as onboard. Same thing with attorneys, not everyone is always on the same page that was basically what was being expressed.

For Family Team Conferences, we haven't talked about those too much and we can explain little further in detail with me what those are, but basically the problems that were coming up there were things like scheduling, trying to make it so everyone could attend when you have parent to work, you're trying to get service providers there, the case manager potentially CPI supervisor. Scheduling was always a complicated thing and sometimes difficulty with having them happened soon enough due to scheduling problems. As well as family is not being prepared for the Family Team Conference may be coming into it not being ready to sit down and have that conversation and so there were several complications they had with that.

During our early engagement home visits was another area that some of the staff felt like that was really an important strong piece that they were doing and we did hear some things about some confusions over staff roles and responsibilities and the timing for making all of that happened smoothly. We are going to go back to Mary Kay now for evaluation methodologies and measurements for Phase2.

Mary Kay Falconer: We finished covering skipping through some of these slides and we will stop so that you can ask some of the questions if you have any on just the evaluation part of this before the innovation sites get to cover their role here.

Phase 2 started in 2011 and basically we concentrated on the judiciary as the first part of that. So we did semi structured interviews with guardian ad litem volunteers, CLS attorneys, judges and magistrates in the dependency courts in all three innovation sites, okay. Again it was already mentioned we're going to follow up with an online survey again, yes, we are in September, early October that will be happening. We will have some more focus groups. We didn't even cover the focus groups from Phase 1. We also didn't cover the interviews with families. We did interview families in this evaluation. We just couldn't cram in hole in the presentation, okay.

We are also having some discussions with innovation sites on efficiency in the implementation of FCP and that's been I think very productive and it's going to be valuable product out of this work. We're still doing secondary data analysis with data available to us for outcome measures.

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I am just going to show you this. The number of interviews we did, 19 of the guardian ad litem volunteer interviews, 21 children's legal services attorneys and then 10 with the judges and magistrates. Then some of the questions we asked in the interview I think they were excellent questions. In fact I think some of the judges were somewhat surprised that we were asking the questions we did. They never had an opportunity to answer things like, "what are your thoughts about interaction with your family in the courtroom." They thought I think we were going to asking questions on legal protocol or precedent or case law or whatever, but they seem to absolutely enjoy the interviews with us when we talked about these issues and they had so many strong opinions. It was very, very obviously had formed in their mind opinions about what this family should be doing, how we should be serving the families there wasn't a quiet moment in any of those interviews.

I'm not going to go through everything here. The highlights or the high points that we decided to include in the slide. But just so you know we are preparing another brief for the judiciary interviews and that can be available to you if you're interested in seeing. What we pull together on that? The CLS attorneys were very, very strong on family-centered practice in the state of Florida. It was almost shocking to me how strong they were and so there had been some pretty serious training going on I thought and seem to be very familiar with the comprehensive view of family-centered practice. Judges and magistrate finding here refer to the participation of children in the courtroom a lot of variation on that. What are the goals of the dependency court? Some variation there that we pointed out in our findings. Very, very rich set of data from those interviews.

Let's pause here just a few minutes and see if there is any question or anything that you want us to clarify follow-up on just in about for five minutes and then we're going to go to the... Yes?

Speaker3: I have a question I know you didn't cover the interviews with families. Who did you interview when you spoke to the families?

Mary Kay Falconer: First of all, we tried to use the cases that we used in the case file review and we talked with the parent and...

Margaret: We spoke with the parents and in one case we had a teenager. It's primarily parents and foster parents relative caregivers as well.

Mary Kay Falconer: Yeah, I think CK had a more complex set of interviews, but I did Circuit 1 and Circuits 3 with the families.

Speaker3: Was there a reason why there wasn't or with the kids little was the reason why you want to interview.

Mary Kay Falconer: Well, again IRB requirements related to that got a little more demanding than if we were to stick with an order child or teenager for example. In fact

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we actual had to contact a judge who responded to whether or not we could or could not and got an opinion on it before we went ahead. So we included teenagers but to talk with the children was just sort of beyond the resources that we had in the time we had. But, it was mentioned that something they would have like to have seen the leadership group that we worked with, the collaboration.

Margaret: Can I say something it was almost like a file review, I mean of course this was all third party that it's just the Ounce of Prevention doing it, but they did a file review as much as possible, the documents that we did they provided we gave them access to online documents and we had the state line SACWIS system to look at as well and then no same families that they did their file review is who they are talking to. They would get the case manager, guardian ad litem whoever else was involved in the system of care as well as anybody in the family that they could talk to. It's almost like a file review really that we would do in any kind of QA.

