



FLORIDA INSTITUTE
for CHILD WELFARE

FY 2016-2017 ANNUAL REPORT

Submitted to:

Governor Rick Scott
Senate President, Joe Negron
House Speaker, Richard Corcoran

September 30, 2017

College of Social Work
Florida State University
Tallahassee, Florida

MISSION

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



FLORIDA INSTITUTE
for CHILD WELFARE

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

Dear Governor Scott:

On behalf of Florida State University and the Florida Institute for Child Welfare, I submit this annual report including Institute activities, budget plan, and research and evaluation efforts during FY 2016-2017. In accordance with state legislation, the Institute has prepared recommendations for improving the Florida child welfare system.

I extend gratitude for the child welfare organizations and professionals who have partnered with us and provided insight into the most effective strategies to improve the child welfare system and service delivery.

The Florida Institute for Child Welfare has been able to provide research, evaluation, policy analysis and technical assistance during this past year and has set targeted and measurable goals for continuing the work during the next fiscal year. The Institute is honored to be partnered with the Department of Children and Families, the Community-Based Care network and service providers statewide as we all move forward in ensuring safety, permanency and well-being for vulnerable children and their families.

Please let me know if you have any questions.

Best,

A handwritten signature in blue ink that reads "Jessica A. Pryce".

Jessica A. Pryce, Ph.D., MSW
Director
Florida Institute for Child Welfare

cc: The Honorable Joe Negron, Senate President
The Honorable Richard Corcoran, Speaker of the House

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SECTION I: Executive Summary

In accordance with s. 1004.615, Florida Statutes, the Florida Institute for Child Welfare (hereafter referred to as the Institute), submits this annual report to the Governor. The Institute was created to provide research and evaluation that contributes to a more sustainable, accountable and effective child welfare system. This report covers the period of October 1, 2016 through September 30, 2017. During this year, the Institute experienced a change in leadership. The new director was appointed in the middle of the fiscal year, January 2017, and began traveling the state and gathering data on the most pressing issues challenging Florida's child welfare system. With the information gathered from the statewide meetings, there are recommendations offered in this report. This report also provides current research and significant findings, as well as, corresponding recommendations for child welfare practice and policy development. In addition, it includes the activities of the Institute, budget expenditures and a proposed budget for FY 2017-2018. Under the new leadership, there is a priority to strengthen the affiliate network of researchers around the state. Various methods have been employed to cultivate a more robust system of knowledge exchange among the affiliates and to keep universities connected in a multidisciplinary and interdisciplinary manner. The interdisciplinary priorities and new directions for the research agenda have been articulated in the Revised Institute 2015-2020 Strategic Plan. The Institute has maintained a consistent partnership with the Department of Children and Families (DCF, Department) and Community-Based Care (CBC) lead agencies and is committed to continuing those partnerships going forward.

The recommendations in this report pertain to the following 10 key topic areas:

1. Increasing Child Welfare Workforce Retention
2. Florida's Program Improvement Plan
3. Foster Care Quality Standards
4. Enhancing Relationships Among Entities
5. Replication of Best Practices
6. Reducing Caseloads and Paperwork
7. Evidence-Based/Promising Practices
8. Preservice/Inservice Training Curriculum
9. Recommendations from Statewide Meetings
10. Commercially Sexually Exploited Children

SECTION II: Overall Recommendations

Increasing Child Welfare Workforce Retention

The Florida Study for Professionals for Safe Families is a 5-year longitudinal workforce research study that is now entering the year three of data collection. Qualitative results from interviews with participants on transition experiences (see [FSPSF Research Brief](#)) echo quantitative findings such that workers who felt unprepared for their positions or had large initial caseload sizes felt overwhelmed. Taken together, findings indicate a stressful and difficult experience of moving from classroom learning to independent casework. Inconsistencies between training content and service delivery in agencies, high caseloads in terms of number and severity, and fears of burdening colleagues with questions all contributed to workers' frustrations. Workers report that agency-specific information is not typically provided in a centralized training curriculum and that learning agency-level expectations at the same time as learning caseload responsibilities can become overwhelming.

Based on quantitative and qualitative findings, the Institute suggests the following recommendations to strengthen the transition process from preservice training to independent casework in an effort to reduce early departure:

- Incorporate opportunities for agency-specific training during the standardized preservice training calendar.
- Identify specific agency representatives to serve as liaisons with preservice training staff to inform content development and delivery, and oversee agency-based field days.
- Identify specific agency representatives to serve as an educator/mentor/advocate for new hires transitioning to casework.
- Carefully monitor the early workload of new hires and develop processes to ensure agency guidelines are being followed.

Florida's Program Improvement Plan (PIP)

The Department of Children and Families submitted the PIP to the Administration of Children and Families (ACF) in response to the Florida's Children and Family Service Review (CFSR) performance. The PIP was approved and became effective on July 1, 2017 and the end of the PIP implementation period is June 30, 2019. The PIP outlined strategies and key activities that would lead to comprehensive achievement of safety, permanency and well-being of Florida's children and families. The Institute has reviewed the PIP in order to determine how it could assist with Florida's successful achievement. The Institute is most readily able to contribute to Goal 1. Goal 1 is Safety, and the strategy that was listed first and likely the most paramount, is strengthening the child welfare practice model. The practice model is a part of the child welfare training curriculum, and the Institute has been tasked with evaluating the training. In light of the evaluation that is underway, the Institute can provide the findings to DCF in a timely manner with the goal of identifying solutions to the challenges with the safety methodology. The PIP includes strategies around permanency and wellbeing goals, which are also connected to the level and quality of the training of the child welfare workforce.

The Institute has designed an evaluation based on Kirkpatrick's Evaluation Model¹ and the Addie Approach to Instructional Evaluation Design (Branch, R. M., 2009), and within this approach, there will be an analysis of skill/behavior transfer from training to the child welfare field of practice. This Level 3 skills and behavior evaluation is set to begin in January 2018.

- The Institute is committed to supporting DCF on the PIP and recommends that the preservice/in-service evaluation be ongoing to enable a continuous feedback loop as the practice model tenets continue to be refined.
- The Institute recommends that DCF collaborate on the preservice/in-service evaluation with partnership and resources in order to strengthen the reach of the project.

Foster Care Quality Standards

House Bill 1121 required that the Institute partner with DCF on the following:

- Identify measures of foster home quality.
- Review current efforts by lead agencies and subcontractors to enhance foster home quality.
- Identify barriers to the greater availability of high-quality foster homes.
- Recommend strategies for assessing the quality of foster homes and increasing the availability of high-quality foster homes.

A workgroup was established and comprised of 52 members representing DCF Office of Child Welfare and licensing staff, Florida Institute for Child Welfare, community-based care lead agencies, child placement agencies, foster parents and foster parent organizations, service providers, Guardians ad Litem, and Children Legal Services. A subgroup was formed to develop an online survey that was disseminated statewide to community-based care agencies, licensing staff, case managers, foster parents and foster youth. The survey was created by the Institute and focused on recruitment and retention of quality foster homes, placement practices, and barriers to maintaining the availability of high-quality foster homes. The Institute analyzed and wrote a report on the findings and submitted the report to DCF.

- The Institute recommends that the workgroup's findings be made public so that agencies who are struggling with recruitment and retention can have access to promising practices/strategies, and have an updated understanding of the "state" of foster care quality within our system of care.

Enhancing Relationship among Entities

The Institute is committed to building partnerships around the state and creating opportunities and providing resources for enhancement of relationships among entities. The Institute has built a network of research and faculty affiliates from across the state and prioritized their collaborative efforts with community partners. Child welfare has had a history of poor collaboration and integration, which results in communication failures and inadequate case coordination (Brown et al., 2014; Colvin, 2017; Rabin, 2011). A *network analysis* assists in measuring, visualizing and understanding inter-organizational relationships, and is essential for successful governance and rigorous accountability (Wulczyn et al., 2010). Performing a network analysis has the potential to improve the relationship among child welfare entities. With the re-abuse and child fatalities that have occurred, many due to lack of relationship, inadequate coordination and mis-communication between entities, the Institute is aware of the need

¹ <https://www.kirkpatrickpartners.com/Our-Philosophy/The-Kirkpatrick-Model>

for a deep analysis of the network. Therefore, a faculty affiliate from Florida Atlantic University will be conducting a network analysis of the Institute's statewide partners. This small project is an opportunity for strengthening network development and building statewide research capacity and collaboration. Conducting this network analysis of our Institute partners would only be a first step to becoming even more familiar with each of our research partners and child welfare agencies around the state.

- With the utility shown around this level of analysis (Colvin, 2017; Provan et al., 2010), along with a faculty affiliate who has subject matter expertise, the Institute recommends an exhaustive network analysis of Florida's Child Welfare Community. With that analysis, there would be a clear visualization of each connection and the level and intensity of the relationship.

Replication of Promising Practices

The Institute is positioned well to facilitate the evaluation of Florida's most promising and evidence-based practices. As evidence continues to undergird the implementation of certain models, the Institute is interested in taking a role in evaluating child welfare practices and interventions with the goal of replication to a broader and more expansive population. Evaluation provides the needed data on how well a program or initiative is being implemented and to determine whether that program is achieving desired results. With information from periodic and well-designed evaluations, program administrators can continue to implement services that yield positive results for families. The Institute is engaged in three evaluation projects all beginning Fall 2017; *Results Oriented Accountability, Children's Home Society: CaseAIM, and Child Welfare Preservice/Inservice Training Curriculum*. The goals are to write-up the findings from these evaluations and disseminate them widely in order to inform future service delivery and improve implementation science.

- The Institute recommends the use of flexible funding strategies that would position each child welfare agency to have the resources to evaluate their programs and create a catalog of best practices. If there is an intervention being provided to families, there should be an ongoing evaluation, such that, there is ongoing modifications and adaptations.

Reducing Caseloads and Paperwork

Children's Home Society has implemented an innovative workforce solution, *CaseAIM*. It is both a technology and workforce strategy that reduces administrative workload by moving these functions to a shared services center, called a *Unified Support Center*, and a suite of mobile apps. Pilot results show a reduction in workload by 25 percent, increased face time with clients (24%) and reduced turnover. *CaseAIM* is currently being expanded to two additional sites (Palm Beach, Greater Lakeland), and the Institute is leading the evaluation of the current sites (Orange and Seminole County). The evaluation will also include the new sites after they have utilized *CaseAIM* for a specified period.

- The Institute recommends the expansion of *CaseAIM* based on the demonstration of its positive impact on the workforce. It is recommended that CBC lead agencies champion this innovation and assist in implementing *CaseAIM* in other areas of Florida. The success of *CaseAIM* has the potential to significantly impact workforce retention and child and family outcomes; therefore, it is important that resources are allocated for continued implementation and evaluation of *CaseAIM*.

Evidence-Based/Promising Practices

Research findings suggest that Circle of Security (CoS) Parenting Intervention can be a feasible and effective, attachment-focused intervention (Renk, 2017; Blome et al., 2010). CoS can be key in laying a foundation for beginning the promotion of change for high-risk parents who are child welfare involved and then referring these parents on to other evidence-based intervention services such as Child Parent Psychotherapy (CPP) and Parent Child Interaction Therapy (PCIT), that can address their more complex and individual challenges. Additionally, CPP and PCIT have been given scientific ratings of 1 and 2 from the California Evidence-Based Clearing House for Child Welfare, which indicates that their effectiveness is supported by research.

- The Institute recommends that CoS undergo more rigorous evaluation in order to create a solid empirical rationale for increased implementation. Until it is more empirically sound, CoS should be used as a cost-effective and short-term service that would prepare families for a long-term, evidence-based intervention.
- The implementation of any promising practice or evidence-based intervention (EBI) should be monitored to determine if there is model fidelity. Deviations from each model in implementation should be identified and examined to ensure continued effectiveness of an EBI.
- The Institute also recommends ongoing evaluation of parent therapies, training, and services. The evaluation research undertaken should include developmental, formative, and summative components (Patton, 2010).
- Based on evidence of effectiveness, the Institute recommends the following as evidence-based practices: Child-Parent Psychotherapy (CPP) and Parent Child Interaction Therapy (CEBC, 2017).

Preservice/Inservice Training Curriculum

Senate Bill 1666 passed in 2014 stipulates that the Institute will evaluate the scope and effectiveness of preservice and inservice training for child protection and child welfare employees and advise and assist the department in efforts to improve the training. The institute has opted to do a phased evaluation of the preservice training because of the wide range of variance in training delivery systems across the state. The first phase of the evaluation was completed this year and focused on high-level information gathering questions regarding how the Core preservice curriculum is delivered and who was delivering and receiving the training. Findings showed that the variance in training curriculum is high.

The most notable variance was in the number of field days utilized and how they are utilized. Some areas of the state require field shadowing prior to Core as well as additional field days during Core. Training managers also reported different approaches to the recording and reporting of field days. Some units utilized structured field day logs, while others utilized the log offered in the curriculum. Universally, training managers reported that it was very difficult to align field days with the material presented in the preceding modules and labs because of the nature of the work.

- The Institute recommends that DCF develop an approval process for supplementing and enhancing the curriculum. In addition, there should be a structured field day guide that is utilized across the state with a minimum set of standards that must be met by the end of Core preservice.

Additionally, core preservice trainers can be agency based or contractors. Contracted trainers come from two sources, public universities or private providers. Demographically, core preservice trainers are primarily white females with a wide range of academic backgrounds and practice expertise. Trainers

have a range of 2 years to 20+ years of training experience. Training modules are assigned according to expertise areas, preference and/or availability. Supervision, mentorship and professional development plans varied greatly across the state from virtually none to significant supervision and mentorship. In some locales, trainers also act as mentors and/or carry a small caseload.

- The Institute recommends that DCF schedule a train the trainers meeting on a quarterly basis and require participation of all training managers. This time should be used to ensure that all trainer material has been updated.

It was also reported that core preservice training is primarily calendared out by year by the training units rather than on an as-needed basis. A few CBCs reported scheduling on an as-needed basis to accommodate case management agency turnovers. Trainings are offered as few as two times a year to as often as once a month.

- The Institute recommends that agencies post training calendars to a centralized location so that areas in need of training have the option to send new hires to neighboring counties in a timely manner.

Lastly, it appeared that the most effective trainers were those who had honed in their delivery skills and were free to utilize their own style. They walked the room and engaged informally with the class. They were confident and comfortable with the material, though not wed to a slide-by-slide presentation. These same trainers were also seen reflecting on how the training went and making notes for the future to improve on what they had done.

- The Institute recommends that there be a determination of an ideal training class size. Some of the training activities are not intended for small groups; therefore, making it difficult to do the activities with training groups of less than 10. If small classes are going to be offered, there need to be additional options for activities to accommodate the small class size.
- Trainers should be trained on the importance of using visual aids. DCF has provided several practice model posters as tools for the trainers, but they are not being utilized.
- Finally, if DCF is going to require a standardized core preservice training, there needs to be oversight (quality assurance) of the training offered around the state. At a minimum, a detailed yearly course calendar should be submitted to DCF for unannounced training observations to ensure fidelity to the curriculum content and core values.

Recommendations from Statewide Meetings

The Institute leadership traveled the state of Florida to hold meetings with DCF, CBC lead agencies, service providers, and faculty and research affiliates. Many reoccurring themes emerged from these conversations. Each CBC shared that their out-of-home placements increased substantially over the past two years and that this has created financial challenges for them. Anecdotally, leaders attributed the increase in out-of-home placement to the new practice model. Their perspective was that the new practice model was not implemented in a thorough and methodical manner, which results in variation around the state and misunderstood components. It was reported that the new practice model requires case managers to assess for safety and not risk, which leads to decisions to remove a child when there were not proper risk assessments completed. However, since there are evidence-based risk assessments included during DCF's investigation process, there seemed to be a disconnect between the field and the available assessment tools.

It is also important to note that DCF partnered with Casey Family Programs and the Ounce of Prevention Fund of Florida on a data analysis project of Out-of-Home Care from 2013-2015. Although the report identified the new safety methodology's variation as a contributor to the increase in out-of-home care, there were also other factors including but not limited to, workload, workforce turnover and negative media coverage (Falconer et al., 2016; Turnell, Munro & Murphy, 2013). Although the Institute understands that there are additional root causes to the increase in out-of-home placement, the most pressing challenge being reported from the field is the new safety methodology.

- The Institute recommends that the new practice model be evaluated with the goals of lowering the variation in implementation and determining effectiveness in safety decision-making. An evaluation of the skill level and transfer from training to the field is underway and being funded and led by the Institute. DCF should consider allocating more resources to complement this evaluation in order to render even more findings regarding what information is being delivered in training, and a measurement of skill level.

Another theme from the meetings was the lack of foster homes, specifically, lack of therapeutic foster homes. House Bill 1121 passed during the 2017 legislative session, and it set forth mandates regarding quality foster care. Since this theme was very common around the state, the new legislation has come at a very important and relevant time.

- The Institute was involved in creating the survey instrument that went out to the foster care services community (CBCs, Foster children, Foster families, Children's Legal Service (etc.)), and recommends that those findings be disseminated widely in order to inform stakeholders on foster care recruitment and retention strategies. In addition, the survey results could also steer the next phase of foster care quality research.

In addition, challenges were reported around the permanency timeline and the timeline for parents who have substance abuse disorders. It is widely understood that substance abuse will likely not be significantly attenuated in 12 months (Giordano et al., 2016; Rogers, 2017), yet the child welfare system requires compliance with case plans within certain timeframes. There are circumstances where the system allows for longer timelines; however, this option is not always clearly understood by frontline staff. Understanding that there is some flexibility within permanency timelines would take pressure off of parents and the workforce as a whole.

- Time to permanency for parents who are struggling with substance abuse disorders, as well as parents who may have severe and persistent mental illnesses, is an essential piece of the permanency process and successful case planning. Therefore, trainers and supervisors should put effort into informing their workforce and making this option available for special circumstances.

Several CBCs had concerns about the requirement to close an adoption case within 90 days of termination of parental rights (TPR). Their perspective is that it is too soon and increases disruptions due to lack of support during the sensitive transition period. The Institute recently conducted an evaluation of Post-Adoption Services provided by Camelot Community Care and provided a report with recommendations on how to continue and cultivate consistent and relevant services for families after they adopt a child. Prioritizing supportive and effective post-adoption services would not only decrease disruptions and lower the number of children in care, but it would also uphold the tenets of the Adoption and Safe Families Act (ASFA), 'children's health and safety are the paramount concern.'