Speaker: Those interviews with the families go into your ratings?

Mary Kay Falconer: No, because the case file review was a separate process looking basically at the documentation within the case file. The family interviews were a separate methodology and the findings were kept separate.

Speaker: Because I'm worried about that the highest rate and flexible adapted and individualized services. I've always been pretty skeptical of making a reading about that based on just the case file review because often what happens is the worker they think they done that, but then you talk to the family and they've got bunch of things that don't make the rate in the case file and all.

Mary Kay Falconer: Right, we are absolutely aware of that and saw that and again that why the number of different methods were used for this implementation evaluation, comparing and contrasting across the findings. I still think that was a useful process because they learned what was in the case file, what wasn't, what was well documented, what wasn't. So it was still a valuable process. It was laborious process, it was rigorous and difficult.

Peter Pecora: Mary Kay mentioned this. Go ahead.

Speaker: Have you thought about using the QA results seriously again. Is that getting out these issues as well or they were from what I know that you use some of that data I think kind of rather helpful because you guys interviewed, right.

Margaret: Well, actually per contract we had every CBC in the state would review 25 cases per quarter, so 100 cases. However there was a disruption or tragedy that we didn't review 100 cases this year using that methodology. But in that two of cases would have to be also involved in-depth interviews. There are only two are quite and last year Margaret here and you're the over achievers and you do a mock CFSR review and you interview everybody in your whole district. They've done that but DCF QA has changed

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our process, so we're not going to use those 25 per quarter, we're going to give AQR cases for quarter from here on starting with this quarter one of this year and then number it.

So you had 8 interviews area, so not every area is doing eight.

Speaker: Right, okay.

Margaret: But we did use the QA data, we, there is another set of charts where we have the QA...

[Laughter]

Margaret: ...at the beginning where we have put all the family-centered practice items and in fact that would be one of the things we looked at as we were trying to figure out which items were going to fall under family-centered practice because under those items, 12 through 20, which is what we started with a CFR, which then let us in the state QA system at the time and it was from that list of questions in that report that we looked at for those items we manage and those items are managed even though there was one quarter where we didn't do the reviews. We've done them every quarter. My area we continue to do those even though the state has stop that method so that we can continue to see how we do on those items.

We're debating on continuing to use that. We like to use a certain level of questions but in our data for the reviews we take out those questions as well beyond the center's website to look at too.

Mary Kay Falconer: I must though add that we did review the QA standards pretty carefully at the beginning of the project and actually identified with the help of the innovation sites those that were thought to be more relevant to FCP. But when actually trying to use the rates and what not we couldn't really see any pattern is going on there and I think there is still discussion about what the state is going to do and Andrea said that they adopted a different approach.

Andrea: No, we know what they are going to do.

Mary Kay Falconer: Okay.

Andrea: We want to continue to use the database that can keep putting information into that database that we have been using every quarter...

Margaret: We can use that them for the data...

Andrea: Whether we're going to go our own way and just report out on the QSR reviews.

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Mary Kay Falconer: Yeah, our work though remain pretty much separate after we did not rely on the QA standard ratings for our work.

Peter Pecora: One of these you think about is that I know many counties and states who are saying you know we do these family or consumer satisfaction interview services etcetera and one of the benefits I think of this project is that given the hard work and the careful thinking here on the various ways people are being asked about things. I think Florida is really got a good set of items that could be built into a feudality index for family-centered practice even at that sort of mezzo level of really practical things that someone family, birth dad or birth mom could fill out quickly as part of stopping by the agency or part of a service visit that could be just drop and it was sealed on envelope and left at the door objectively that would help get at what's the worker as you point out following two uncertain things, that they involved in the case plan they really feel they listen to them and the child that know your story. There are some items in there that are so, from your own practice experience you go at least for common sense you would want to ask, I think that set a very practical items were right on the cost for being able to quickly put into something when the state and innovation sites want to do that and that's the beautiful part that I think like building it from a ground up it's not going to be I think unlike what you might be doing in your own state or what a family-centered survey from Dunston dance might look like but the fact that it's coming up organically in the state based on some of that interview I think Paul Vincent had done the original paper with the innovation sites and Paul Vincent's been all over the country gathering wisdom from that.