- The Institute recommends that each agency who handles adoptions and permanency planning has an array of post-adoption services.
- The Institute also recommends continued evaluation of post-adoption services with the goal of replicating statewide and creating a feedback loop so services can be adapted so that they remain relevant and useful.
- DCF should re-visit the requirement of closing an adoption case within 90 days, since this has been challenging for numerous agencies and families.

A theme surfaced regarding crossover youth (includes any youth who has experienced maltreatment and also has engaged in delinquent activity), and the challenges with placement if a DJJ commitment program is no longer an option. The population of youth who cross over is small, and there has not been a longitudinal and directed focus on their unique needs.

- Based on meetings with professionals who have extensive experience with this population, the Institute recommends that there be a “blended funding” option for crossover youth. The funding that is blended would be used specifically to track, research, evaluate and provide solutions for this special population.

Commercially Sexually Exploited Children

Section 787.06, Florida Statutes reads, “The Legislature finds that human trafficking is a form of modern-day slavery. Victims of human trafficking are young children, teenagers, and adults. Thousands of victims are trafficked annually across international borders worldwide. Many of these victims are trafficked into this state. Victims of human trafficking also include citizens of the United States and those persons trafficked domestically within the borders of the United States. The Legislature finds that victims of human trafficking are subjected to force, fraud, or coercion for the purpose of sexual exploitation or forced labor.”

As the OPPAGA report (2017) stated, DCF and the Department of Juvenile Justice (DJJ) have not fully validated their Human Trafficking Screening Tool (HTST). It is extremely difficult to identify commercially sexually exploited (CSE) children due to various reasons, yet a validated screening tool would be a good start to providing more accurate data and providing appropriate treatment. The Institute played an initial role in providing research that informed the development of the HTST and, along with OPPAGA, recommends that the tool be validated.

- Currently, the Institute is assisting in developing and administering a survey in order to gather data on the utility of the instrument with frontline DCF investigators. After the instrument is revised and re-administered, it is recommended that resources are allocated to establish the psychometric properties of the HTST. The Institute is equipped to lead the validation of the instrument.

SECTION III: Florida Institute for Child Welfare

Background

The Florida Legislature enacted s. 1004.615, Florida Statutes in 2014, which established the Florida Institute for Child Welfare (Institute) at the Florida State University College of Social Work (CSW). The Institute is a consortium of accredited public and private universities throughout Florida offering social work degrees. The statute requires the Institute to work with the Department of Children and Families (DCF, the Department), sheriffs' offices providing child protective investigative services, community-based care lead agencies (CBCs, lead agencies), community-based care provider organizations, the court system, the Department of Juvenile Justice (DJJ), the Florida Coalition Against Domestic Violence (FCADV), and other stakeholders who participate in and contribute to providing child protection and child welfare services.

Statutorily, the Institute is required to:

- ❖ Maintain a program of research contributing to the scientific knowledge related to child safety, permanency, and child and family well-being.
- ❖ Advise DCF and other organizations about the scientific evidence regarding child welfare practice.
- ❖ Provide advice regarding management practices and administrative processes.
- ❖ Assess the performance of child welfare services based on specified outcome measures.
- ❖ Evaluate the education and training requirement for the child welfare workforce and the effectiveness of training.
- ❖ Develop a program of training/consulting to assist organizations with employee retention.
- ❖ Identify and communicate effective policies and promising practices.
- ❖ Develop a definition of a child or family at high risk of abuse or neglect.
- ❖ Submit an annual report to the governor and legislature that outline activities, significant research findings, and recommendations for improving child welfare practice.

Staffing

The Institute is currently staffed with eight positions for a total of 6.0 FTE: Director (1.0 FTE), Program Director (1.0 FTE), Data Analyst (1.0 FTE), Administrative Specialist (1.0 FTE), Research Assistant (1.0 OPS), PhD student research assistant (.50 OPS), Master student research assistant (.25 OPS), and a Graphic designer/webmaster (.25 OPS), See page 51 in Affiliate Directory, located in Appendix A , for the staff biographical summaries. Dr. Jessica Pryce was appointed as the new Director in January 2017. Additionally, a new Administrative Specialist was hired in June 2017 with minor overlap with the previous Administrative Specialist, allowing for one-on-one training and familiarization with the operations of the Institute. The full-time research assistant was hired in August 2017 and will take the lead on two evaluation projects and ad-hoc requests.

Institute Affiliates

Section 1004.615, Florida Statutes requires that the Florida Institute for Child Welfare consist of a consortium of the 14 public and private universities offering Council on Social Work Education accredited degrees in social work. The Institute initially created a faculty affiliate network by assembling a cadre of social work researchers who share the Institute's dedication for an interdisciplinary research approach to improving the provision of services to families in child welfare. The Institute has now expanded the faculty affiliate network to include research affiliates that have expertise in areas related to the vulnerabilities of at-risk families. This expansion enables the Institute to establish new partnerships and strengthen existing relationships with researchers and policymakers. There are currently 45 faculty and 13 research affiliates assisting the Institute as it seeks to increase communication and collaboration across disciplines to forge innovative child welfare research. See Appendix A to review biographies of the affiliates in the Affiliate Directory.

The collaboration between the Institute and the affiliates includes joint projects, publications, and dissemination activities. Affiliates serve as representatives of the Institute and attend meetings on its behalf. Contributions to the scientific knowledge base of child welfare have been made by the affiliates' publications, papers, and presentations based on research funded by the Institute in FY 2014-2015 and FY 2015-2016. See Appendix B for a complete list.

In June, the Institute held its third Annual Affiliate Meeting in Orlando to coincide with the National Association of Social Workers—Florida Chapter Conference. The featured presentation was on the Citrus Helping Adolescents Negatively impacted by Commercial Exploitation (CHANCE) Program, a pilot program developed by Citrus Health Network through a partnership with the Florida Department of Children and Families and Our Kids of Miami-Dade/Monroe, with evaluation research by the University of South Florida. Dr. Karen Randolph, a faculty affiliate and an Agnes Flaherty Stoops Professor in Child Welfare purchased the book, *The Public Professor*, through the Stoops Foundation, as a gift for all fellow affiliates. Quarterly conference calls via Adobe Connect have been scheduled with the affiliates and a learning lecture is provided by one of the affiliates on a relevant topic or recent research.

Importantly, the Institute has executed a Memorandum of Understanding with each of the 14 CSWE accredited universities offering social work degrees and thereby continues to develop the Institute's affiliate membership, allowing for further development of Florida's child welfare research infrastructure, as envisioned by legislation. Each participating program is provided an annual stipend of \$2,500 to offset travel costs incurred to further their efforts to disseminate their scientific research, provide technical assistance to local or state level agencies, or gain new knowledge from conferences or workshops. Ten affiliates attended the 2017 Child Protection Summit in Orlando where four presented on the Institute's behalf.

Stakeholder Meetings

Interagency Workgroup

The Statewide Interagency Workgroup is made up of state-level representatives from each agency that may be involved in the provision of services to a child in the care of DCF. These monthly meetings are regularly attended to discuss systemic issues that may impede a child's access to services due to bureaucratic barriers. In April 2017, the Workgroup submitted a revised *Interagency Agreement to Coordinate Services for Children Serviced by More Than One Agency* to the Children and Youth Cabinet for approval and signatures. The Agreement will be effective until 2022 but has not yet been signed.

Since the completion of the revised Interagency Agreement, the Workgroup has been focused on developing a uniform data collection method for the local and regional interagency workgroups to provide data on the children and families that they serve. This will enhance the ability of the Statewide Interagency Workgroup members to identify best practices, address barriers, and make policy recommendations to their respective leadership.

Quarterly Practice Workgroup Meetings

The Program Director attends the quarterly Practice Workgroup meetings hosted by the Department of Children and Families. Participants include DCF staff and leadership, CBC leadership, advocates, service providers, and judiciary. Discussions revolve around the implementation of the Practice Model and updates on the Results-Oriented Accountability Program, and legislative and departmental priorities.

Collaboration with the Office of Court Improvement

The Office of Court Improvement (OCI) is charged with oversight of the 18 Early Childhood Court programs throughout the state. The Institute has provided consultation around the collection and analysis of data received from each of the courts. In the Fall of 2017, the Institute connected OCI staff with St. Leo University faculty affiliates and contracted to support the development of a Case Study of an Early Childhood Court Model in Pasco County.

In addition, the director of the Institute was appointed to the Statewide Dependency Court Improvement Panel which meets quarterly. On this panel, the Director provides relevant research, evaluation and/or technical assistance to the group.

Workgroups Mandated by Statute

Critical Incident Rapid Response Team (CIRRT)

The Critical Incident Rapid Response Teams were created by the Florida Legislature in 2014 and went into effect Jan. 2015. A CIRRT investigation is required for all child fatalities reported to the department in which the deceased child or another child in the family was the subject of a verified report of abuse or neglect during the previous 12 months. The teams are made up of at least five professionals with expertise in child protection. The Institute has continued engagement on the CIRRT committee. The Director has completed CIRRT training and attended each quarterly meeting in 2017. The director has presented to the CIRRT committee on a project that was funded by the Institute. The project created a training curriculum that would be available to child welfare service providers to help them understand the complexities of child welfare system. This curriculum has been vetted by the Department of Children and Families and currently the discussion is revolving around the most feasible method of dissemination. This training could improve communication and coordination between child protective investigators (CPI), case managers, and the service providers, thus ensuring the necessary information is obtained in order to make a well-informed decision about the family.

Results-Oriented Accountability (ROA Program)

The Florida Institute for Child Welfare at Florida State University is required by statute (s. 1004.615, F.S.) to assist the Department in a number of areas specific to research, evidence-based practices, evaluation, performance assessment, etc. The Institute has remained active with the Department of Children and Families around the ROA Program and the Director has attended the scheduled workgroup meetings. The Institute's data analyst, who is co-located at DCF, began the validation process of child

welfare measures. The data analyst has not received all of the data required; however, she was able to complete preliminary analyses of the reliability and consistency of the measures. See Appendix C for more information on those findings.

DCF is preparing to pilot a Predictive Analytics Initiative that would focus on predicting the likelihood of reabuse by a perpetrator. On behalf of the Institute, the Director provided DCF with *research considerations* for choosing the pilot sites. Those research considerations mainly emphasized gathering a representative sample, if possible, and ensuring that the predictive model is consistent and reliable across varying sub-populations. In addition, as a partner to DCF on the ROA Program, DCF leadership requested an evaluation of the ROA program. The Director designed a 3 phase evaluation that was submitted to DCF in June 2017. The first phase of the evaluation is a retrospective document analysis of the past 2.5 years of ROA design. See Section IV for more information on the Institute's efforts in the evaluation of the ROA Program.

Technical Assistance

DCF Human Trafficking Screening Tool

When the Institute began, it took an active role in providing research that informed the Human Trafficking Screening Tool (HTST) that is used by child protective investigators. The result was 15 indicators to identify potential trafficking of the child, though over the past 16 months of implementing the tool, there has been negative feedback from CPIs. They report that the tool is cumbersome and does not efficiently screen for human trafficking victims. The Institute has provided additional research to inform the revision of the tool and increase its utility. In November 2017, the Institute will conduct a survey of CPIs regarding the utilization of the HTST and obtain suggestions for further refinement.

Dissemination Efforts

In an effort to disseminate research and helpful resources to child welfare professionals and stakeholders, the Institute has developed the following methods. See Appendix D for copies of the Summaries, Briefs, and Newsletters.

Journal Article Summaries and Research Briefs

New relevant research articles are synthesized to describe the research issue, findings, and implications in an easy to read two-page document. Research briefs are similar but include more information such as the research methodology and policy recommendations.

Quarterly Newsletter

Institute Insights is distributed electronically to our Affiliates and stakeholders quarterly. It provides:

- an affiliate spotlight, highlighting their research or accomplishments
- a research spotlight, such as a recently published article – either by an affiliate or other researcher
- important announcements
- a special topic such as an overview of conference presentations or legislative updates
- announcements of upcoming conferences and/or training opportunities

Monthly E-updates

In May 2017, a subscription button was added to the Institute’s website for those who want to receive updates. A monthly email, *Monthly Matters*, is sent to subscribers and selected DCF leadership and stakeholders. The content for these include:

- What’s new – usually a recently completed affiliate research report
- Journal article summary that corresponds to the research report topic
- Relevant events such as evaluation efforts or recap of presentations by Institute Affiliates and staff
- Spotlight on National Awareness Campaign(s)

SECTION IV: Research Conducted by the Institute

Significant Findings and Recommendations - Pilot Projects

The following reports were funded by the Institute over the past two fiscal years and produced important findings with potential policy implications for consideration.

Report: [Evaluation of Early Childhood Court Teams in Escambia and Okaloosa Counties](#)

The purpose of this project was to address two specific needs in the implementation of the Escambia and Okaloosa Early Childhood Court Teams (ECC or Team). These needs were an evaluation of the ECCs and training to enhance the functioning of the ECCs. In addition to funding a comprehensive evaluation, a portion of the grant funds was allocated to host a live training delivered by the National Center for Child Traumatic Stress (NCTSN) based on NCTSN’s Child Welfare Trauma Training Toolkit. One of the primary problems addressed in the two counties was the lack of coordination among service providers and the judiciary within the child welfare and dependency system. This project did not address the fidelity of the early childhood court models in either county.

Key findings: Both counties reported that clients are often transient and difficult to locate and that more information from the service providers would benefit the court team in assisting the family. Most of the parents face multiple challenges such as domestic violence, substance abuse or low functioning and these cannot be adequately or fully addressed in a 9 – 12-month time frame. More trauma-informed services and therapeutic interventions are needed. Because the focus is usually on the child under the age of 3, the needs of the older sibling are often overlooked. Escambia County reported some systemic issues related to leadership, scheduling of hearings and lack of clear policies and procedures.

Recommendations:

- Provide more trauma-informed care training.
- Include the administration and review of the Parental Stress Index-SF for parents enrolled in the ECCs.
- Monitor and strengthen ECC collaboration by administering the Wilder Collaboration Factors Inventory and discussing the responses.
- Conduct ECC policy and procedural review sessions and evaluations.
- Strengthen the comprehensive collection and organization of data on ECC participants.
- Continue to document relevant information on provider services.

Report: [ChildWIN: Child Welfare Workforce Innovation](#)

The Children’s Home Society of Florida (CHS) embarked on an effort to improve child outcomes and workforce outcomes through an initiative called ChildWIN. Consisting of three components (career ladder, reduced caseloads, and Solution-Based Casework training), this initiative was fully implemented in Seminole County, partially implemented in Orange County, and not implemented in the Treasure Coast.

To evaluate this initiative, the School of Social Work at the University of Central Florida conducted an analysis of child outcomes across all three geographical regions, an analysis of caseworker turnover and caseworker job satisfaction across all three geographical regions, and an analysis of focus group discussions among caseworkers in Seminole County.

Key Findings: The majority of the evidence, both quantitative and qualitative, pointed to a positive impact of ChildWIN on workforce stability. The job satisfaction scores, particularly those that measured satisfaction in April 2016, were highest for Seminole County in most of the categories examined. Despite this, the turnover rates for Seminole County were in the mid-range between Orange County and the Treasure Coast. However, it is possible that this turnover rate represents progress over past years. Caseworkers said that they noticed a decline in turnover since the initiative was implemented.

Recommendations:

- Since several portions of the study support the relevance of low caseloads for both case outcomes and case manager workforce stability, local, regional, and state organizations (local agencies, CBCs, and DCF) should ensure that case managers have low caseloads. There should be a weighting of high-risk cases in the calculation of caseload levels.
- In order to maximize the full benefit of the Solution-Based Casework training, the agency should work to create greater understanding of the model by the court personnel. In addition, the training should be divided into smaller segments. This will allow the case managers to more readily complete the training, since case demands often prevent them from attending two and a half straight days of training.
- Services for parents as an issue was emphasized by case managers. Since lack of access to services in the parents’ geographical area was identified in focus group discussions as a barrier to achieving positive case outcomes for children, there should be more funding invested into services (i.e., substance abuse and mental health) that support case plans.

Report: [The Effectiveness of Service Integration: Studying the Crossover Youth Practice Model](#)

Crossover youth includes any youth who has experienced maltreatment and also has engaged in delinquent activity. Prior studies indicate that crossover youth have higher rates of reoffending than youth who have engaged in delinquency without a history of child welfare involvement. The higher rates of reoffending among crossover youth are of concern given the exorbitant cost of providing services within the juvenile justice system. Moreover, having more juvenile arrests is associated with a greater risk of continuing delinquent or criminal behaviors into the future. Little is known however, about which interventions could effectively direct crossover youth from continuous involvement in the justice system. The Crossover Youth Practice Model (CYPM) is the only existing practice model for serving crossover youth. The CYPM was developed by the Center for Juvenile Justice Reform at Georgetown University.

Key Findings: Results show that crossover youth from Our Kids are associated with a lower risk of re-offending within a year than their peers from ChildNet, after controlling the confounding variables of demographics and their prior offenses. This difference was not mediated by juvenile justice processing but mediated by receiving dental and medical services referred by the child welfare agencies. Since the sample is all crossover youth from Our Kids served by the CYPM, the results indicate that the CYPM can have an effect on reducing the risk of juvenile recidivism.

Recommendations:

- There needs to be an increase in collaboration between the juvenile justice and the child welfare systems through utilization of the Crossover Youth Practice Model. The key mechanism is that crossover youth involved in the CYPM receive more timely medical (physical and mental health) and dental service referrals. At both the local and state levels, the juvenile justice and the child welfare systems can work together to enhance their relationships with their network of treatment providers. Through those relationships, they would better understand the Managed Medical Assistance (MMA) plans.
- Both systems should collaborate to provide training to behavioral health and medical care treatment providers about crossover youth and their needs. The goal is for the providers to understand the common childhood trauma experiences among crossover youth, the common diagnoses, their physical and behavioral health problems, and more importantly, the consequences of not addressing their needs. Other practical issues to cover in the training include the Medicaid coverage and billing procedures for the crossover youth.
- It is highly important to prioritize trauma treatment because untreated trauma is a major contributor to recidivism (Fortune & Lambie, 2006; Tossone et al., 2017). When new providers with expertise in treating adolescents with trauma become available in communities, they should be encouraged to become a provider for the MMA.
- There needs to be more information sharing from the child welfare system, which should include both the written report prepared before the multidisciplinary team meeting and the verbal report from the case managers during the meetings. Knowing the information, especially the permanency goal and progress achieved towards the goal, both systems can develop shared goals together and plan for services accordingly.

Report: [Training Youth Services Workers to Identify, Assess, and Intervene when Working with Youth at High Risk for Suicide](#)

This study was a longitudinal assessment of the impact of suicide intervention training on providers' abilities to identify, assess, and intervene when working with youth in the child welfare system who are at high risk for suicide ideation and behaviors. Research indicates that youth in the child welfare system are at an elevated risk of suicide ideation and behavior due to the numerous physical and psychological challenges they face, including victimization, unstable housing, mental health challenges including depression and substance abuse, and reduced access to needed services. Although there is a broad body of research addressing the prevention of youth suicide, very little directly relates to youth involved in child welfare. The objectives of this project are to train gatekeepers within the child welfare system about the signs and symptoms of children and youth who are at high risk of suicide. Increasing the knowledge, attitudes, self-efficacy, and skill set of child welfare gatekeepers increases the likelihood for improved abilities to identify, assess, and intervene in a high suicide risk situation.

Key Finding: *Youth Depression and Suicide: Let's Talk Training* (YDS) had statistically significant improvement on attitudes about suicide, engagement in intervention behaviors and increased the self-perceived knowledge about suicide and suicide prevention at pretest and posttest among the respondents.

Recommendations:

- Developing consistent content to be included in all suicide intervention trainings would ensure a baseline for all agencies. Arguably, there will be agency-specific content such as protocols, but training material should allow for local adaptation. Standardizing curricula would also reduce burden on agencies to develop or update training content regularly. There is a broad spectrum of curricula used across the state, thus gathering and analyzing existing ones may be the first step in developing a standardized curriculum. Florida could make good use of its rich body of university-based suicide intervention researchers and practitioners and/or partner with state suicide intervention agencies to adapt existing training content or design a new standardized baseline curriculum.
- A standardized training method that is supported by research would likely improve outcomes. There would be considerable costs associated with gathering all trainers across the state to regular training sessions. Instead, a “train-the-trainer” approach would be an efficient solution. The original set of trainers can be small, and these trainers can travel out to different regions/circuits to train a next layer of trainers who in turn could train trainers at the agency level.

Ongoing Research

Report: Enhancing Parental Behavioral Health Services Integration in Child Welfare

The overall goals of this project were to identify parental behavioral health service gaps and to pilot approaches related to the integration of interventions for child welfare-involved adult caregivers (18 and older). There are disproportionately high rates of mental health and substance use (i.e., behavioral health) disorders among caregivers involved in the child welfare system, and parents with behavioral health needs are at greater risk for repeated child welfare involvement. Based on the research literature, parents with behavioral health issues are less likely to be adequately screened, appropriately assessed, referred, or engaged in evidence-based behavioral health treatment. Studies have shown that improvement of behavioral health outcomes in parents improves child behavioral and other health outcomes, as well as enhancing reunification and overall family functioning outcomes. Researchers aimed to develop, implement and test the feasibility and initial outcomes of training to improve detection, engagement and intervention for parental behavioral health needs in child welfare. Gaps in detection and intervention for parental behavioral health issues in child welfare were also examined using a mixed methods approach.

Key Findings: Results provide preliminary evidence supporting that behavioral health issues are prevalent among parents receiving child welfare services in Circuit 2. A review of case files and discussions with case managers revealed that efforts to detect behavioral health issues in parents are limited as is the use of screening tools. Although data from the sample of case files showed rates of referrals for services were high, information regarding the type of services parents were referred to and uptake were mostly unavailable. Scores on behavioral health assessments from follow-up interviews

with families suggest disproportionately high rates of behavioral and psychiatric conditions among those contacted, many of whom continued to experience significantly elevated symptoms.

Record reviews showed that most parents in the sample had significant and relatively high rates of mental health issues, substance use, interpersonal violence and other trauma history, as well as medical problems. Most had multiple cases open with DCF. Most parents were referred for multiple services, but there was inadequate information of service follow through. It is clear from both the qualitative and quantitative results that parental engagement in evidence-based treatments for mental health and substance abuse is a significant problem and there is a need for improvement. The pilot training in evidenced based engagement approaches (i.e., Motivational Interviewing) was feasible and well received by the child welfare case managers. Based on this pilot study, we recommend that additional targeted training and attention be placed on engagement of parents and families in evidence-based treated for mental health and substance use disorders. Based on family interviews and record reviews, it is highly likely that the type and intensity of behavioral health services are not aligned with the prevalence, co-morbidities, chronicity and severity of behavioral health disorders seen in this population. More serious and persistent psychiatric disorders such as Bipolar disorder and psychotic disorders require longer and more intensive treatment and monitoring. Our study found no indication that best-practice psychiatric treatment guidelines were in place for any parent in the sample.

The results from the pre- and post-training evaluation of the pilot training provide preliminary evidence of the need for further training for case managers on understanding and effectively addressing motivation in parents, working with trauma-affected parents, and how to use screeners to detect behavioral health issues in parents. Follow-up training confirmed the perceived utility of the specific training content, as the majority of trainees responded to a post-training survey, which indicated that case managers would like additional information and skills practice in each of the four modules. Pre-post test scores at the follow-up training showed significant improvement, and training evaluation scores were in the very good to excellent range.

Recommendations:

- Providing behavioral health services for parents is an essential component of child welfare practice. There is a need for child welfare-involved parents to receive timely assessments and screenings and referrals to appropriate behavioral health services and resources. An integrated approach to services is necessary among all providers serving child-welfare involved parents. Recommendations for future work in this area include training for case managers on the use of screening tools and evaluating behavioral health outcomes with child welfare-involved parents; piloting and evaluating joint trainings between different service providers to improve communication and coordination between and among service agencies.
- There is a need for policies geared toward facilitating improved coordination between systems, use of screening, interagency training on common issues, availability of training for case managers as well as behavioral health providers on common issues such as family engagement/motivation and buy-in.
- There is also a need to explore the opportunity to develop or expand “aftercare planning” for families once they are “discharged” from the system. This was a need brought up in the focus groups and aftercare planning could also help address the needs of the parents who reported continued mental health symptoms during the family interviews.

- DCF should offer trainings on validated behavioral health screening tools, including how to use them to detect behavioral health risk and service needs, and how to interpret results in order to make referrals. The record extraction revealed that no mental health screening tools were used. Results also suggest that trainings include motivational interviewing to address concerns and gaps identified during focus groups related to family engagement, compliance issues and follow through.
- Communication gaps must also be addressed. The focus groups revealed that communication problems are an issue including interagency, with DCF, with legal teams, with parents and among coworkers. This may be addressed by offering additional trainings on communication, more built-in opportunities throughout the process to communicate or discuss cases, and/or improved chart documentation to support better communication between various people working with a family. It is possible that adding specific fields in case records that allow for clear documentation of parental behavioral health history, risk, referral needs and follow-up information would facilitate consistent documentation and improve communication.

Report: [Florida Study of Professionals for Safe Families](#)

The *Florida Study of Professionals for Safe Families* (FSPSF) has completed two years of a proposed 5-year project examining turnover and retention decisions among Florida’s newly hired child welfare workforce. In FY 2017-2018, FSPSF received funding from the Florida Institute for Child Welfare for the third year of data collection. The study launched in September 2015 and recruited all child protective investigators and case managers participating in preservice training through December 2016. Approximately 86 percent of all eligible employees across Florida agreed to participate. The overall sample consists of 1,501 workers. Data are collected every six months and the third wave of data – representing 12-months on the job – was completed in August 2017. Wave 4 (18-months) is currently in the field and Wave 5 (24-months) is scheduled to launch in November 2017. Participant retention rates have been excellent; for Wave 2, about 87 percent of original the participants provided survey responses, and in Wave 3, about 80 percent did.

Key Findings: Findings indicate that about 18 percent of newly hired workers leave within the first six months of employment (early-leavers), which includes 2-3 months of training and 3-4 months on the job. Among those who left, the average amount of time to departure is at 20 weeks, and about 25 percent are still working in child welfare, but in a different agency. Overall, more case managers left (21%) by the six-month time period than child protective investigators (15%). About 26 percent of those leaving their agencies indicate the primary reason for departure involved job responsibilities (e.g., caseloads too large or complex), and a further 22 percent identified agency environment (e.g., administration holding unreasonable expectations or having a lack of concern about workers). When compared with those remaining in their positions, on average, early-leavers had fewer weeks of a protected caseload (7 weeks vs. 5.4 weeks) and more cases in their first week on the job (4 clients vs. 3 clients). Further, 55 percent of early-leavers indicated that their agency practice was rarely or not at all consistent with the information they received in preservice training compared to 40 percent of those still in their positions. Finally, among those who remain working in child welfare, 55 percent indicated giving serious consideration to leaving their positions.

Recommendations: See Section II.

Report: [Residential Group Care Quality Standards](#)

In December 2015, the Florida Department of Children and Families engaged the Florida Institute for Child Welfare to develop and validate an assessment tool to measure, document, and facilitate quality services in Florida's Department licensed residential group homes. The group care quality assessment was designed to measure the extent to which services and conditions in group homes are aligned with the Core Quality Standards ([Group Care Quality Standards, 2015](#)). The goal of the quality standards for group care initiative is to ensure children in group homes receive high-quality care and to support a process of continuous quality improvement in group homes across the state. To date, a draft of the assessment tool, designed to be embedded into the Department's re-licensing process, has been developed and piloted in one region. Using the completed assessment data from a small sample of 10 group homes, preliminary evidence of the reliability of the youth and service provider assessment forms was established. The results of the pilot study supported the feasibility of integrating the assessment into the state's re-licensure process. A subsequent, larger implementation pilot (i.e., field test) was completed in July 2017. The purpose of the field test is to evaluate the assessment in two DCF service regions using a larger sample of approximately 40 group homes. Data from the field test will guide further item selection/reduction and will be used to perform additional preliminary tests of reliability and validity. Analysis of the field test data is currently underway. In June 2017, Dr. Hui Huang, an Institute Faculty Affiliate with Florida International University, was placed under contract to be the Co-Principal Investigator on this project.

Plans for FY 2017-2018 include revising the assessment following the completion of data analysis. The assessment is scheduled to be rolled out statewide beginning in early December 2017. As part of the roll-out, the project team will develop and provide training to licensing teams and providers in all six service regions. A validation study will be initiated in January 2018 and is expected to be completed in March 2019. The study will entail collecting assessment data from the full population of Department licensed group homes throughout the state. The project team will provide ongoing data management and technical support throughout the full duration of the study.

Evaluation Research

Results-Oriented Accountability Program

The ROA Program design is based on a cycle of accountability framework focused on results and continuous quality improvement. The Department asked the Institute to lead the evaluation as part of ongoing implementation activities. During the Spring of 2017, the director of the Institute designed an evaluation in collaboration with the National Capacity Building for States. Evaluating the ROA Program to date and ongoing will provide data on the effectiveness of this innovative approach and support the sustainability of the program. The evaluation will be completed in phases and the first phase began September 2017. Dr. Mitch Rosenwald, a faculty affiliate of the Institute (Barry University) is taking the lead on this portion of the evaluation and below is an overview of the design of Phase 1.

Evaluation Design

The developmental evaluation of the will be guided by ROA Program Developmental Evaluation principles. These principles address organizational change through addressing problems, supporting innovation, adapting cultures, identifying processes that support innovation, and determining when

formative evaluation is ready to commence (Patton, 2011). To obtain data that informs this evaluation, two qualitative methods for data collection will be used: 1) document review; and 2) interviews.

Documents include timelines, workgroup structure and composition, agendas, minutes, reports, trainings, legislative mandate, and all other written materials produced on the initiation of ROA for the Florida Department of Children and Families. The documents will be retrieved via the Results-Oriented Accountability Implementation Timeline housed on the Florida's Center for Child Welfare website: Information and Training Resources for Child Welfare Professionals. Additional ROA-related documents will be produced by Mr. James Cheatham, Florida Department of Children and Families and Ms. Jennifer Nichols, consultant on ROA from North Highland.

The interviews will be conducted by key stakeholders involved in the ROA Developmental Evaluation. They will be principally identified by Mr. James Cheatham and Ms. Jennifer Nichols. From this list, the evaluation team will contact these stakeholders and invite them to participate in in-person/telephone interviews using the interview guide. It is expected that one in-person focus group will occur in Tallahassee in October 2017. All interviews will be recorded with the stakeholders' permission and transcribed for analysis.

Interview Guide

1. How would you describe Results Oriented Accountability (ROA) in your own words?
2. Looking back, what values, principles and events can be identified that provide important historical context to understanding ROA?
3. What local, regional, state and federal trends influenced where ROA is today?
4. Who have been partners and collaborators and how have those collaborations impacted where ROA is today?
5. As you think about your involvement with ROA, what things have been most successful and why?
6. What do you perceive are the barriers for ROA implementation for the state, region, county and provider levels?
7. If you could pick one thing about ROA implementation to change, what would it be and why?
8. How do you think ROA will change the current system of care?
9. What has to happen at the state, region, county and provider level for ROA to be successful?
10. What is the best way to communicate about the implementation of ROA at the state, regional, county and provider levels?

Coding Scheme and Analysis

Applied thematic analysis and coding development (Guess, MacQueen & Namey, 2012) will be used to analyze the qualitative data. The evaluation team will review both the documents and the transcripts and independently identify codes and themes. To address rigor, a collaborative discussion of initial themes will occur and from the collaboration, final themes will be decided. Matching themes between primary data collection (interviews) and secondary data collection (document review) will also increase rigor in qualitative data analysis.

Preservice and Inservice Training Curriculum

Senate Bill 1666 passed in 2014 stipulates that the Institute will evaluate the scope and effectiveness of preservice and inservice training for child protection and child welfare employees and advise and assist the department in efforts to improve the training. The Department has developed and implemented a statewide curriculum, which includes both Core (Foundational) and specialty tracks (Protective Investigations and Case Management). Florida no longer has a centralized professional development center. The Institute has opted to do a phased evaluation and the first phase of the evaluation was completed this year. Phase 1 consisted of a statewide survey of the 26 training managers and 12 site visits which included all six regions. The intent of this first phase was to focus on high-level information identifying any variation or consistency among regions. Recommendations from this project can be found in Section II.

The next phase of the evaluation will include assessing knowledge and skill transfer of trainees and is set to begin January 2018.

Foster Care Quality Standards

The 2017 Florida Legislature passed HB 1121, amending s. 409.996, Florida Statutes requiring the Department, in collaboration with the Institute and other key stakeholders, to develop a statewide accountability system for foster parents based on measurable quality standards. The Institute conducted a literature review providing measures of quality of foster homes, evidence-supported strategies to increase the availability of high-quality foster homes and root causes of placement disruption. Additionally, the Institute created and disseminated a survey instrument to CBC foster care coordinators, Children's Legal Services, service providers, foster children and foster parents. The survey resulted in over 1,400 responses and the report on those findings is currently being finalized. The Department of Children and Families is preparing the overall report with this data that is due to the legislature by November 1, 2017.

Children's Home Society – CaseAIM

In the 2017 legislative session, the Children's Home Society (CHS) received a non-recurring appropriation to expand CaseAIM. CaseAIM is both a technology and workforce solution that reduces workload by moving those functions to a shared services center, called *Unified Support Center*. The Institute will be conducting an evaluation of CaseAIM to determine the initiative's impact on safety, permanency, and well-being outcomes. A mixed-methods comparative evaluation has been designed by the Institute and the study will begin in October 2017.

The data will be collected from 200 cases randomly selected by CHS Orange County and 200 cases randomly selected by Duval County. Data will be analyzed using SPSS software for quantitative data. The intervention and control groups will be drawn from different locations to reduce possible contamination of data. The scope of the research will cover one year since the implementation of CaseAIM.

The variables of interest for research question one will be worker engagement, care coordination, and trauma responsiveness. To fully assess each of these areas additional variables will likely be required. For example:

- Trauma responsiveness may look at the length of time to worker response and the number of trauma-informed services provided
- Care coordination may consider the number of service providers, caregiver and/or parental involvement, attendance at inter/intra agency meetings, and follow-up contacts

- Worker engagement may include the number of child and family visits and telephone contacts, number of contacts with service providers and participation in interdisciplinary meetings (e.g., school personnel, mental health and medical providers), frequency of case plan compliance, and worker turnover

The concepts for research question one are trauma responsiveness, care coordination, and worker engagement. To fully assess each of these areas, it will require the following dependent variables:

- Trauma responsiveness will look at the length of time to worker response to a caregiver's request for support and the number of related services provided.
- Care coordination will consider the number of service providers, caseworker attendance at inter/intra agency meetings, caregiver and/or parental involvement in case plan meetings, and the number of caseworker follow-up contacts with service providers.
- Worker engagement will include the number of child and family visits and telephone contacts, caseworker participation in interdisciplinary meetings (e.g., school personnel, mental health and medical providers), frequency of caregiver/parent case plan compliance, and case manager turnover rates.

The variables of interest for research question two relating to child welfare outcomes include:

- Length of stay in foster care
- Placement disruptions
- Number of case managers
- Safety of the child as indicated by a subsequent child maltreatment report
- Status of court-ordered permanency plans
- Child well-being as indicated on the child well-being scale

The evaluation of CaseAIM is underway and will be completed by June 30, 2018.

SECTION V: Appendices

Appendix A: Affiliate Directory

AFFILIATE DIRECTORY

SEPTEMBER 2017



FLORIDA INSTITUTE
for CHILD WELFARE



FSUChildWelfare@gmail.com



www.ficw.fsu.edu



[Facebook.com/FSUChildWelfare](https://www.facebook.com/FSUChildWelfare)

A Message from **Dr. Jessica Pryce, Director**



I am truly proud of the professional and expert acumen that comprises our affiliate network. The contributions of each of you have been invaluable to our work of creating an evidenced-based and effective child welfare system. It is my hope that you will remain engaged, mobilized and committed to the mission and vision of the Institute. I know that we all have a desire to use our knowledge and skills to make a difference in the lives of children, and I am committed to creating opportunities for you to utilize your skills. I hope this directory is used to familiarize yourselves with other affiliates throughout the state, and contact them for potential collaborations. Our child welfare system benefits from strong partnerships that lead to innovation and I know our affiliate network has the capacity to move the needle towards reform. The Institute staff join me in offering our gratitude to you and your commitment to improving the lives of vulnerable children and families.