We had an interesting place here for the next step off to do a more rigorous feudality tool having taken a little more time and you guys building it from the ground floor and that's the part I think is interesting and the other part I think we got a right up specially is the judicial interview. Mary Kay just struck me again how maybe we ought to do a special journal article that just talks about what are the judges have to say because you guys ask them like you said more piercing questions than what we typically even we asked judges things. You guys ask some things around courtroom behavior that are not unlike with the new judicial bench cart does around what's the interaction with families in the courtroom and that NCFCJ has just published that in a very, very impressive study of how the bench cart is affecting practice with families in three major communities where they try to and I'm just thinking how you guys have got some insights where I know it's like not enough time and ton of data they have, but it just that I think is another innovation here that the questions that you all put together and pulled out some ideas from judges that I don't think they normally get a chance to voice and I think the larger field would probably very interested in seeing that. So I was just it was the common I want to I didn't think about it tell you I hear it again today and saying that's just another part of it.

Mary Kay Falconer: So okay innovation sites here we go. Margaret...

Peter Pecora: Margaret, yes you answer it.

Margaret: Okay, I'm struck at one and we cover our Four County Area and so what did we learn from evaluation? We learned that in the deployment of family-centered practice

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there were both strengths and gaps and we did start working on this probably at least in 06 and at that time we were looking at changing our training, we were putting some different strategies so there were some things that we were already working on. But we were just working on things. We didn't setup anything that was going to measure, what we were doing we just knew we read some things are evidence based these were good things to do. So we were going to start working with that.

What the evaluation did for us is kind of validate some things or show us for some of those strengths and gaps were and from the very first survey where we found that over 92% of our staff knew our family-centered practice was, you know that was really nice for us. We would have thought a 100% of it but obviously they did. So that was nice information then in the midst of all the training and things we've done in the many meetings and conversations you want to know that that's really true and that's really happening.

It also supported for us that believes that the CFSR that for those of you who don't know that's a Child and Family Services that will review that we talked about earlier which precipitated some of our motivation for moving in this direction. It really supported, I believe that those items that I mentioned earlier that items 12 through 20 particularly but not necessarily confined to those that they really were a family-centered practice areas and that if we did indeed do what those items, framework gave us instructions about how we should be handling our cases and what our system of care should look like that we would be on the road to family-centered practice and so this evaluation demonstrated that that was really right, those are the items that we looked at and we believe that those items really – we're moving in the right direction.

It also supported for us to believe that staff belief families are better served with family-centered practice implementation. We had heard a lot of anecdotal stories, we had heard staff talk about how things were really better we had heard from parents how things were really better. A lot of testimonials out there, but we didn't really had any data that supported yes we were moving in the right direction so with this study we did indeed see that.

In some of our gaps we started seeing the need to continue to support that judicial knowledge or family-centered practice. We had meetings with our judges, we gone over with parents attorneys, with the guardian ad litem in our area. In fact we train we have training, but where everybody comes to training like our family-centered practice training is available for anyone in the entire community whether it be the guardian program or a provider substance abuse. They all come into our training and so we make sure that all of our providers we got the training to.

But we saw that we still had an area that we needed to cascade more training to and more other kinds of interpretation about family-centered practice too our community partners. We also saw there was a gap and are guarding volunteers and knowledge of family center practice despite all the efforts we had. Mary Kay and her group found there was probably only one that someone in the guardian program who really had not heard a

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family-centered practice or the core principles that we talked about. Whether they knew it by name we really weren't measuring that it was more to do with the core principles and so we did find that. So we thought well hey, we will turnover in the guardian program we need to be working more on that so that we make sure that those gaps are covered.

Then we saw some of our successes and that would be evidence of the 84% of our staff are confident that they are practicing family-centered practice and then also the family-centered practice implementation strategies were working because here again as I was saying submitted the things we were doing we knew that was the right direction we were working on many, many things we will go into that you but that's covered in our chronicles if you wanted to read those. So with those successes we were really pleased and we knew that whether we looked at staff satisfaction and pride in implementing the model or the performance data resulting from applied practice. Both support family-centered practice is a very effective model and so this is very helpful in reinforcing and gaining by because those are staff who are seeing their reports back from this evaluation. They were feeling better about what they were doing that, that it was sort of validating what they had been working on.