A Message from **Dr. James Clark, Dean, College of Social Work**

I want to join Dr. Jessica Pryce in welcoming you to review and utilize this Affiliate Directory for the Florida Institute for Child Welfare. Important advancements in research are usually traced to effective “team science,” conducted by successful teams composed of participants from different academic institutions who hold varied expertise. Child welfare research also has progressed when this kind of team science operates. We hope that this Directory can promote enhanced communication and collaboration, as we all work to advance the Institute’s mission. Your role as affiliate researchers is a crucial element in radically improving the safety, permanency, and well-being of Florida’s most vulnerable children. Thanks for all you are doing!



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FACULTY AFFILIATES

The Florida Institute for Child Welfare consists of a consortium of the 14 public and private universities offering Council on Social Work Education accredited degrees in social work. The Institute assembled a cadre of social work researchers from these universities who are dedicated to improving the safety, permanency and well-being outcomes for the children in Florida's child welfare system. This directory serves as a resource to increase collaborations between faculty affiliates and researchers across the state and nationwide, as well as state agencies and national organizations.



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Director, Master of Social Work Program

RESEARCH INTERESTS

Barriers to service delivery; Rural health; Behavioral health, African American youth and families; Health disparities; Community-based participatory research

SHORT BIO

Dr. Tiffany D. Baffour is Director of the Master of Social Work Program (MSW) and Associate Professor of Social Work in the Department of Sociology, Anthropology and Social Work at the University of North Florida. She provides leadership for the university's new MSW Program, scheduled to launch in Fall 2017. Baffour has previous teaching experiences at Florida State University, University of Missouri-Columbia, Howard University, University of Maryland (School of Social Work), James Madison University and Winston-Salem State University. Her research areas of interest are community-based participatory research, health and behavioral disparities, rural social work and violence prevention. A researcher of health, social and racial justice issues, Baffour led recent efforts as a senior researcher and co-principal investigator of a statewide evaluation of disproportionate minority contact (DMC) in the North Carolina juvenile justice system. Dr. Baffour has published and offered juried presentations on the application of Community-Based Participatory Research (CBPR) as a means for the improvement of health and social disparities in low wealth communities. Her research interests are CBPR, violence prevention, restorative justice theory, mental health and (physical) health advocacy and health care delivery systems. She has diverse experiences as program developer, therapist, and social worker with juvenile offenders, children in foster and kinship care, and teens and adults with mental health and substance abuse vulnerabilities. Dr. Baffour held a wide array of administrative roles in higher education prior to her tenure at UNF including department chairperson and director of university-wide faculty development, community-engaged teaching and distance learning programming efforts.

SHAMRA BOEL-STUDT



Florida State University

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DEGREE

PhD, MSW

TITLE

Assistant Professor

RESEARCH INTERESTS

Residential group care; Engagement; Intervention research; Program evaluation

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

Hui Huang, PhD, Assistant Professor, Florida International University; Neil Abell, PhD, Professor, Florida State University College of Social Work; Heather Flynn, PhD, Associate Professor, Vice Chair for Research, Florida State University College of Medicine; Jon Huefner, PhD, Research Scientist, Boys Town National Research Institute

SHORT BIO

Shamra Boel-Studt, PhD, MSW is an Assistant Professor at the Florida State University College of Social Work and a faculty affiliate of the Florida Institute for Child Welfare. Dr. Boel-Studt received her MSW and PhD from the University of Iowa. She has over fourteen years of experience in child welfare practice, training/technical assistance, research, and program evaluation. Her research in the area of child welfare practice focuses on examining the effectiveness/efficacy of child welfare interventions, especially those that seek to enhance engagement, family-centered practice, and trauma-informed approaches and expanding the evidence-base and quality of research and practice in residential group care. Dr. Boel-Studt, as Principal Investigator, is currently collaborating with the Florida Department of Children and Families and a team of stakeholders from across the state to develop and validate an assessment designed to measure group home's performance on a recently established set of core quality standards in the state. Additionally, she is a Co-Investigator on a project with the Florida State University College of Medicine aimed at developing a training and policy recommendations to support the integration of behavioral health services for parents who are involved in the child welfare system.

KATRINA BOONE



Florida State University

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kboone@fsu.edu

DEGREE

MSW

TITLE

Director of Field Education

RESEARCH INTERESTS

Child welfare; Mental health; Substance abuse

SHORT BIO

Katrina J. Boone received her MSW from Florida State University and has served as the Director of Field Education at FSU College of Social Work since 2005. Her background encompasses diverse clinical experiences with a focus on child welfare, mental health, and substance abuse. She has trained on a local, state and national level in areas such as indicators of child abuse and neglect, effective supervision, professional boundaries, and ethics. In 2016, she was awarded the NASW Social Work Educator of the Year for the Big Bend NASW unit. She was also appointed as a member of the CSWE Council on Field Education in July 2016. Currently, she serves as President of the Florida Field Consortium.

SYLVIA BOYNTON

Florida Memorial University

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DEGREE

PhD, MSW, BS

TITLE

Director of Social Work Program

RESEARCH INTERESTS

Children and young adults

CURRENT PROJECTS

SAMHSA Grant on Substance Abuse, HIV/AIDS and STDS

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

Bethune Cookman University, FAMU, Edward Waters and Barry University

SHORT BIO

BS Degree in Urban Studies; MSW in Social Work; PhD in Social Work; 44 years of experience across the entire developmental spectrum in Behavioral Health: Mental Health, Substance Abuse and Child Welfare; Court commission for evaluating mentally retarded (developmentally compromised) citizens. Currently Director of Healthy Lifestyle Choices Project.

MICHAEL CAMPBELL

Saint Leo University

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DEGREE

PhD, LCSW

TITLE

Associate Professor

RESEARCH INTERESTS

Children/family health & wellness; Child/adolescent mental health social work pedagogy

CURRENT PROJECTS

Early Childhood Courts case study; Pediatric social workers utilization of the Electronic Medical Record (EMR) for outcomes success; Pediatric hospital volunteers motivation to serve children through their participation in a pet visitation program; Student engagement through the use of technology; Collaboration with other university faculty or research entities; Volunteering study and the social work EMR study with the Nemours Children's Hospital in Orlando, FL; Proposing a study with Eileen Abel, PhD at the University of Southern California on the impact of online modalities in advanced practice classes

SHORT BIO

Michael attained his PhD from the Public Affairs program at the University of Central Florida and his Bachelors and Masters Degrees in Social Work from the Florida State University with an emphasis on children and family issues. Dr. Campbell currently serves as an Associate Professor in the Masters in Social Work program at Saint Leo University. He has more than two decades of clinical and administrative experience in social work practice in specialty areas ranging from child welfare, child and adolescent mental health to pediatric wellness and pediatric healthcare. His research interests focus on issues of family engagement, child and adolescent mental health, pediatric wellness and child welfare/public policy.

MARIANNA COLVIN



Florida Atlantic University

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DEGREE

PhD

TITLE

Assistant Professor

RESEARCH INTERESTS

Network analysis in human service delivery systems; Interorganizational collaboration child welfare workforce, leadership, and administration; Realist program; Policy evaluation

CURRENT PROJECTS

Mapping the interorganizational landscape of county-based child maltreatment prevention and service delivery; Building a needs-based-curriculum for child welfare therapists; Coalition development among statewide child welfare affiliates

SHORT BIO

Marianna Colvin received her PhD in Social Work at the University of Georgia and MSW from the University of Alabama. As a mixed-methods researcher, Marianna combines network analysis and qualitative methods to examine interorganizational human service delivery systems related to vulnerable children and families. She approaches child welfare from a community-wide orientation, inclusive of multiple disciplines, and concentrates on interactions across organizations, theories of systems and complexity, and implications for policy and network development. Her academic pursuits are guided by experiences as a social work practitioner in international, national, and local child welfare roles, including community development for street children and impoverished populations in India and U.S. based capacities in child protective services, family preservation, resource development, and supervision. She is passionate about social work education and through both teaching and research aims to enhance the ways communities and organizations are knitted together in support of vulnerable children and families.

PAM CRISS



Southeastern University

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DEGREE
PhD

TITLE
Professor

RESEARCH INTERESTS
Safety for social workers (addressing possible client violence in agencies); Child welfare

SHORT BIO

Dr. Pam Criss has more than 35 years of experience as a social worker, predominantly in the field of child welfare. She has worked in adoption, foster care, residential group child care and developmental disabilities. She is a licensed clinical social worker and has been a psychotherapist since 1995, both in local mental health agencies and in private practice. Dr. Criss has been a professor at Southeastern University Social Work Program for the past 16 years. Dr. Criss is active in National Association of Social Workers and chaired the local unit of NASW from 2009 - 2011. She was named NASW Heartland Unit Social Worker of the Year in 2003.

NICOLE FAVA



Florida International University

EMAIL

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DEGREE

PhD, MSW

TITLE

Assistant Professor

RESEARCH INTERESTS

Childhood trauma and adversity (special focus on child maltreatment) and adolescent development (specific focus on adolescent sexuality and sexual health); Trauma-informed capacity building and service implementation

CURRENT PROJECTS

Implementation project for TF-CBT in Miami-Dade with community partner funded through The Children's Trust; Mixed-method evaluation of individual's self-report definitions of sexual health and how this may differ based on history of trauma; Mediation study of brain functioning as pathway between childhood adversity and adolescent substance use and externalizing behavior

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

Other faculty in the Psychology Department at FIU and various community partners (service implementation/evaluation). Also interested in developing more collaborative relationships.

SHORT BIO

Dr. Nicole Fava's program of research bridges the child maltreatment and sexuality fields from a developmental, trauma-informed, resilience-based framework to highlight the importance of protective factors across various environmental contexts to support well-being and sexual health among those who have experienced trauma and/or childhood maltreatment. This is in opposition to the more traditional risk-framework that has dominated both fields, and serves to inform others of the strength and personal agency of vulnerable populations. Dr. Fava is especially interested in conducting participant-centered, community-based research examining individual, peer/romantic partner, family and community level factors impacting healthy development in order to inform effective and holistic interventions for youth and families.

JESSICA FELIX-JÄGER



Southeastern University

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DEGREE

MSW

TITLE

Field Coordinator/ Assistant Professor

RESEARCH INTERESTS

Trauma informed prevention interventions and foster care child placement retention

SHORT BIO

Jessica Felix-Jäger has more than nine years of experience as a social worker, predominantly in the field of child welfare. She has worked in adoption, foster care, foster care licensing and with traumatic brain injury survivors. She is a Certified Child Welfare Licensing Counselor and was a M.A.P.P. and pre-service trainer for prospective foster parents both in North Carolina and Florida. In addition, she works PRN as a Therapeutic Behavioral On-Site Therapist providing intensive in-home therapeutic/clinical interventions for children ages birth to 17. At the University of Central Florida, Jessica Felix Jäger was a Title IV-E recipient for her undergraduate and graduate studies. She is passionate about equipping the future generation of child welfare workers preparing them to live out their calling and positively impact lives. Jessica Felix-Jäger began her service to Southeastern University as a field educator in academic year 2014-15 while still working at Heartland for Children as a foster care licensing specialist/ training facilitator. She became an adjunct in the fall of 2015 teaching Understanding Human Diversity and became a full time assistant professor in the spring of 2016. Jessica recently stepped into a new role as assistant professor and field coordinator starting in the fall of 2017. She has taught the following courses: Child Maltreatment and Child Welfare, Child Welfare Practice, Introduction to Social Work, Social Welfare Policy, Understanding Human Diversity, Human Behavior in the Macro Social Environment, and Writing for Social Work Practice. Jessica Felix-Jäger will be teaching the following courses in academic year 2017-2018: Child Maltreatment and Child Welfare, Child Welfare Practice, Writing for Social Work Practice, Seminar 1 and 2, and Preparation for Field.

THOMAS FELKE



Florida Gulf Coast University

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tfelke@fgcu.edu

DEGREE

PhD, MSW

TITLE

Interim Chair

RESEARCH INTERESTS

Visualizing populations and social issues using geographic information systems technologies

CURRENT PROJECTS

Child Welfare Services inventory for Lee County Human & Veteran Services

SHORT BIO

Dr. Thomas Felke is the Interim Chair, BSW Program Coordinator, and an Associate Professor in the Department of Social Work within the Marieb College of Health & Human Services at Florida Gulf Coast University. He received his Bachelors of Arts degree in Elementary and Special Education from Providence College. He went on to earn his MSW from the University of Connecticut School of Social Work, where he focused on administration, policy practice, and international social work issues. He also earned his PhD in social work from the University of Connecticut School of Social Work after completing his dissertation research in Armenia on the situation of ethnic Armenian refugees from Nagorno-Karabakh and Azerbaijan. Dr. Felke currently focuses his teaching and research on macro social work, the application of technology to social work practice and evaluation, and international social work issues. A major focus of this work is the use of geographic information systems (GIS) for program evaluation and research efforts. He is active as a member of several boards and committees in Southwest Florida, as well as on national social work organizations.

MARY HELEN HAYDEN



Florida International University

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DEGREE

EdD (Higher Education), MSW

TITLE

Director

RESEARCH INTERESTS

Group Work, Interdisciplinary Education, Child Welfare

CURRENT PROJECTS

Developing a white paper on child welfare in Miami-Dade County Interdisciplinary Workshops

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

Working with faculty from College of Medicine and College of Nursing & Health Sciences

SHORT BIO

Dr. Mary Helen Hayden, Director of the School of Social Work, is a Licensed Clinical Social Worker and Diplomate in Clinical Social Work. She has worked in the field of addictions as a clinician as well as Chief Trainer for the National Institute of Drug Abuse Southeast Regional Training Center. She has dedicated her career to working with socially and economically at-risk populations and to educating the next generation of social workers. She played a central role in the development of the interdisciplinary team approach (medicine, nursing and social work) to underserved South Florida communities, known as Neighborhood HELP. Her current research focuses on interdisciplinary teamwork, particularly in the health arena.

HUI HUANG



Florida International University

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DEGREE

PhD

TITLE

Assistant Professor

RESEARCH INTERESTS

Child welfare; Juvenile justice; Substance use treatment

CURRENT PROJECTS

A Pilot Test and Initial Validation of a Quality Rating Scale for Florida's Residential Group Homes (CO-PI for an on-going project funded by FICW); *The Effectiveness of Service Integration: Studying the Crossover Youth Practice Model* (PI for a closed project funded by FICW); *An Evidence-Based Parent-Child Relational Intervention for Young Children At-Risk for Abuse and Neglect* (CO-I for a closed project funded by FICW); *Bridging the FPP Mentors and Former Foster Youth: A Mixed-Method Approach* (PI for a closed project funded by FIU).

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

Dr. Shamra Boel-Studt (PI) at FSU on *A Pilot Test and Initial Validation of a Quality Rating Scale for Florida's Residential Group Homes*; Dr. Miguel Villodas at FIU on *An Evidence-Based Parent-Child Relational Intervention for Young Children At-Risk for Abuse and Neglect*.

SHORT BIO

Dr. Hui Huang's research focuses primarily on developing and evaluating macro-level interventions for children and families involved in child welfare and justice systems, as well as other public services. Dr. Huang received extensive training in applied research methods and obtained a master degree in applied statistics at University of Illinois at Urbana-Champaign. Since joining the faculty at FIU in 2013, she has had four funded projects. Dr. Huang has maintained a productive record of disseminating research findings through publications and conference presentations.

JEFFREY LACASSE



Florida State University

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DEGREE

PhD

TITLE

Assistant Professor

RESEARCH INTERESTS

Psychotropic medication use in vulnerable populations (e.g., foster children), evidence-informed mental health treatment

CURRENT PROJECTS

CriticalThinkRX, an educational course for non-medical helping professionals on psychotropic medication; utilization of psychotropic medication in child welfare; analysis of evidence base for pediatric antidepressant use

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

Florida State University faculty Dr. Philip Osteen on his FICW grant project and ongoing collaborations with Dr. Lisa Schelbe and Dr. Shamra Boel-Studt.

SHORT BIO

Dr. Jeffrey Lacasse is an Assistant Professor at FSU College of Social Work. His research agenda focuses on knowledge dissemination regarding psychiatric diagnosis and treatment. He has published research in PLoS Medicine, Families in Society, and Child and Adolescent Social Work.

KHALILAH LOUIS-CAINES



Saint Leo University

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DEGREE

MSW

TITLE

Director of Field Education, Instructor

RESEARCH INTERESTS

Foster care adoption; Independent living; Child welfare training and development

CURRENT PROJECTS

Child Welfare Specialty Program; Interdisciplinary Course development for Child Protective Investigators; Service Provider Training for Pasco County Early Childhood Court

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

Course development with Criminal Justice Faculty

SHORT BIO

Khalilah Louis-Caines has a BA in Psychology from the University of Colorado at Boulder and a MSW Degree from Saint Leo University. She currently teaches full time as an Instructor and Director of Field Education for Saint Leo University's MSW Program. Khalilah teaches various practice and child welfare courses in social work and previously served as the Title IV-E Program Coordinator. Her professional interests include child welfare and adoption. She has more than fourteen years' experience in child welfare, with an emphasis on foster care adoption. She is a Licensed Clinical Social Worker with a specialty in providing trauma-focused care to children, youth, and families involved in the child welfare system. She is also certified as an Adoption Competent Professional through Rutgers University. She has served on various child welfare committees and provides training for foster and adoptive parents of children with special needs and consulting services for child welfare agencies.

NAELYS LUNA



Florida Atlantic University

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DEGREE

PhD, MSW

TITLE

Director and Professor

RESEARCH INTERESTS

Substance use disorders; Mood disorders; Attachment; Spirituality; Mindfulness

CURRENT PROJECTS

National Social Work Students Survey

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

Multiple universities in the country are involved in the aforementioned project that is led by George Washington University.

SHORT BIO

Naelys Luna earned her MSW and PhD in Social Work from Fordham University in New York and her BA from Seton Hall University in New Jersey. She is a Licensed Social Worker (NY and NJ). She helped develop ADHD and PTSD programs in a child and adolescent outpatient psychiatric hospital. Dr. Luna has provided clinical social work services to children, adolescents, and their families in outpatient units, partial care programs, and private practice. She has worked in several research projects at the New York Psychiatric Institute and Lehman College. Dr. Luna's multiple publications are in the areas of substance use disorders, mood disorders, spirituality, parental roles, mental health outcomes in minorities (especially Hispanics), and psychosocial functioning.

PAM MACDILL



Florida State University

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DEGREE

MSW

TITLE

Director of the BSW & Professional Development Programs

RESEARCH INTERESTS

Loss and bereavement; Health care; Child welfare

CURRENT PROJECTS

DCF Re-professionalization Projects - NE Region and NW Region

SHORT BIO

Pam Graham MacDill, LCSW, DCSW is the Jeanene M. Janes Child Welfare Fellow. She currently serves as the Director of the BSW and Professional Development Programs at Florida State University's College of Social Work where she is a Teaching Professor. She has served in several other administrative roles at the College, including Director of Field Education; Director of the MSW Program; and the Assistant Dean. She has extensive practice experience in the areas of children, adolescent and family therapy; loss and bereavement; and healthcare social work. She is a Licensed Clinical Social Worker in Florida and a certified Bereavement Counselor. She was named the 2013 "Educator of the Year" by the NASW Big Bend Chapter and was the recipient of a University Advising Award for 2003-2004. She has several nominations for a University Teaching Award and was the first recipient of the National Youth Law Center "Unsung Hero" Award in 1993 for her work in child welfare advocacy. She was appointed by the Surgeon General to serve on a statewide Florida Department of Health's Child Abuse Death Review Committee for seven years. She has numerous publications; federal and state-funded grant projects totaling over 4 million dollars; and has presented at conferences locally, statewide, and nationally. She is a Founding Member and serves on the Board of The Oasis Center for Women and Girls in Tallahassee and began the FSU Unconquered Scholars Program, supporting current students who have grown up in foster care.

MAXINE MCGREGOR



University of Central Florida

EMAIL

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DEGREE

MSW

TITLE

Professor

RESEARCH INTERESTS

Children exposed to domestic violence

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

Member of the Orange County Domestic Violence Task Force and Orange County Domestic Violence Fatality Review Board

SHORT BIO

Maxine McGregor is an Instructor at University of Central Florida in Orlando. Before her academic career, Maxine worked with Department of Children and Families where she received advanced training specific to domestic violence. As a former Title IV-E Coordinator, Maxine was able to teach and mentor students interested in child welfare, by incorporating the pre-service curriculum in her courses. Educating students on the importance of using critical thinking skills and the Child Welfare Practice Model goal of achieving safety, permanence and well-being by using a safety-focused, family-centered, trauma-informed approach is key to working with families.

Maxine received her MSW from University of Central Florida and is honored to be able to give back to students that have the same passion for child welfare. As a Combat Veteran, Maxine hopes to one day work with deployed soldiers and their families suffering from Post-Traumatic Stress Disorder.

MARLEEN MILNER



Southeastern University

EMAIL

mmilner@seu.edu

DEGREE

PhD, MSSW

TITLE

BSW Program Director & Professor of Social Work

RESEARCH INTERESTS

Preventing teen pregnancy among youth in foster care; Improving outcomes among parenting youth in foster care; Gratitude as an antidote to compassion fatigue and burnout among social workers; Improving critical thinking and decision-making skills

CURRENT PROJECTS

Research project regarding the impact of the practice of gratitude on social work students' life satisfaction, gratitude, and pro-social behaviors. Completed *Protecting Teens...Protecting Futures* project in 2016 in collaboration with Heartland for Children.

SHORT BIO

Dr. Milner received her PhD in Social Work from the University of South Florida in 2009, and earned an MSSW from the University of Texas at Arlington in 1981. She had 20 years of experience in a variety of fields of social work practice, including child welfare, child sexual abuse treatment, adoption, substance abuse treatment and community mental health prior to becoming the Director of the BSW Program at Southeastern University in 2001. In 2014, she published an article entitled *The Use of Decision Cases to Foster Critical Thinking in Social Work Students* in the *Journal of Teaching in Social Work*, and an article entitled *Adding Virtue to Faith: Strategies for Developing Character in Christian Social Work Students* in the *Journal of Social Work & Christianity*. The article was republished in 2015 as a chapter in an edited book entitled *Virtues and Character in Social Work Practice*. In 2015-2016, Dr. Milner was the lead researcher for a grant awarded to Heartland for Children entitled *Protecting Teens...Protecting Futures*, which evaluated a teen pregnancy program that was implemented among teens in residential care in Polk County.

PHILIP OSTEEN



Florida State University

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DEGREE

PhD

TITLE

Associate Professor

RESEARCH INTERESTS

Suicide intervention; Psychometrics

CURRENT PROJECTS

Suicide intervention training with providers for youth in CW system and several suicide intervention studies with law enforcement.

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

University of Maryland

SHORT BIO

Dr. Osteen is an associate professor at the Florida State University College of Social Work and has also worked as a clinician in community mental health and public health for over 20 years. He holds two PhD degrees from the University of Denver, one in Social Work and one in Quantitative Research Methods (concentration advanced statistical methods). This unique combination of educational programs has provided him with an in-depth understanding of theories and models of human behavior in the social environment, as well as in-depth training in advanced statistical methods including structural equation modeling, latent growth curve modeling, hierarchical modeling, psychometrics, and complex data designs.

ROBIN PERRY



Florida A&M University

EMAIL

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DEGREE

PhD

TITLE

Associate Professor

RESEARCH INTERESTS

Child welfare performance measures; Child maltreatment fatalities & child abuse prevention; Child/family well-being; Funding models for child welfare systems; Domestic & sexual violence; Profession training & workforce issues; Family group decision making.

SHORT BIO

Dr. Perry is an Associate Professor in Social Work at Florida A&M University and currently serves as the Chairperson of the Child Abuse Death Review (CADR) Committee. He additionally serves on the Statewide Critical Incident Rapid Response Team (CIRRT) Advisory Committee. Prior to obtaining his PhD at the University of California at Berkeley, Dr. Perry worked for eight years in child welfare and domestic violence settings (casework and clinical), including serving as a child protective investigator and service worker for four years. Dr. Perry's research has received national and international attention. Over the past 20 years he has published and presented extensively (over 100 conference papers, research reports, monographs, book chapters, and refereed journal articles) on topics including: program and outcome evaluation, child well-being, funding models for child welfare systems, domestic and sexual violence, task analyses and workforce issues, professional training and education of child welfare workers, child welfare performance measures, family group decision making, child maltreatment fatalities and child abuse prevention.

MELISSA RADEY



Florida State University

EMAIL

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DEGREE

PhD, MSSW, MA

TITLE

Associate Professor

RESEARCH INTERESTS

Social support among low-income families social support among child welfare populations
child welfare worker retention

CURRENT PROJECTS

Florida Study of Professionals for Safe Families

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

Dina Wilke, Lisa Schelbe, Philip Osteen at the FSU College of Social Work

SHORT BIO

Dr. Melissa Radey is an Associate Professor in the College of Social Work at Florida State University. She is a Faculty Affiliate with the Florida Institute for Child Welfare and is an emerging child welfare scholar, particularly using both multilevel modeling and qualitative research to inform child welfare policies and practices. Dr. Radey is the co-Principal Investigator for the Florida Study of Professionals for Safe Families. In addition to examining the challenges faced by parenting youth in and aging out of the foster care system, her current work examines social support among vulnerable populations, including low-income families as well as stakeholders across the child welfare system.

KAREN RANDOLPH



Florida State University

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DEGREE

PhD, MSW, BSW

TITLE

Agnes Flaherty Stoops Professor in Child Welfare

RESEARCH INTERESTS

Child welfare; Evaluation research methods

CURRENT PROJECTS

Use of evidence-based knowledge in child welfare practice; Evidence-based parenting interventions; Child welfare workforce recruitment and retention; Youth aging out of care

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

I am currently collaborating with Dr. Dina Wilke (The Florida Study of Professionals for Safe Families Study); Dr. Mary Kay Falconer, Ounce of Prevention Fund of Florida (Evidence-based parenting interventions); and Dr. Heather Thompson, Florida Atlantic University and Dr. Lisa Schelbe, Florida State University (Youth aging out of care)

SHORT BIO

Karen A. Randolph is the Agnes Flaherty Stoops Professor at the FSU College of Social Work. Dr. Randolph's areas of interest are child welfare and evaluation research methods. Her current projects include studies on: 1) the use of evidence-based knowledge in child welfare practice, and 2) child welfare workforce recruitment and retention, *The Florida Study of Professionals for Safe Families Study*. She is lead author of the book entitled, *Basic Statistics in Multivariate Analysis*, as a part of the *Pocket Guides to Social Work Research Methods*, published by Oxford University Press.

LISA RAPP-MCCALL



Saint Leo University

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DEGREE

PhD, MSW

TITLE

Professor - Graduate Social Work, Research Associate
Maribeth Durst Applied Research Institute

RESEARCH INTERESTS

Violence towards children/youth and by children/youth; Prevention

CURRENT PROJECTS

Early Childhood Court - A Case Study; Evaluating teaching; Effectiveness: What do student and faculty say?; Evaluation of de-escalate training; Program evaluation at Oglethorpe Inc.

SHORT BIO

Dr. Lisa Rapp received her MSW degree in Social Work from the University of Buffalo and worked as a Psychiatric Social Worker in the areas of domestic violence, children and adolescent psychiatric inpatient units and outpatient clinics and in the Juvenile Justice system. She earned her PhD in Social Welfare in 1999 at the University of Buffalo and has taught at the University of Nevada Las Vegas, the University of South Florida and currently at Saint Leo University. Dr. Rapp was Co-PI of the Prodigy Cultural Arts Prevention Program. She has conducted numerous program evaluations, focus groups, and written grants and reports for profit and not-for-profit agencies. Her research expertise includes: juvenile crime and violence, child abuse, and prevention, as well as program evaluation. She is a Research Associate in the Maribeth Durst Applied Research Institute at Saint Leo University.

MITCH ROSENWALD



Barry University

EMAIL

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DEGREE

PhD

TITLE

Professor/Interim PhD Director

RESEARCH INTERESTS

Supporting housing and child welfare; LGBT service delivery in child welfare; Youth transitioning from foster care

CURRENT PROJECTS

Children's Bureau - Co-Evaluator; Partnerships to demonstrate the effectiveness of supportive housing for families in the child welfare system; HEART Alliance for Sustainable Families (2012-2017)

SHORT BIO

Dr. Rosenwald is originally from Maryland and has taught at Barry University for the past 10 years. He served as the Title IV-E Coordinator as well as currently serve as the Interim PhD Director. His child welfare experience includes conducting investigations, serving as a Guardian ad Litem, and facilitating group work (foster children, adoption children, triad members). Dr. Rosenwald has a book on foster care/kinship care and has published a number of journal articles on child welfare spanning from LGBT-competent child welfare practice to youth transitioning from care, and strengthening research capacity in child welfare agencies.

ALISON SALLOUM



University of South Florida

EMAIL

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DEGREE

PhD, LCSW, MSW

TITLE

Associate Professor

RESEARCH INTERESTS

Treatment of childhood trauma, loss, and anxiety; Child welfare-worker burnout; Secondary trauma and self-care barriers/access to treatment

CURRENT PROJECTS

2015-2019 National Institute of Mental Health [1R01MH107522-01]

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

Principle investigator for *Stepped Care for Children after Trauma: Optimizing Treatment*. The purpose of the study is to examine how to optimize the efficiency (e.g., via matching children to appropriate treatment dosage at baseline, utilizing second-stage tailoring variables, and identifying mechanisms of change) and cost-effectiveness of Stepped Care TF-CBT.

SHORT BIO

Alison Salloum, PhD, LCSW is an Associate Professor at the University of South Florida, School of Social Work in the United States and she has a joint appointment in the Department of Pediatrics. She received her MSW and PhD from Tulane University School of Social Work. Dr. Salloum's primary research interest is on the treatment of childhood trauma. She is specifically interested in examining psychosocial interventions for young children, children, adolescents, and their families who have been exposed to various types of traumatic events such as violence, disasters, and death. Currently, Dr. Salloum is the principal investigator on a four-year National Institute of Mental Health R01 grant to examine how to optimize the efficiency (e.g., via matching children to appropriate treatment dosage at baseline, utilizing second-stage tailoring variables, and identifying mechanisms of change) and cost-effectiveness of Stepped Care Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

LISA SCHELBE



Florida State University

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DEGREE

PhD

TITLE

Assistant Professor

RESEARCH INTERESTS

Youth aging out of the child welfare system; Youth aging out who are parenting; Intergenerational transmission of child maltreatment; Qualitative methods

CURRENT PROJECTS

Youth aging out; Youth aging out who are parenting; Evaluation of a medication therapy management program

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

Projects with FICW Affiliates: Drs. Melissa Radey, Shamra Boel-Studt, Jeffrey Lacasse, Karen Randolph & Dina Wilke. Projects with faculty at FSU College of Medicine, College of Human Sciences, and College of Education. Projects with faculty at University of Illinois at Chicago, University of Montana, Wayne State University, and University of Washington

SHORT BIO

Dr. Schelbe serves as a co-Editor-in-Chief of the Child and Adolescent Social Work Journal. Dr. Schelbe received a Doris Duke Fellowship for the Promotion of Child Well-Being in 2011-2013. She earned her doctorate from the University of Pittsburgh in 2013 and her MSW from Washington University in 2001. Dr. Schelbe's primary research interest focuses on youth aging out of the child welfare system. She is interested in the experiences of youth as they transition out of the child welfare system and into adulthood. An additional focus of Dr. Schelbe's research is the intergenerational transmission of child maltreatment.

DIANE SCOTT



University of West Florida

EMAIL

dscott2@uwf.edu

DEGREE

PhD, MSW

TITLE

Associate Dean and Professor

RESEARCH INTERESTS

Child welfare; Veterans; Program evaluation

CURRENT PROJECTS

Evaluation of community partnership school; Evaluation of veteran's court

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

Dr. Joseph Herzog and Dr. Frank Ferdik- veteran's court; UCF- community school evaluation and partnership.

SHORT BIO

Dr. Scott conducted research involving Virginia law enforcement and judicial system responses to domestic violence following the passage of legislation requiring mandatory arrest in the state. She also conducted research with the Santa Rosa County and Escambia County Courts for Dependency Court outcomes and a Unified Court responding to domestic violence cases. Dr. Scott has six published journal articles related to court or law enforcement processes and has collaborated with the Department of Criminal Justice on these research projects and subsequent publications. Dr. Scott has co-authored two publications related to child welfare and food insecurity and also has extensive practice experience and research involving military populations. Dr. Scott was Co-PI on a \$650,000 grant from the Department of Education entitled "Hometown Heroes" which included development of a training program for paraprofessionals who assist veterans in obtaining mental health, substance abuse, housing, medical, and other benefits for which they are entitled. Dr. Scott is lead author or co-author for three journal articles, one book chapter, and a book "Social Work with Military Populations". Prior to entering academia, Dr. Scott was a clinical social worker in Department of Defense social service agencies serving military personnel and their families.

JENNIFER SPAULDING-GIVENS



University of North Florida

EMAIL

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DEGREE

PhD, MSW

TITLE

Assistant Professor of Social Work

RESEARCH INTERESTS

Person-centered community-based mental health policy and service delivery

CURRENT PROJECTS

Conducting research related to self-directed care for individuals diagnosed with severe and persistent mental illness

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

Projects with faculty at Florida State University, Colorado State University, and the University of North Florida

SHORT BIO

Dr. Jennifer Spaulding-Givens earned her PhD in Social Work as well as a MSW with a concentration in Social Policy and Administration from Florida State University. Prior to joining the UNF Faculty in 2006, she served as the Operations Coordinator of Florida Self-Directed Care, a public mental health program for adults diagnosed with a severe and persistent mental illness.

JULIE STEEN



University of Central Florida

EMAIL

julie.steen@ucf.edu

DEGREE

PhD, MSW

TITLE

Associate Professor

RESEARCH INTERESTS

Child welfare organizations and policies

CURRENT PROJECTS

Evaluation of Florida's Child Abuse Prevention Campaign

SHORT BIO

Dr. Julie Steen is Associate Professor at the University of Central Florida, School of Social Work. Her research focuses on child welfare organizations and policies. She has published in such journals as *Child Abuse & Neglect*, *Children and Youth Services Review*, and the *Journal of Public Child Welfare*. In addition, she has presented her work at the International Congress of the International Society for the Prevention of Child Abuse and Neglect, the Joint World Conference for Social Work and Social Development, and the annual conferences of the Council on Social Work Education and the Society for Social Work and Research. Prior to her academic career, she served as a trainer, lobbyist, and crisis counselor in the field of child welfare.

BARBARA THOMLISON



Florida International University

EMAIL

barbarathomlison@yahoo.com

DEGREE

PhD

TITLE

Professor of Social Work

RESEARCH INTERESTS

Child welfare; Foster care; Treatment foster care; Family reunification; Family contact and visitation; Children's mental health; Evidence-based child welfare practices; Resilience; Family centered practice; Maltreatment interventions; Parenting programs

CURRENT PROJECTS

Parenting and substance abuse; Parenting of children with disabilities; Foster parent training family contact

SHORT BIO

Dr. Barbara Thomlison is a professor in the School of Social Work and Director of the Institute for Children and Families at Risk. She teaches advanced clinical practice and family intervention courses in the graduate program. Dr. Thomlison's extensive publications include articles, chapters and books in the areas of child maltreatment interventions, parenting for effectiveness, family assessment, risk and resilience, foster care, APA style format and evidence based internships, forensic assessment and intervention in child sexual abuse, and designing evidence-based intervention search strategies. Dr. Thomlison is actively involved as a board member in local and national child welfare, foster care and family service organizations.

HEATHER THOMPSON



Florida Atlantic University

EMAIL

hthompson@fau.edu

DEGREE

PhD, MSW

TITLE

Assistant Professor

RESEARCH INTERESTS

Child welfare; Specifically identifying protective factors for adolescents in long-term foster care; Identifying best practices for child welfare professionals.

CURRENT PROJECTS

Building a needs-based curriculum for child welfare therapists; Ecological perspective of professionals in the child welfare system; Network analysis of prevention and service delivery sectors in child welfare

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

Dr. Thompson currently collaborates with other faculty within the Phyllis and Harvey Sandler School of Social Work at Florida Atlantic University, as well as collaborating with community members. Additionally, Dr. Thompson collaborates with other faculty at Florida State University, University of Tennessee at Chattanooga and University of Iowa.