With the collaboration and participatory approach to the evaluation beneficial and the answer is yes were included I won't go out with this entire list, but we were included in the development of all the documents, I have to say that we had numerous conference calls. We had many things to review and provide feedback on. We just felt really good overall about our level of involvement and they listen to us and incorporate it on suggested and our beliefs in the mini documents. So we believe the participatory approach served as a useful learning opportunity for how we exam and evaluate ourselves and certainly the answer group was able to suggest a variety of ways for us to look at the elephant. So we were certainly pleased with our part of it.

Peter Pecora: Thank you, Margaret.

Ginger Griffith: Good afternoon. I'm Ginger Griffith and I work with the Partnership for Strong Families and we serve the families in Circuit 3 and 8. You probably going to hear a lot of common themes as the three innovation sites get up and speak, but for us we had some definitely some initiatives as they are already underway before the evaluation process started or even the innovation site started. For probably about three and a half years we were partnering with the Casey Foundation on some pretty innovating work I think, some great innovative work and really when we started it was looking at parts of our system that definitely needed improvement around family engagement and decision making and those sorts of things but we didn't really pull it together under the umbrella of family-centered practice and I think that's one of the crucial pieces that the innovation site and the evaluation helped us do.

Some of these great initiatives that are already underway helped us kind of put them under umbrella for our staff and to really understand how family center practice works through the whole system the changes that we already making. So what did we learn?

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We learned a lot. First of all we learned we were on the right track, we are not there but by any sort of the means but we were definitely on the right track and what I mean by that was that we thought it was a great success may be a small one initially to know that our staff not only knew what family-centered practice was, but was able to pick out some of the guiding principles and so as Mary Kay had mentioned before of course they're going to say they know it but can they actually define it. So we really felt like with getting at least that information that we are on the right track. We didn't have as much I think background as Circuit 1 certainly did they started quite a bit ahead of us, but so for us that was one of those small successes that we were definitely really ready to celebrate.

So knowing that they know what it was, but they were able to say yes I think I'm implementing it. Again that statement itself wouldn't be enough if they didn't know how to define it, so for us that was really great to. We were a little interested in the 62% that felt that other staff for implementing it well. But we would like to see that number little bit higher so I am curious. How they define that and I'm looking forward to see some of that may be come out in next phases of the evaluations, but it was really interesting and then for us for them to be able to point to specific things that we were working on initiatives with family-centered practice and said this is where we think some of our best examples were are really important. Of course team conferencing for us is something that we have been working on for quite some time and is definitely one of those highlighted areas where all of those pieces of family-centered practice need to come together at one table with the family around engagement and co-construction case plans and individualized services and so then seeing that as one of our best examples, I think for me further helps to find that they what it is. And then our relative placement and our placement stability projects then being able to point to that in the evaluation as an example again. I think helps just short up that they do define it appropriately. But in addition to that, I have seen value in it and not just another initiative that are particular agency was put into place that was going to complicate their work and it was definitely something big for us.

You know 84% of this staff felt like that it was going to benefit families and family-centered practice as defined, I'm sure some of the initiatives and changes within our system that they were experiencing to be able to still say, wow, you're changing everything from assessment all the way through how we celebrate and define success and still be able to say to us it's beneficial, it's helps families, it's improved my job satisfaction and that its definitely going to impact safety permits and wellbeing, I think is a tremendous thing to be able to say because certainly we have put a lot of them in terms of our change processes and really revamping our system from beginning to end. So, them seeing the big picture or at least 67% of understanding of how it ties back to in the value of safety permits and wellbeing with family-centered practice initiatives involved I think something pretty big for as well.

Collaboratory and participatory approach that I think the evaluation used was very important. Because there was a parallel process I think and the approach that they used with family-centered practice. We kind of felt like the family and family-centered practice part, they engaged us every step of the way as of course Margaret has already

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outlined they got our input, they listen to us, they let us help co-construct have some of these things were going to work out and then have the outcome of the data definitely what we learned from it and how we were going to apply that. So we certainly felt that there was a parallel process underway there. Not only did we feel it, but definitely I think our staff felt it that the methodologies that they used through the surveys and the interviews and the focus groups. I think the staff really like to the focus group piece to be able to have their say about what they were feeling and experiencing through the implementation of family-centered practice and all of the changes they were experiencing was really important and for the providers to feel that way as well. I think it is really important.