SHORT BIO

Dr. Thompson earned her PhD in Marriage and Family Therapy and MSW in Social Work from the Florida State University in Tallahassee. She years of experience in the child welfare system in Florida, working in a range of roles from front line staff to an administrator at the lead child welfare agency of North Florida. Additionally, as a Licensed Clinical Social Worker, Dr. Thompson has provided counseling services, including individual, couple and family counseling, as well as parenting interventions to at-risk families involved in the foster care and juvenile justice systems. Her area of research expertise is in child welfare, specifically identifying protective factors for adolescents in long-term foster care. Her secondary area of research focuses on identifying best practices for child welfare professionals.

DINA WILKE



Florida State University

EMAIL

dwilke@fsu.edu

DEGREE

PhD, MSW

TITLE

Associate Professor

RESEARCH INTERESTS

Professional training and development; Child welfare workforce turnover and retention; Online social work education; Intimate partner violence

CURRENT PROJECTS

Principal Investigator - Florida Study of Professionals for Safe Families (FSPSF)

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

Projects with other FICW affiliates: Melissa Radey, Philip Osteen, Karen Randolph, and Lisa Schelbe - all from Florida State University.

SHORT BIO

Dr. Wilke's research focuses on professional training/development and intimate partner violence. She is the Principal Investigator for the Florida Study of Professionals for Safe Families, a 5-year study of newly hired employees into child welfare workforce. This statewide study is designed to explore retention and turnover. Dr. Wilke received her PhD from the University of Wisconsin-Madison and her MSW from the University of Wisconsin-Milwaukee. Her clinical experience focused on adolescent and young adult substance abuse intervention.

BONNIE YEGIDIS



University of Central Florida

EMAIL

bonnie.yegidis@ucf.edu

DEGREE

PhD, MSW

TITLE

Professor and Director, School of Social Work

RESEARCH INTERESTS

Child abuse; Domestic violence

CURRENT PROJECTS

Community resiliency following terrorist attacks; Trauma

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

State of Florida, Department of Children and Families

SHORT BIO

Dr. Yegidis earned her MSW from West Virginia University and PhD in curriculum and instruction (concentration in measurement and evaluation) from the University of South Florida. She is currently the director of the School of Social Work at the University of Central Florida and previously served as professor and director of the School of Social Work at the University of South Florida. She has held leadership positions at the University of Tennessee in Knoxville, Florida Gulf Coast University in Fort Myers and University of Georgia in Athens as well. During her faculty career, Yegidis has taught in the areas of social work education; international education; women's mental health; research methods; program development and evaluation; social measurement; and administration across systems, programs and levels. In addition, she is certified as a family mediator by the Florida Supreme Court.

RESEARCH AFFILIATES

The Florida Institute for Child Welfare continues to establish new partnerships and strengthen existing relationships with researchers and policymakers to improve safety, permanency, and well-being outcomes for families in the child welfare system. The Institute expanded the faculty affiliate network to include researchers who have expertise in areas related to the vulnerabilities of at-risk families in order to create an interdisciplinary approach to research.



HEATHER AGAZZI



USF Department of Pediatrics

EMAIL

hcurtiss@health.usf.edu

DEGREE

PhD, ABPP

TITLE

Assistant Professor and Psychologist

RESEARCH INTERESTS

Early identification and treatment of Autism Spectrum Disorders; Behavioral interventions for children with challenging behavior and developmental disability; Health disparities in accessing mental health services for Hispanic and Latino families.

SHORT BIO

Dr. Agazzi is a bilingual (Spanish) pediatric psychologist specializing in infant, toddler, early childhood assessment and diagnosis of developmental disabilities and Autism Spectrum Disorders. Dr. Agazzi also provides behavioral interventions for young children with challenging behaviors and has clinical expertise in pediatric feeding disorders. She also teaches a group-delivered parent training program (Helping Our Children, Developing Our Children's Skills; HOT DOCS).

PATTY BABCOCK



FSU College of Medicine

EMAIL

pbabcock@fsu.edu

DEGREE

PhD, MSW

TITLE

Co-Director, Center for Behavioral Health Integration

RESEARCH INTERESTS

Child welfare; Domestic violence; Family social work and research methods

SHORT BIO

Dr. Babcock is a licensed clinical social worker with over 15 years of leadership and practice experience treating behavioral health related issues in clinical and home-based settings. She also has significant experience with Florida's Medicaid coding and billing structure and has acted as a consultant for both large and small-scale behavioral health provider agencies across the state. Dr. Babcock joined the FSU College of Medicine faculty in June 2016 and is the Co-Director of the Center for Behavioral Health Integration. She served as the Interim Director at the Florida Institute for Child Welfare at FSU prior to joining the faculty at the College of Medicine. While at the Institute Dr. Babcock served on the Advisory Board for the legislatively mandated Results Oriented Accountability, Data Analytics and Critical Incident Rapid Response Team initiatives and was responsible for the oversight of multiple research projects across the state.

MARY KAY FALCONER



The Ounce of Prevention Fund of Florida

EMAIL

mfalconer@ounce.org

DEGREE

PhD

TITLE

Senior Evaluator
Research, Evaluation and Systems

RESEARCH INTERESTS

Child welfare; Prevention of child abuse and neglect

CURRENT PROJECTS

Evaluation of Early Childhood Court programs in Escambia and Okaloosa counties; Evaluation of a Mental Health Enhancement Pilot in Healthy Families Florida Healthy Families Florida Outcome Measurement

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

Dr. Glenn Rohrer at the University of West Florida; Dr. Karen Randolph at Florida State University

SHORT BIO

Dr. Mary Kay Falconer has been a senior evaluator with the Ounce of Prevention Fund of Florida since July 1, 2003. In addition to developing proposals for new research initiatives, Dr. Falconer has conducted evaluation research for Healthy Families Florida, Florida's Circle of Parents, Florida's campaigns to prevent child abuse and neglect, family centered practice in Florida's child welfare system, implementation of the Safety Methodology, early childhood courts, and community collaborations that promote coordination between early childhood learning and child welfare in order to better serve young children in foster care. She has studied the evolution of several evidence-based continuums and conducted research consistent with the methodological requirements on evidence-based continuums. She has taught program evaluation courses at Florida State University and has been a guest lecturer on program evaluation. In her previous employment, she was a research associate and director at the Institute for Health and Human Services Research in the College of Social Work at Florida State University.

MARTIE GILLEN

University of Florida

EMAIL

mgillen@ufl.edu

DEGREE

PhD, MBA

TITLE

Associate Professor

RESEARCH INTERESTS

Behavioral economics; Personality traits; Family finance; Foster care; Trauma; Older adults; Social security; Poverty; Financial social work; Food security

CURRENT PROJECTS

Working with Adverse Childhood Experiences (ACEs) data and Health and Retirement Study (HRS) data

SHORT BIO

Dr. Gillen is an Associate Professor and Extension Specialist for the Department of Family, Youth, and Community Sciences, in the Institute for Food and Agricultural Sciences at the University of Florida. She has been a foster mom for three years and has welcomed nine children in to her home, some for a few days, some for months, some for years, and one for forever through adoption.

MIMI GRAHAM



FSU Center for Prevention & Early Intervention Policy

EMAIL

mgraham@fsu.edu

DEGREE

EdD

TITLE

Director

RESEARCH INTERESTS

Inclusion programs for infants and toddlers with disabilities; Home visiting and center-based interventions for infants and toddlers

SHORT BIO

Dr. Mimi Graham has been the Director of the Florida State University Center for Prevention and Early Intervention Policy since 1993, specializing in policy, training, and special projects for vulnerable infants and toddlers including the Early Childhood Coordinating Systems (ECCS) project on Trauma & Toxic Stress and the Harris Infant Mental Health Training Institute. She is active in the statewide Trauma Informed Care Workgroup and is spearheading statewide “baby” court teams to address the trauma of young children. She is the past president and co-founder of the Florida Association for Infant Mental Health and a fellow with the Zero to Three National Center for Infants, Toddlers, and Families.

DENISE MARZULLO



Mental Health America of Northeast Florida

EMAIL

denise@mhajax.org

DEGREE

MBA, LMHC

TITLE

President and CEO

RESEARCH INTERESTS

Mental health

SHORT BIO

Denise Marzullo raises awareness, provides training on mental health and wellness, helps people navigate the system, and impacts mental health policy and legislation for the Mental Health America of Northeast Florida. Ms. Marzullo devotes a significant percentage of her time to developing and strengthening relationships with state legislators in Tallahassee and advocating for increased attention to mental health.

KIMBERLY MCGRATH



Citrus Health Network

EMAIL

kimberlym@citrushealth.com

DEGREE

PsyD

TITLE

Clinical Coordinator of Foster Care Plus

RESEARCH INTERESTS

Human trafficking; Child welfare; Mental health; Substance abuse

SHORT BIO

Dr. Kimberly McGrath is a Licensed Clinical Psychologist and the Clinical Coordinator of Foster Care services at Citrus Health Network. Citrus Health Network was founded in 1979 as a community mental health center dedicated to serving mentally ill individuals and their families and in 2004 began offering primary care in addition to mental and behavioral health services. Dr. McGrath is the founding clinician for the Citrus Helping Adolescents Negatively affected by Commercial Exploitation (CHANCE) Program, a Specialized Therapeutic Foster Care (STFC) and Community Response Team (CRT) for victims of Commercial Sexual Exploitation. The CHANCE Program addresses the emotional, social and behavioral needs of victims of human trafficking. In addition to founding and developing the CHANCE Program, Dr. McGrath is also the founding psychologist for the Treating Adolescents Coping with Trauma (TACT) program, an outpatient program for sexual offenders, victims of sexual abuse, and their families.

KAREN OEHME



FSU Institute for Family Violence Studies

EMAIL

koehme@fsu.edu

DEGREE

JD

TITLE

Director

RESEARCH INTERESTS

Intimate partner and family violence; Supervised visitation; Family law policy; Co-parenting; Law enforcement training; Trauma and resilience; LGBTQ equality policy; Sexual violence prevention; Health policy

CURRENT PROJECTS

The Clearinghouse on Supervised Visitation and large national trainings including the Law Enforcement Families Partnership, Successful Co-Parenting After Divorce, LGBTQ Family Life Project, Trauma and Resilience in Families (familyvio.csw.fsu.edu)

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

FSU Colleges of Law and Medicine, and the Department of Family and Child Sciences. Collaboration with the University of Michigan, Windsor University (Canada), University of Kansas, University of Florida (Trauma One - Jacksonville), University of North Carolina (Charlotte) and others

SHORT BIO

Karen Oehme has been the Director of the FSU Institute for Family Violence Studies (IVS) since 2007, having first served as the Director of the Clearinghouse on Supervised Visitation (within the Institute) beginning in 1998. Previous jobs include the Guardian ad Litem Program of the 2nd Judicial Circuit and Legal Services of North Florida Inc. Her goals at the IVS are to conduct rigorous research, build comprehensive national training, and develop and promote sound public policy to support healthy families, and eliminate all forms of family violence.

KIMBERLY RENK



UCF Department of Psychology

EMAIL

kimberly.renk@ucf.edu

DEGREE

PhD

TITLE

Associate Professor

RESEARCH INTERESTS

Understanding Children and Families Laboratory; Child welfare; Mental health

SHORT BIO

Dr. Kimberly Renk joined the faculty at the University of Central Florida in Fall 2000 after completing her PhD in Clinical Psychology at the University of South Florida in Tampa, Florida. Prior to her doctoral degree, she earned a Bachelor's degree in Psychology at the University of Illinois in Champaign-Urbana, Illinois, and a Master's degree in Clinical Psychology at Illinois State University in Bloomington-Normal, Illinois. Throughout the course of her educational endeavors, Dr. Renk gained both general training experiences in Clinical Psychology as well as specialty training experiences in Clinical Child and Pediatric Psychology. Nonetheless, her work has been most heavily influenced by the specialized Infant Mental Health Fellowship training that she received while completing her Predoctoral Internship at Louisiana State University Health Sciences Center in New Orleans, Louisiana. Accordingly, Dr. Renk's research clinic and laboratory, Understanding Young Children and Families, provides a forum for investigating a variety of Infant Mental Health-related issues, for providing evidence-based and trauma-informed services to families with young children who are 6-years of age and younger (e.g., Circle of Security-Parenting, Child-Parent Psychotherapy), and for building community partnerships meant to better serve high-risk families and their young children in Central Florida. Dr. Renk has built a variety of community partnerships through her work, including connections with the Florida Association of Infant Mental Health, the Florida State University's Center for Prevention and Early Intervention Policy, Nemours Children's Hospital, Aspire/Center for Drug-Free Living, Community Based Care of Central Florida, and Florida's Ninth Judicial Circuit.

TERRY RHODES



The Ounce of Prevention Fund of Florida

EMAIL

trhodes@ounce.org

DEGREE

D.Min

TITLE

Director of Research, Evaluation & Systems

RESEARCH INTERESTS

Child welfare; Maternal child health; Developmental disabilities; Child literacy; Healthcare access for the uninsured and underinsured

SHORT BIO

Dr. Terry J. Rhodes is the Director of the Research, Evaluation, and Systems Unit at The Ounce of Prevention Fund of Florida. Founded in 1989, the Ounce of Prevention Fund of Florida is recognized as a leader in prevention, committed to public/private partnerships, credible research, ongoing evaluation, and fiscal accountability. The Ounce of Prevention Fund partners with foundations, local non-profit organizations and governmental entities to fund and evaluate innovative, community-based programs that serve at-risk children and their families, benefiting Florida's children, families and communities.

As a function of the expanding capacity of the Ounce of Prevention Fund, Dr. Rhodes established the evaluation unit in January 2001. The Research, Evaluation, and Systems Unit conducts research and evaluation and develops information management systems to support program management and evaluation.

Dr. Rhodes has extensive senior management experience in non-profit faith-based and social service organizations. He received his Bachelor of Arts in Sociology and Religion from Stetson University and his Master of Divinity and Doctor of Ministry degrees from Southern Baptist Theological Seminary. He served 15 years on the Board of Trustees for Stetson University and is a member of both the Southeastern Evaluation Association (SEA), where he served on the SEA Board of Directors and as the Non-Profit Sector Representative, and the American Evaluation Association. He has also presented at numerous Southeastern Evaluation Association events.

TERI SAUNDERS



Heartland for Children

EMAIL

tsaunder@heartlandforchildren.org

DEGREE

MS

TITLE

CEO

RESEARCH INTERESTS

Application of data analytics in child welfare; Treatment of complex developmental trauma; Utilizing implementation science in child welfare; Personal characteristics associated with outstanding child welfare case management

CURRENT PROJECTS

Developing analytical models to predict timely permanency and re-entry into child welfare; Becoming a trauma-integrated child welfare system

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

Participated in the Child Welfare League of America's research delegation to Cuba in 2015; Worked in partnership with faculty at Southeastern University to implement an evidence-based teen pregnancy prevention program; Served on the Warner University Social Work advisory board.

SHORT BIO

Teri Saunders currently serves as the CEO of Heartland for Children and has been in this role for nine years. Previous work experience includes Executive Director of Children's Home Society of Florida's Gulf Coast Division and nine years as a Faculty in Research at the University of South Florida, Florida Mental Health Institute (FMHI). While at FMHI, She oversaw a program evaluation and outcome assessment project for state funded mental health and substance abuse programs and a privately funded longitudinal study of individuals diagnosed with schizophrenia. She is passionate about continuing to improve the quality of child welfare services and our local system of care.

ANDRY SWEET



Children's Home Society

EMAIL

andry.sweet@chsfl.org

DEGREE

MS

TITLE

Chief Strategy Officer and Chief of Staff

SHORT BIO

Andry Sweet is the Chief of Staff and Chief Strategy Officer at Children's Home Society of Florida. She has nearly 20 years of experience in child welfare and behavioral health, specializing in contract management, systems evaluation, and process improvements designed to provide comprehensive and innovative services to Florida's children and families. She played a pivotal role in designing child behavior assessments that are now required for use by the Florida Department of Children and Families. Ms. Sweet first joined Children's Home Society of Florida as an executive director in 2000.

INSTITUTE STAFF

The Florida Institute for Child Welfare consists of a talented team of individuals from diverse backgrounds. Their expertise is instrumental to achieving the Institute's mission and its vision.

MISSION

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

VISION

To provide nationally acclaimed child welfare research, training services, and policy and practice implementation guidance with our partner organizations in support of the children and families in Florida's child welfare system.

ALINA BACHMANN



EMAIL

abachmann@fsu.edu

DEGREE

BFA Studio Art

TITLE

Publication Graphic Artist

CURRENT RESPONSIBILITIES

Transforming drafts of funded and technical research reports, journal summaries, as well as data visualizations into polished formats that are then published online; designing and distributing the quarterly newsletter as well as monthly update to the Institute's email subscribers; website updates to FICW.fsu.edu; assembling the Affiliate directory

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

Design support for *A Case Manager's Toolkit for Working with Pregnant & Parenting Youth* for Heartland for Children: Layout on research briefs with Dr. Dina Wilke at Florida Study of Professionals for Safe Families (FSPSF); logo work for *Smart Start: Parenting Tools for Children with Developmental Delay, Social-Emotional Concerns, and Trauma* with Dr. Heather Agazzi at USF's Department of Pediatrics

SHORT BIO

Alina Bachmann comes from a rigorous background in art and has extended her creative talents as a graphic designer to such organizations as the Wildlife Conservation Society, 96 Elephants, Orangutan Outreach, among many others. She has found purpose in applying her artistic skill to activist campaigns, with much focus on animal welfare, however, has discovered an equal passion in issues related to child welfare. Alina operates her own art and design agency, ALINART LLC, and proudly serves as the Graphic Artist for the Institute.

DONNA BROWN



EMAIL

dbrown32311@yahoo.com

DEGREE

PhD candidate, MSW

TITLE

Research Assistant

RESEARCH INTERESTS

Foster care; Family preservation, Child sexual abuse; Evaluation

SHORT BIO

Donna Brown has worked most of her professional life in the areas of domestic violence, child abuse and foster care. For the past nine years, she has served as the Research & Prevention Consultant at the Florida Council Against Sexual Violence. In August, she will officially join the Florida Institute for Child Welfare as a Research Assistant. Donna is currently a doctoral candidate in the Florida State University College of Social Work, and her dissertation focuses on the evaluation of *Safer, Smarter Kids*, a child sexual abuse curriculum.

JAMES CLARK



EMAIL

jclark5@fsu.edu

DEGREE

PhD, MSW/LCSW, BA Sociology

TITLE

Dean and Professor

RESEARCH INTERESTS

Forensic child behavioral health; Child traumatic stress

CURRENT RESPONSIBILITIES

Building a research center for the promotion and study of children, family and communities

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

Florida Institute of Child Welfare, Florida State University Institute for Family Violence Studies, Florida State University Multidisciplinary Center, various Florida State University centers, institutes, administrators and faculty

SHORT BIO

Dr. James J. Clark, LCSW is Dean of the Florida State University College of Social Work. From 2012-2015 he served as the Director of the School of Social Work at the University of Cincinnati, and served on the faculty of the University of Kentucky from 1991-2012. During his time at UK, he co-founded the Center on Trauma & Children. He has published in the areas of forensic mental health, child traumatic stress, criminal justice, ethics and accountability, and psychobiography and the study of lives. He is a clinician, educator, and researcher. He graduated from Siena College (BA 1980), the University of Kentucky College of Social Work (MSW 1983) and the University of Chicago (PhD 1997). Dr. Clark is an affiliate of the National Child Traumatic Stress Network.

GREG NIX



EMAIL

greg.nix@gmail.com

DEGREE

MSW Candidate

TITLE

Graduate Assistant

RESEARCH INTERESTS

Aging out foster youth and transitional policies; Human trafficking; Case management practices (to be in accordance with the Congressional Law Adopt Safe Families of 1997); CPS worker welfare

CURRENT RESPONSIBILITIES

Producing article briefs for dissemination with FICW partners to better inform DCF practices and any other research related matters requested

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

Florida Department of Children and Families

SHORT BIO

Greg Nix was born in Albuquerque, NM and raised in Atlanta, GA. He graduated with a BA in Psychology from the Gustavus Adolphus College in St. Peter, Minnesota and began field work as an AmeriCorps VISTA Supervisor. Greg transitioned to a short-term shelter for foster and delinquent youth and accepted a contract position with Arizona Department of Children, Youth and Families in the Flagstaff Investigation Unit where he later transferred to the Cottonwood office in their Reunification Department. Greg also did a brief stint as a News Reporter for Sedona Red Rock News before returning home to serve as a Juvenile Probation Officer with Dekalb County in the Atlanta Metropolitan Region.

JESSICA PRYCE



EMAIL

jpryce@fsu.edu

DEGREE

PhD

TITLE

Director

RESEARCH INTERESTS

Child welfare workforce development, training and education, professional and organizational commitment, racial equity and social justice

CURRENT RESPONSIBILITIES

Results Oriented Accountability Evaluation

SHORT BIO

An alumna of the FSU College of Social Work and a Florida native, Pryce completed her MSW in 2009 and worked as a child protective investigator with DCF before transitioning to Washington, D.C. to pursue her doctorate degree from Howard University. She most recently served as the Deputy Director of the New York State Social Work Education consortium, assisting child welfare employees with Title IV-E funding that covered their graduate school tuition. She was also the principal investigator for two projects concerning statewide child welfare training evaluation and racial disparities in foster care placement in New York State.

DANIELLE RUNTSCHKE



EMAIL

druntschke@fsu.edu

DEGREE

MBA

TITLE

Administrative Specialist

CURRENT PROJECTS

Working with Affiliates and FICW staff to coordinate projects, travel, and research; Process improvements to ensure office efficiency and reduce errors.

SHORT BIO

Danielle was born in Valdez, AK and later moved to Tallahassee when she was 10 years old. After graduating high school, Danielle initially pursued a career in Cosmetology, however, quickly realized her passion resided elsewhere. She began working with the Florida Department of Health and pursued a Bachelors of Science in Business Management and a Masters in Business Administration, both from the University of Phoenix. Danielle began working at FSU in Sponsored Research Administration in 2016, and joined the Florida Institute for Child Welfare in June 2017 as its Administrative Specialist. In her free time, she loves to sing, spend time with family, and cook.

MARIANNA TUTWILER



EMAIL

mtutwiler@fsu.edu

DEGREE

MSW, MPA

TITLE

Program Director

CURRENT RESPONSIBILITIES

Work with funded researchers to finalize reports for publication and dissemination to FICW stakeholders; Oversee ad hoc assignments from DCF or Legislature; Facilitate collaborative efforts between researchers and community and state leaders, as well as seek additional funding.

SHORT BIO

Ms. Tutwiler came to the Florida Institute for Child Welfare in early 2016 to be the Program Director. Prior to this position she was with FSU's Center for Prevention and Early Intervention Policy, directing a multi-million dollar project to prepare the Young Parents Project for evaluation and to educate physicians, social workers, nurses, obstetricians, and early care coordinators that serve children and families in the child welfare system about toxic stress and increase their understanding and appreciation for infant and early childhood mental health. While working 12 years for the Lawton and Rhea Chiles Center at the University of South Florida, she was the Principal Investigator for over \$10 million of contracts and awards that addressed the needs and or evaluated the outcomes of vulnerable families. As a consultant to the Department of Health, she worked with multiple experts and wrote Florida's plan to spend \$35 million in federal monies for the Maternal Infant and Early Childhood Home Visiting Program.

MAKENNA WOODS

EMAIL

mnwoods@fsu.edu

DEGREE

PhD Candidate, MSW

TITLE

Research Assistant

RESEARCH INTERESTS

Mental health; Veterans; Suicide (intervention, prevention, epidemiology); Child welfare

CURRENT RESPONSIBILITIES

Currently Ms. Woods is working with the Florida Children and Youth Cabinet Technology Workgroup on the creation of the Early Childhood Integrated Data System (ECIDS); with the Department of Children and Families/Office of Child Welfare on Quality Assessment Standards of Foster Homes/Families in the state of Florida; and with the Florida Supreme Court on an analysis of data of DJJ citation/arrest, DOE school discipline, and Juvenile Baker Act for all 67 counties—comparing state and county information of DCF and non-DCF involved youth.

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

Collaborating with Dr. Philip Osteen at FSU on suicide prevention and intervention grants

SHORT BIO

Ms. Woods is a 24 year old doctoral candidate in the fourth year of her PhD. Her current research involves suicidal veterans and the relationship between severity of mental health symptomatology, cognitive dissonance, and help-seeking behaviors for her dissertation.

Throughout her educational pursuits at Florida State University, she has worked with the Florida Institute of Child Welfare on projects collaborating with the Florida Children and Youth Cabinet, The Office of Child Welfare, the Department of Children and Families, and the Florida chapter of the National Association of Social Workers on projects ranging from turnover rates within case management positions to retention and quality of foster homes in the state of Florida. When not conducting research with the Institute, Ms. Woods teaches statistics in the FSU College of Social Work and works a clinical position as a victim advocate for the FSU Dean of Students Department.

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DEGREE

PhD

TITLE

Data Analyst/Researcher

RESEARCH INTERESTS

Meta-Analysis; Structural equation modeling; Reliability theory; Any general data analysis techniques in the social and behavioral sciences

CURRENT RESPONSIBILITIES

Result-Oriented-Accountability (ROA).

COLLABORATION WITH OTHER UNIVERSITY FACULTY OR RESEARCH ENTITIES

Office of Child Welfare, Department of Children and Families

SHORT BIO

Dr. Ying Zhang is currently a data analyst and researcher at FICW, working on the ROA program with the Performance Management team at DCF. Prior to joining the Institute in August 2016, she worked as a database analyst at the Florida Department of Education for one year, and a visiting professor at the Measurement and Statistics program at FSU College of Education for two years.

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Appendix B: Affiliates' Contributions to the Research Field

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

- Boel-Studt, S., & Tobia, L. (2016). A review of current trends, research, and recommendations for strengthening the evidence-base and quality of residential group care. *Residential Treatment for Children and Youth, 33*, 13-35. doi: [10.1080/0886571X.2016.1175995](https://doi.org/10.1080/0886571X.2016.1175995)
- Radey, M., Schelbe, L., McWey, L. M., & Holtrop, K. (forthcoming). Me, myself, and I: Perceptions of social capital for mothers aging out of the child welfare system. *Child & Family Social Work*.
- Radey, M., Schelbe, L., McWey, L. M., Holtrop, K., & Canto, A. I. (2016). "It's really overwhelming": Parent and service provider perspectives of parents aging out of foster care. *Children and Youth Services Review, 67*, 1-10. doi: 10.1016/j.childyouth.2016.05.013
- Radey, M., Schelbe, L., Spinelli, C.L. (2017). Learning, negotiating, and surviving in child welfare: Social capitalization among recently-hired workers. *Journal of Public Child Welfare*. DOI: 10.1080/15548732.2017.1328380
- Schelbe, L., Radey, M., & Panish, L. (2017). Satisfactions and stressors experienced by recently-hired frontline child welfare workers. *Children and Youth Services Review, 78*, 56-63.
- Thompson, H.M., & Colvin, M.L. (in press). Perceived needs of therapeutic service providers in their work with families in the child welfare system. Accepted to *Child and Adolescent Social Work*.
- Wilke, D. J., Radey, M., & Langenderfer-Magruder, L. (2017). Recruitment and retention of child welfare workers in longitudinal research: Successful strategies from the Florida Study of Professionals for Safe Families. *Children and Youth Services Review, 78*, 122-128.

National Conference Papers

- Boel-Studt, S., & Huefner, J. *Group care quality standards rating scale*. Paper presented at the Association of Children's Residential Centers Annual Conference, Association of Children's Residential Centers, April 2017
- Boel-Studt, S., Bender, K., & Huenfer, J. Measuring Quality Standards in Florida's Residential Group Homes, Association of Children's Residential Centers Webinar, July 2017
- Boel-Studt, S., & Deichen, M. (accepted). *Increasing youth engagement in child welfare services using a youth-guided, incentive program*. Poster submitted to the Council on Social Work Education.
- King, E. A., Radey, M., & Schelbe, L. (forthcoming). Recently-Hired Child Welfare Worker Perceptions of Pre-Service Training. Paper presentation at the Annual Program Meeting of the Council on Social Work Education, Dallas, TX, October 2017.
- Radey, M., Miller, C, Osteen, P., Wilke, D. J., & Schelbe, L. "Thrown Right in Right Away": Voices of Recently-hired Child Protection Investigators and Case Managers. Poster presentation at the National Conference on Child Abuse and Neglect, Washington, DC, September 2016.
- Randolph, K. A., & Wilke, D. J. (forthcoming). Comparing Child Welfare Employment Experiences between Early-leavers and Those Who Remain. Paper presentation at the Annual Program Meeting of the Council on Social Work Education, Dallas, TX, October 2017.

National Conference Presentations

- Boel-Studt, S., Bender, K., Huang, H., Turner, X. (August 2017) *Quality Standards for Residential Group Care*. Paper submitted to the Child Dependency Summit, Florida Department of Children and Families, Orlando, FL.
- Osteen, P., Lacasse, J., Woods, M., Greene, R., & Frey, J.J. (April, 2017). Training youth services workers to identify, assess, and intervene when working with youth at high risk for suicide. To be presented at the American Association of Suicidology, 50th Annual Conference, Phoenix, AZ.
- Schelbe, L., Holtrop, K., Canto, A. I., McWey, L. M., Radey, M., & Montgomery, J. (September 2016). Adapting an Evidence-Based Parenting Intervention for Youth Aging Out of the Child Welfare System. Poster presented at the National Conference on Child Abuse and Neglect. New Orleans, LA.
- Schelbe, L. & Radey, M. (January 2017) Perspectives of Parents and Service Providers about Experiences Aging out of Foster Care While Parenting. Poster presented at the Society for Social Work and Research Annual Conference. New Orleans, LA.
- Wilke, D. J., Radey, M., Osteen, P., Nolan, C., King, E. A., & Miller, C. An Overview of New Hires into the Child Welfare Workforce: Results from the Florida Study of Professionals for Safe Families. Poster presentation at the National Conference on Child Abuse and Neglect, Washington, DC, September 2016.
- Wilke, D. J. & Randolph, K. A. (forthcoming). Predictors of Early Departure among Recently Hired Child Welfare Workers. Paper presentation at the Annual Program Meeting of the Council on Social Work Education, Dallas, TX, October, 2017.

Regional Conference Presentations

- Agazzi, H., Shaffer, Hudkins, E., & Salloum, A. (2017). Trauma-informed behavioral parenting in early intervention. Poster presentation presented at the 30th Annual Research and Policy Conference, Child, Adolescent, and Young Adult Behavioral Health, Tampa, FL
- Boel-Studt, S., Huang, H. (2017). Quality Standards for Residential Group Care. Presented at the DCF Child Protection Summit, Orlando, FL
- Falconer, M.K. (2017). Evaluation of Early Childhood Court Teams in Escambia and Okaloosa Counties. Presented at the DCF Child Protection Summit, Orlando, FL
- Huang, H. (2016). The Effectiveness of Service Integration: Studying the Crossover Youth Practice Model. Presented at the DCF Child Protection Summit, Orlando, FL
- Milner, M., Criss, P. (2017). Preventing Teen Pregnancy among Youth in Foster Care: Possibilities and Challenges. Presented at the DCF Child Protection Summit, Orlando, FL
- Osteen, P., Lacasse, J., Woods, M., & Greene, R. (September 2016). Training youth services workers to identify, assess, and intervene when working with youth at high risk for suicide. Presented at the DCF Child Protection Summit, Orlando, FL.
- Radey, M., Osteen, P., King, E. A., Miller, C, Panisch, L. & Wilke, D. J. "Thrown Right in Right Away": Voices of Recently-hired Child Protection Investigators and Case Managers. Paper presentation at the 2016 Child Protection Summit, Orlando, FL, September 2016.

Thompson, H.M, Colvin, M., & McClellan, J. (2016). Building a needs-based curriculum for child welfare therapist: Preliminary finds. Advanced Training: Florida Institute for Child Welfare at the annual Florida Child Protection Summit, Orlando, FL.

Thompson, H., Colvin, M. & McClellan, J. (2016). Closing knowledge gaps among therapists serving child welfare clients: A University-agency Collaboration. Presentation at the Council on Social Work Education, Atlanta, GA.

Wilke, D. J., Radey, M., Osteen, P., Nolan, C., King, E. A., & Miller, C. An Overview of New Hires into the Child Welfare Workforce: Results from the Florida Study of Professionals for Safe Families. Paper presentation at the 2016 Child Protection Summit, Orlando, FL, September 2016.

Pending work

Osteen, P.J., Lacasse, J.R., Woods, M.N., Greene, R., Frey, J.J., & Forsman, R.L. (*under review*). Assessing the need for suicide intervention gatekeeper training for adults working with at-risk youth in the child welfare system. *Children & Youth Services Review*

Radey, M., & Schelbe, L. (In press). From classroom to caseload: Transition experiences of frontline child welfare workers. *Child Welfare*

Appendix C: Validation of the ROA Measures Outcomes

Validation of the ROA Outcome Measures

Florida Statute 409.997 (1) places joint accountability on the Florida Department of Children and Families (Department), Community-Based Care (CBC) lead agencies, and their subcontractors to achieve nine (9) outcome goals stated in 409.986(2), F.S. by establishing a Child Welfare Results-Oriented Accountability Program (ROA). 409.997(2)(a), F.S., requires valid and reliable outcome measures be created and monitored for each of the goals listed in 409.986 that includes aggregate multiple variables, adequate sample sizes, authentic rather than spurious results, statistical validity of observed associations between interventions and outcomes, and longitudinal studies.