The other big piece is including all the innovations sites together and being able to hear what Margaret was challenged with or what Andrea's group was challenged with and be able to learn from each other. On that collaboration, I think is just strengthened what we were doing in each of our innovation sites to a great degree I think. So, overall I don't think we would be where we were and be able to plot a course for the next phase in the way we're going to implement family-centered practice without this great information. Because, certainly learning we need to strengthen up and sure of our communication plan with guardian ad litem and judges. As Margaret said we feel like we have done that, but certainly there was pieces of it that we can tell from the state of this coming back that we may need to go back and re-visit, which we've already done.

Looking at the challenges that we heard about family team conferencing, we've already gone back and revisited some of that to figure out how could strengthen our family team conference processes and then amongst all of this, we're middle of I said in the implementation of solution based case work, which is a whole family-centered practice model that as I said before effects every piece of our system and I can't wait to see how the data is going to shift and change in Phase 2 as we just wanted to full implementation phase with that. So, I'm really excited and we've learned so much.

Peter Pecora: Thank you.

Mary Kay Falconer: Well, what they said. Benefit of going last is the pretty much everything is being said before you can sit down on your questions, but what did we learn in Miami-Dade? If I go to the next...

Margaret: It's been a journey...

Peter Pecora: Yeah...

Peter Pecora: All right, I was going to refer back to slides that were about 45 pages previously but I'm not going to that since I have a hard time finishing we'll be able to push. What we learned for evaluation. Just that one of the things that strike out to me, which is very basic but our families see the investigators completely differently and how we see the case managers. And I'm anxious to see what comes out in Phase 2 as well because I hope that that's going to be different. There has been a 50% turnover on

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investigators and there's been lots more and more training and training is a big issue with us in Miami-Dade and I can get through that further down the line, but we train all that PIs and the case managers together and Our Kids were I didn't even tell you we are really were the full case or the lead agency for Miami-Dade and Monroe.

Monroe was then included in this actual evaluation but there an important part of what we do as well. Monroe County is the Florida Keys for those you that don't know and Miami of course is very diverse because we have a large Asian community, a large African-American community and large Hispanic community. So, we have three really distinct groups that were working with and our case managers have to be pretty adopt culturally to be able to deal with all of that diversity as well as the investigator. So, that Monroe County was even though they weren't included and I kept pushing cases towards CK and Mary K. and kept pushing them back. They have implemented a lot of family-centered practices even prior and a big part of our family-centered practice that we proud of in Miami and I'm sure you guys too and you haven't mentioned it is the QPI, Quality Parenting Initiative working with the foster parents to co-parent with our relatives and with our parents and that such a huge important part of where we going in the state and I'm ensure throughout the nation that's not something unique. But Monroe in the keys and I'll talk about many more since they are not part of the study, they were really crucial and they have to survive being such a, it's almost like a real community because they were spread out so far and such a long you know it's a 103 miles or whatever down the skinny long chain of island.

Their uniqueness is that, by the time it gets to an investigator in the hotline, it could be really scary and the community is so entrenched and everyone knows each other their confidentiality is all is an issue and then once you have a child from Monroe County inter relative or with the foster parent, everything is very visible and the community for them. So, there has to be a lot of good involvement with the family. So, they have kind a step ahead in that direction specifically and just working with their foster parents.

We learned that right after that with evaluation that our families will be like, oh this investigator was really harsh and talk down to me or this and that and that's exaggerating, but by comparison this case manager really came in really and helped my hand and they were encouraging. So, that was something good that I harsh view but something important that I think our administrators in Florida needed to see. I saw a definitely changes things are going on against turnover and changes in the staff there and there are collaborations. You know I kind of see kind of an error and consistency in what I put for my point to needing to the continue support with the family-centered practice not in the judiciary and the CLS attorneys and guardian ad litem volunteers. You had in slide I think 19, a 90% of this CLS attorneys that were family-centered practice and they knew all the constructs.

I just feel that some of the attorneys that I deal with on a regular basis in the county are practically social workers, they know everything and it's really comforting, but then there is another handful that they are not there. So may be my statement is not based on stats, but there is a large variation with Guardian I think more my point 2 is really about

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commuting teamwork in Miami-Dade and we're finding more and more help, not only do we have the Guardian ad Litem and the case managers and CLS attorneys and the judges and of course us as the lead agency, we also have the citizens review panel. So, citizens review panel is also large segment of the community that helps in review cases. So for some of those children that are long stayers those cases aren't going to be heard by their dependency judge every six months. They're going to be heard instead by the citizens review panel. We have an IC as a really benefit is having almost an extra watchdog in our community right there with us, but there also needs to be an increase in teamwork.

A lot of them were unaware of our training in family-centered practice and sometimes unaware of other initiatives that we are doing in that's out bad, that's our fault that we're trying to increase and improve. We found too that and we were surprised all the third point on my slide is that our drug court had, Peter talked about one of our judges as being a strong component and she is here at the seminar and you can actually do see one of her presentations I think at 3:30 and she was also suppose to present yesterday, but we also have another well we have a lot of strong really compassionate pro-family judges in district 11, but another one of them that's very a big proponent and a big cheerleader for us and who is on our innovation site team is Judge Jerry Cowan and Judge Cowan has drug court and drug court has lower case ratios for the case managers. It's one specific agency that's doing the case management for that agency for that courtroom.

I put strict honest and I wanted to keep it there because the parents are told from the GetGo that they need to be honest in the courtroom, no matter what they are doing weekly drug testing. There are signed in the additional person, apparent advocate that's working with them. So it's very obviously well funded and very successful and every time I turned around I would get you know I mean I learned a lot about drug court through the innovation site work on the family-centered practice because Mary Kay and CK themselves were seen. Wow, did you know this, wow did you know that. So I was learning a lot about our drug court and I would say that we're already, our innovation site that we are doing separately with DCF and with the judges and with various folks in our community. We're trying to replicate as much trying to figure out feasibly how we can replicate as much of the drug court, model drug court in our other areas as well.

It's a lot of resources. We also learned that our understanding was higher than expected I mean of course we were jealous and have family-centered practice NV when it comes to Circuit 1 Margaret sorry, but they started lot earlier and that's a terminal I do they use and even though we were even behind we were the third on the list of understanding you know it was higher than what we expected because that wasn't the terminology we use and I'll say some reasons why we are using other terminology too. There is only so much that a case manager while they are trying to take care of families can absorb. I mean in addition to just normal compassion fatigue we have required our case managers to use structured decision making from November 2009, so that has been a whole a new assessment tool in their world and of course then the PIs decided on July 2010, the PIs were using the same assessment tool. We've been talking different languages and different types of protocols have been in our midst so when they come along in their

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meeting with who, Mary Kay who, CK who, family-centered what, SCP you know a lot of may have been linguistics and so that...

Margaret: Vocabulary...

Ginger Griffith: Vocabulary, but that was I was really glad that there was like okay, so if you are family-centered practice what is that you are doing so there was really get that they have that two ways to measure it. But are they are very much dealing with how to access the family according to these strict rules defining as anyone looked at SDM or structured decision making from Children's Research Center knows that following those definitions is the key to whether not you're actually being true to the model. They have been working hard just to absorb that and of course it was a top know decision that we made to go with us SDM of course we did it because we had all that strategic plan, interview information, that I referred to earlier from 2008. So we did it for good reason when I think it helps with a lot of issues overrepresentation and lot of you know discrimination issues that are in the system. Two of our staffs defense I'll may be FCP wasn't their biggest thing as I FCP, is that SDM I'm doing SDM, they might have said to you.

One of the other things that they were confident that they were using it. Again we were, we thought it was lower. We thought that even there wasn't that language they were using we were surprised they went from 81% all the way down to 69 and 55, but in any case. One of the and I've already mentioned on the third importance of the CPI the investigators from DCF and our prevention providers in the court and even the judges although, they are talking about their SDM tool. They want to know what's the risk level. What are you doing to decrease the risk level? They are not really using the same kind of languages as family-centered practice although of course we're trying as much as possible to be faithful to that. Plan and keep kids at home or keep them with relatives and if we have time I can go on and talk about our prevention and how many prevention cases that we're having as oppose to at home placement cases, which has been real the real big huge flip in Miami-Dade and Monroe.

Was it helpful? Yeah, we like to have third party reviews. We love to have other people come in and talk to our stakeholders, talk to our parents, talk to our foster parents, give us information as to what a third person would see because it just helpful to have that information number one but number two we don't want to be the one soliciting it. We're the contractor. We're the legal agency in Miami-Dade in Monroe. We specific directly contract with DCF and they specifically directly contract with us. So for me to ask for their feedback of course I'm getting their feedback all the time I'm doing their reviews, I'm sharing the results of the reviews, but in addition to me and my staff in the QA department, it's really beneficial to have a third party. So that's where and any time you can say it's a third party that's coming and we have nothing to do with it. I'm hoping that we are getting more and more frank information. We just recently done a 360 degree calls out for information. I'm actually waiting here how you know how people feel about me that's nice about my emails.

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But we know that it's a bigger workload for the Ounce when we, we basically had to tell them in Miami-Dade is not just are providers or full case management providers or some people call CBOs community based organizations depends what your language is. But are subcontractors we have a one in West Monroe County, which I won't go on anymore right I said it wouldn't because they were involved in this study, but we have two providers in the North very large center for Family and Child Enrichment and we have smaller agency in the north which is His House Children's Home. Then we have two full case management providers in the central region which would be CHARLEE, which stands for children have all rights; legal education and emotional and we have another agency called Family Resource Center and then we have one agency that deals with all of our referrals that are coming from south.

We're collocated with our CPIs and our intake staff and close by are the full case management agencies but those are the full case management agencies, but in addition to what we do full case management. Our prevention work is so large that Ounce and why I'm saying the collaboration was really helping for us, Ounce of Prevention and Casey and DCF had to look it well. DCF is right there with us. They had to look at our prevention providers as well. In addition to full case management, many of our full case management case companies are doing prevention work as well, so cases that are not going to court there is no legal sufficiency for going to court with the family rates high or moderate to high on the structure decision making tool, so they weren't prevention efforts on our behalf so those communist cases. We have other providers that are doing the moderate to high risk cases and they are not the regular full case management agency.

We are having I won't go in there, I might go there in the end, but let me finish my slide and permit time to explain a little of that then I will. They needed to do more focus groups I needed to do more interviews and they had more information to talk to about the judges would you agree, so I think that increase their workload but it was really that was intake department really kept saying to me you need to tell that Ounce they need to meet with these people separately, so they did and we appreciate that. At this phase 2 we're going to ask you to meet with them again and it's going to be a few different providers. Again drug court, our model court and our drug court they definitely took respecting that.

Margaret had talked about having a chronicle and before we started like one of the first things that we did in this project was a chronicle and which I was really respected I really respected them to help us to do that. So each one of us actually wrote try to do a history and I felt those are really interesting, I really enjoyed reading the other two circuits. The other two group innovation sites, chronicles. I hope they like reading ours. But it kind of showed you that family-centered practice and studying this was not something that happens obviously in vacuum, it wasn't just like all the sudden in 2000 late 2009, early 2010, which is a side it let starting studying in. So you get to see things that we were doing and for us one of the things I was really happy that we're noticing and there somebody here at this conference talking about it as well the parent-child psychotherapy modules and we've heard about it from upstairs in the main meetings but we've had folks from the Linda Ray Center working with our parents and families directly for a long time

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in our area and we also had identified before when you talked about our QA results that we have that.

Before we were doing our QA results with DCF directly, we had a third party Chapelhall doing our QA and one of the things we learned out of that was the children that were staying in the care, the longest were those babies. So we had we developed a special project called we call it the Whip It project we did a kind of contest to see who could come up with the best name, but it was working in permanency for infancy and toddlers and that Whip It project was really we just kind started a lot like this lot like this, a lot like this family-centered practice, Ounce of Prevention model, where we were working with Casey at the bottom level to say, what can we do. So we started to do really very intensive staffing, we required those particular all of those that came in at a certain day for certain 30 days that were of that age. We had required each agency, each full case management agency to have a staff person that was going to be involved in visiting them more frequently. This was even before we started doing the structure decision making. So we had this pilot we called Whip It for the infants and toddlers. We had more visits, more frequent visits and we also required our case managers to attend the shelter hearing from the start so and at that shelter hearing they had a you know pretty long list of how to engage that family, where to get their relatives, try to get there family team conference setup really quickly. We started that in 2007, so that was a really big key point for us. One minute, okay will we expanded that project to go for adolescence and when we did that we realized at the same time the Ounce of Prevention and Casey were coming on to study this and it was a good umbrella for us, is that make sense?

So I am out of time, I talk too quickly, but I think I touched everything am I, and more.

Peter Pecora: Thank you Andrea and just as supplement, Andrea mentioned just a compliment what you were saying about the workers getting confused about various things. We work with the State of Florida to help document how the counties of Alachua has evolved safely, dramatically reduce the number of children they had in family foster care, it's upon the Casey website and I'll be happy to email anybody that research chronicle. But in there one of the challenges that line workers and supervisors mentioned with something Andrea and I think may be one of the other folks have mentioned too, which is and may be you find this with your work. It's initiative overload and that line workers and the supervisor it's helping them make sense of all of the wonderful ideas that we're all trying to help them implement but at a line staff level was some turn around staff making sense it all having a conceptual map for practice for you to pulled out together were some of the things in those chronicles that I merged from that sort of implementation study that I think is coming through a little bit here and I think the slide that CK went over I think has initiative complexity along with some other basic things like keeping worker case loads reasonable are really important challenges to work through on this model.

I realized we're like right almost out of time. We have time for may be one question and we can hang on little bit through the break but if there is anything that folks wanted to ask, yep, sure, Greg.

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Greg: I looked at this through different lens, I was looking it through patient and family-centered care for primary care practice as we're trying to develop an index for practices to measure whether or not we are actually they are patient family centers. But I had two questions I feel to my mind as you were talking about was one was this the patient family center care is a kind of philosophy, it's kind of a way of thinking about your practice, but it's not the method of practice and I'm wondering how different across those jurisdictions the methods of practice were and whether or not that rim whether that gave you any trouble in trying to examine across these three jurisdictions.

Andrea: Well, there was certainly justification for using the number of methods that we did in evaluation and also developing the six constructs and not necessarily trying to count activities or steps or number of contacts. So it was more looking at measurement that would help would be aligned with the constructs that we listed. That was again qualitative and quantitative out of the online survey. But we weren't getting counts of number of times you did this. It was more how they describe things, how they explained what they were doing, what their priorities were, how they view goals is that what you are talking about? Because there wasn't, the state didn't have again what they call a prescribed or set number of things that had to be implemented for family-centered practice. It was so broad and or encompassing that it was too difficult to do that plus it stippled innovation. You didn't...

Greg: I still that probably Peter was talking about the initiative although and Ginger mentioned...

Andrea: Oh Yeah.

Greg: That whole question about implementing solutions based case work...

Andrea: Right.

Greg: Which is more practice method and I am just learning, how many different practice methods are our parents across this culture change that you're trying to do which is in sort of the standard way of thinking about how you handle it.

Ginger Griffith: I think for us we ask that exact same question, there is definitely guiding principles and you know thought processes and philosophies behind family-centered practice but for us we wanted some consistency within our own circuits to know what that look like and so we did go search out a practice model that was family-centered which is solution based case work and these core functions and frameworks that is laid out here that we all share all that we may go out them differently like for our solution based case work in the way that we have our system of care hits all of these framework pieces consistent for us, the different did it differently, but under the same construct. So that was the consistency.

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Peter Pecora: Really that's a challenge or I think many child welfare agencies is how do you take it, there is a general big philosophy value level and you got the metal level that I think Mary Kay has outlined and that the innovation site leaders and then there is when I go to train a new worker or a supervisor is coaching somebody on practice behavior what are the things that for example Ginger is saying they are using solution base the case work as a way to get to that sort of more 50 foot level instead of the 10,000 foot level. I don't think some of the challenges we got in child welfare today is where are we with our practice models in which for each county at the 50 foot level what makes more sense and then from a state how do you make sure that there is enough consistency across your counties or jurisdictions that you can measure quality and outcomes in a good way and I don't think we got the answer yet here but I think we outlined the challenge.

Andrea: It's evolving too I mean when it comes to our prevention work that we're doing my goodness we've kind of updated our protocol and DCF is up-to-dated our protocol probably three times in the past year and a half and we just now have come up with as a state a protocol to measure it our prevention work. In the meantime, that's all surface level in the meantime in Miami-Dade I mean I'm doing it according to SDM risk and according to risk level and I'm assigning cases according to risk level to particular agencies. We're requiring three visits. We have in addition to case managers and PIs we have family consultants, you're going to visit that that's a high risk family, you're going to visit that three times a week. You're going to be in the home this certain amount of time. But doing of the QA of those kids it's hard, it's hard, it's evolving.

Ginger Griffith: We took a different strategy. We were looking at trying to really promote a critical thinking, crucial conversations, identifying where the service gaps were really putting out flexible service dollars so that they have immediate access to those kinds of things, changing the attitude of our community and changing the attitude of workers in the way we were with families and many more things. But...

Peter Pecora: Thank you everybody. We'll hang around for a little bit just before we go. Thank you.