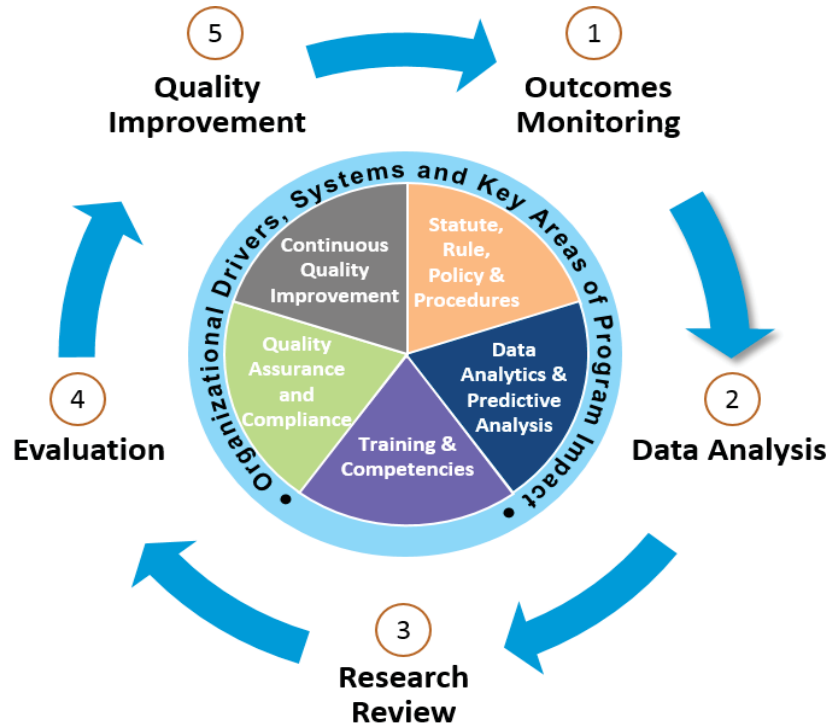


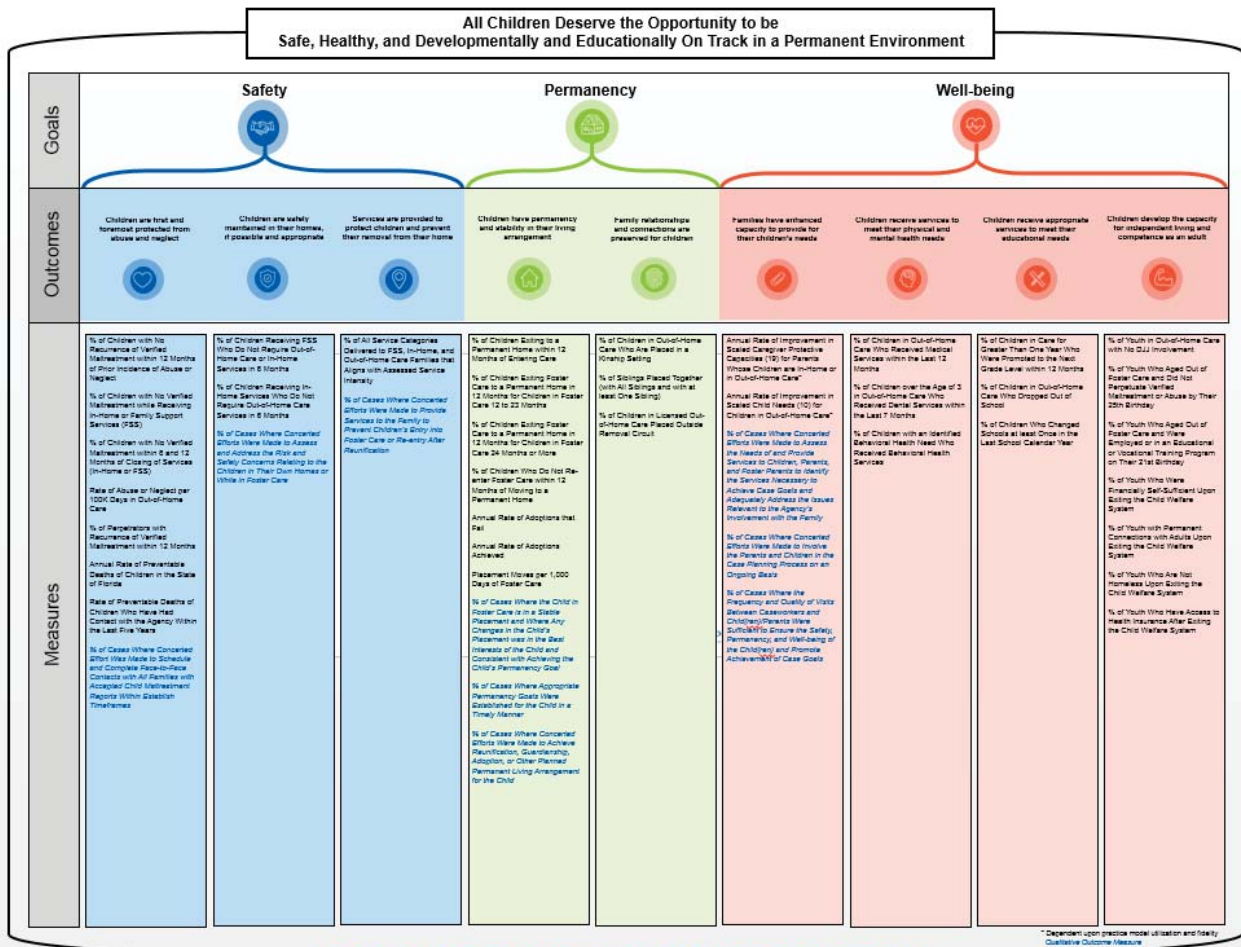
Figure 1

The Results-Oriented Accountability (ROA) Cycle of Accountability Continuous Quality Improvement (CQI) model depicted in Figure 1 was adopted from a 2010 text by Mark Testa and John Poertner,²who proposed seven criteria for evaluating the validity and integrity of a set of outcome measures:

- 1) The set of outcome measures should be understandable.
- 2) The set should contain as few measures as possible.
- 3) The costs and benefits of data collection should be considered.
- 4) The set of indicators should count all outcomes that occur as children move through the system.

² Fostering Accountability: Using Evidence to Guide and Improve Child Welfare Policy, 2010, Oxford University Press

- 5) Perverse incentives and other agency risks should be avoided.
- 6) A set of measures needs to be able to capture genuine change and avoid being susceptible to agent manipulation.
- 7) The set should include indicators that counterbalance each other.



DRAFT DOCUMENT, UPDATED 08/18/2017

Figure 2

The creation of this initial set of outcome measures (see Figure 2) is central to the implementation of ROA as required by Statute, an initiative that began in FY 2015-16 and is slated for initial implementation in FY 2019-20.

Validity Methodology

The Department's Office of Child Welfare (OCW), in collaboration with an ROA Outcome Measures Workgroup comprised of Florida child welfare stakeholders and subject matter experts, the National Capacity Center for States, and the Florida Institute for Child Welfare (FICW) at Florida State University, is taking the following approach to validate the ROA Outcome Measures as a measurement framework:

- Create an initial set of child welfare outcome measures to inform the ROA Cycle of Accountability (see Figure 2).
- Achieve Face Validity in regards to the selected levels of measurement.
- Achieve Content Validity in regards to the selected levels of measurement.
- Statistically validate the quantitative outcome measures using a Confirmatory Factor Analysis (CFA) testing approach.
- Continue to acquire Subject Matter Expertise (SME) on any face and/or content validity needs.
- Communicate to identified ROA stakeholders validation findings ongoing.

ROA Outcome Measures Workgroup (Face and Content Validity)

The ROA Outcome Measures Workgroup originally convened in August 2016. Workgroup members met four times in 2016 and once in 2017. Members included representatives from the Department, CBC lead agencies, community providers, and FICW. The members of the workgroup were selected because of their subject matter expertise related to Florida child welfare; they understand the Florida Child welfare system and are directly involved in the field. FICW representatives were on the workgroup to participate in the validation process and provide research and statistical support of the proposed measurement framework

The August meeting was led by Joe Raymond and Kerry Littlewood, PhD, through arrangement with the National Center for States Capacity Building. During that meeting, the workgroup came to consensus on focusing on four basic levels of a framework of measurement for the model: 1) Goals; 2) Outcomes provided by the Legislature in 409.986, F.S.; 3) Initial Set of Outcome Measures; and 4) Drivers that contribute to outcome measures.

In October 2016, a validation subgroup was formed led by Kerry Littlewood and Ying Zhang, PhD (FICW) to work on a face and content validation process for the outcome measures selected. The subgroup was trained on criteria of measurement quality led by Ying Zhang and validity by Kerry Littlewood. The following day, the larger workgroup met to select outcome measures to validate, and to identify drivers that impact performance. Kerry Littlewood led this effort providing standard development and measurement tools. By December 2016, a template model was developed in the form of a “placemat” visualization document.

By April 2017, the ROA Outcome Measures visualization placemat was refined to a point where the three selected levels of framework measurement (Goals, Outcomes, and Outcome Measures) was reflected on the front page and the fourth (drivers) on the back page. The drivers were largely influenced by a 2015 document published by the Annie E. Casey Foundation entitled “10 Practices: A Child Welfare Leader’s Desk Guide to Building a High-Performing Agency.” Additionally, FICW provided research that supported the inclusion of selected drivers into the placemat.

By June 30, 2017, the ROA Outcome Measures Workgroup had fulfilled its charge by developing a measurement framework of identified outcomes that achieved face and content validity in the form of a “placemat” visualization document and an ROA Outcome Measures and Practices document, which serves as a technical and support guide to the placemat.

Confirmatory Factor Analysis (CFA) Validity Testing

The Florida Institute for Child Welfare (FICW) at Florida State University is required by statute (s. 1004.615, F.S.) to assist the Department in a number of areas specific to research, evidence-based practices, evaluation, performance assessment, etc. Specific to ROA, FICW is taking the next step in validating the framework developed by the ROA Outcome Measures Workgroup. FICW is applying a Confirmatory Factor Analysis approach for this initiative.

Confirmatory Factor Analysis (CFA) is a common approach used to validate a proposed theoretical framework. It is widely used in social sciences to test the measurement of latent constructs. CFA is a type of Structural Equation Modeling (SEM), which is a group of related procedures to analyze a structure or model. SEM is a “disconfirmatory” technique in that it helps to reject false models – those with poor fit to the data – but it basically does not confirm a model when the true model is unknown. CFA is used to verify the structure of a set of observed variables towards meeting a larger construct.

Two types of variables are involved in this technique:

- **Observed (Manifest) Variables** – variables for which scores have been collected and data entered; used as indirect measures of a construct; sometimes referred to as indicators.
- **Latent (Inferred) Variables** – hypothetical constructs or factors which are not directly observable.

The outcome measures selected by the ROA Outcome Measures Workgroup are observed variables in that they are measured; someone enters data and that data is extracted, sorted, and analyzed. Confirmatory Factor Analysis identifies and relies on latent variables, which are the “goals” and “objectives/outcomes” identified within the framework.

Appendix I: Confirmatory Factor Analysis Framework for ROA

The placemat visualization itself provides a description of the theoretical framework of the measurement model for the ROA outcomes. A Confirmatory Factor Analysis approach will be used to test the fit of the current framework and to check construct validity. In this model, the ultimate goals are children’s safety, permanency, and well-being, and will be treated as the first level of outcomes. The second level outcomes are defined under each of these three general goals and each of which is measured by multiple indicators.

The following figure defines the theoretical framework of a measurement model for the safety outcome (The number of indicators in Figure 1. are for illustration purpose only. Please refer to the placemat above for the actual indicators involved). Using the Safety goal as an example, the following factor model presents the theoretical framework of the ROA outcome measures (please note: the models are based on simple correlation/covariance among the outcome indicators and measurement quality of these indicators as well).

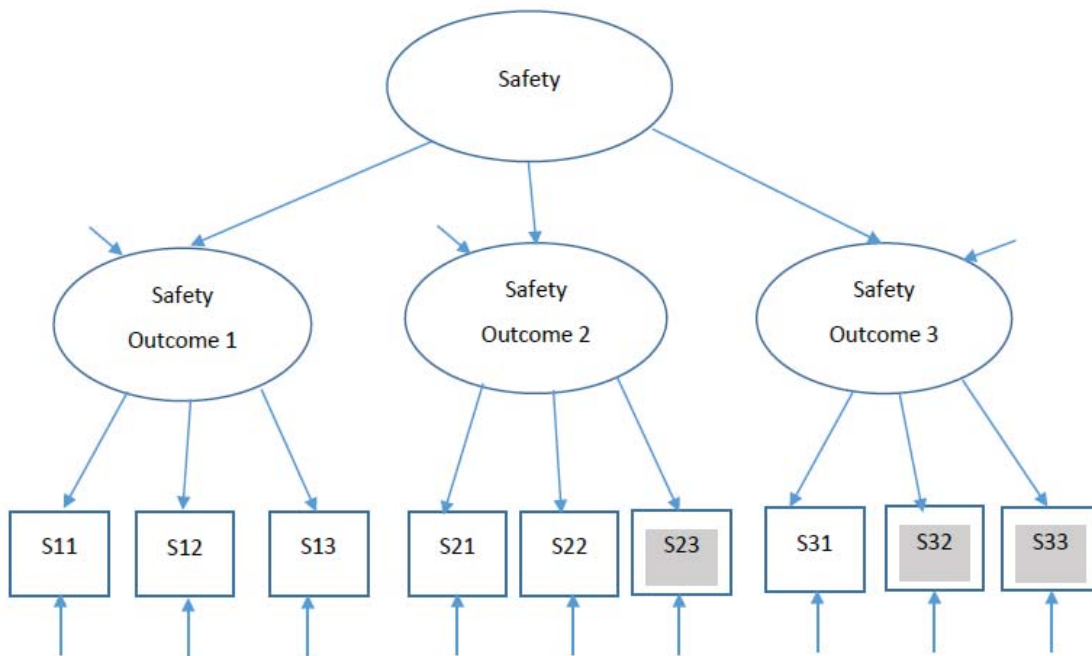


Figure 1. Theoretical measurement model for the Safety Outcome.

On the current ROA visualization, there are eight indicators under the Safety Outcome # 1 — “Children are first and foremost protected from abuse and neglect” (S11, S12, ..., S18), two quantitative indicators (S21, S22) were defined for Safety Outcome # 2 “Children are safely maintained in their homes if possible and appropriate”, and only one (S31) for the Safety Outcome #3 “Services are provided to protect children and prevent their removal from their home.”

Because only one indicator was defined for the outcome #3, this type of model may not be “identified,” meaning that it is not possible to test the model. However, multiple sub-indicators may be calculated under the measure S31, which may finally make this theoretical model “testable.” There is an ongoing

effort that the FICW staff is working with the Department and the workgroup members to solve this issue. Software will be used to generate fit indices and specific statistics to inform the fit of this model, and finally inform the decision making about the outcome measures/indicators.

For the other two outcomes Permanency and Well-being, similar CFA measurement models can be built according to the placemat visualization. Statistical model testing on these three outcomes will help to inform the measurement quality of the performance assessment system.

APPENDIX II: ROA Outcome Measures Validation Test

The Institute is taking the lead on these analyses. The purpose of this test is to check the consistency/stability and validity of the proposed outcome measures of Safety Outcome #1. **Please Note: Only partial data are currently available for some of the outcome measures, consequently the results and conclusions in this draft are all tentative and subject to change.**

Safety Outcome #1: Children are first and foremost protected from abuse and neglect.

Available data resources:

1. % of children with no recurrence of verified maltreatment is available at: <http://centerforchildwelfare.fmhi.usf.edu/Datareports/TrendReports.shtml> (select Non-Recurrence of Maltreatment Trend Report)

Note about M1: the available data are only updated to FY15-16.

2. % of children with no verified maltreatment while receiving In-Home or FSS services. *There is not an exact match for this report.*
 - a. FSFN BOE report #1110 “Children who are not abused while receiving in-home services” is available in the FSFN Reporting environment: Public Folder/OCWDRU Reports/CBC Scorecard/On-Demand Listing Reports. There is a corresponding summary report in: Public Folder/OCWDRU Reports/CBC Scorecard/On-Demand Summary Reports

Note about M2a: checked data for FY16-17, Quarter1 – Quarter 3; Logit transformation of the measure.

Updated: added data for FY15-16, Quarter1 – Quarter4; same transformations

3. % of children with no verified maltreatment within 6 or 12 months of closing in home or FSS services. *There is not an exact match for this report.*
 - a. FSFN BOE report #1116 for abuse after closure of in-home or OHC services (combined) is available in the FSFN Reporting environment: Public Folder/OCWDRU Reports/CBC Scorecard/On-Demand Listing Reports. There is a corresponding summary report in: Public Folder/OCWDRU Reports/CBC Scorecard/On-Demand Summary Reports
 - b. FSFN BOE report # 1022, “Children who are not abused after in-home services have ended” in the FSFN Reporting Environment located in: Public Reports/OCWDRU Reports/Outcomes. There is a corresponding summary report #1021.

Note about M3a: checked data for FY16-17, Quarter1 – Quarter 3; Logit transformation of the measure.

Updated: added M3a data for FY15-16, Quarter1 – Quarter4; same transformations; also added data for M3b, FY15-16, Q1 – Q4.

4. Rate of abuse per day while in OHC
 - a. FSFN BOE Report #1107, “Rate of abuse while in foster care” is a listing report that is an exact match for this measure is available in the FSFN Reporting Environment: Public Folder/OCWDRU Reports/CBC Scorecard/On-Demand Listing Reports. There is a corresponding summary report in: Public Folder/OCWDRU Reports/CBC Scorecard/On-Demand Summary Reports.

Note about M4: checked data for FY16-17, Quarter1 – Quarter 3; Analyzed using the original measure and also tried logit transformation of the measure.

Updated: added data for FY15-16, Q1 – Q4.

Measures

Four outcome measures were considered in the analyses:

M1: % of Children with no recurrence of verified maltreatment within 12 months of prior incidence of abuse or neglect.

M2a: % of Children with no verified maltreatment while receiving in-home services.

M3a: % of Children with no verified maltreatment with 6 months of closing of services in-home or out-of-home (Note that this measure includes those who are in out-of-home care, which is different from the ROA measure that only mentioned about in-home services).

M3b: % of Children with no verified maltreatment with 6 months of termination of Family Supported Services (FSS).

M4: Rate of abuse or neglect per 100K days in out-of-home care.

As stated in the available data resources section, data for Q1 to Q3 in FY16-17 were downloaded for M2a, M3a and M4. Data ended at Jan 16 and Feb 16 were checked for M1. Data from Q1 to Q4 in FY15-16 were also obtained for M2a, M3a and M4. Yearly summary data (FY15-16) were obtained for M3b (data by counties were not available for this measure).

Tentative Analyses and Results

Both M2a and M3a are percentage measures and have range restrictions (ranged from 0% to 100%), thus data transformation was applied first. Logit transformation was selected for the purpose of the analyses in this study, where all percentages (denoted as p) were transformed using equation

$$\text{logit}(\text{Measure}) = \ln\left(\frac{p}{1-p}\right).$$

Consistency of the measures.

The correlation tables below show the consistency of the measures across different time periods. As shown in last report, M4 demonstrated consistency across three quarters in FY16-17 (r 's ranged from .643 to .920). Similarly it shows consistency across four quarters in FY15-16 (r 's ranged from .795 to .934). However, there is no consistency shown across the two years (check the rectangular bock in the correlation table below). The correlation coefficients ranged from -.025 to -.155.

The data are also stratified by the level of organizations, that is, state, regions, CBCs, circuits and counties. Association among measures were checked at all levels when available.

Correlations

		M4_q1_Y1617	M4_q2_Y1617	M4_q3_Y1617	M4_q1_Y1516	M4_q2_Y1516	M4_q3_Y1516
M4_q1_	Pearson Correlation	1	.920**	.634**	-.115	-.025	.011
Y1617	Sig. (2-tailed)		.000	.000	.226	.795	.909
	N	113	113	113	112	112	113
M4_q2_	Pearson Correlation	.920**	1	.686**	-.060	-.109	-.053
Y1617	Sig. (2-tailed)	.000		.000	.529	.250	.575
	N	113	113	113	112	112	113
M4_q3_	Pearson Correlation	.634**	.686**	1	-.095	-.150	-.155
Y1617	Sig. (2-tailed)	.000	.000		.318	.113	.101
	N	113	113	113	112	112	113
M4_q1_	Pearson Correlation	-.115	-.060	-.095	1	.874**	.795**
Y1516	Sig. (2-tailed)	.226	.529	.318		.000	.000
	N	112	112	112	113	113	113
M4_q2_	Pearson Correlation	-.025	-.109	-.150	.874**	1	.934**
Y1516	Sig. (2-tailed)	.795	.250	.113	.000		.000
	N	112	112	112	113	113	113
M4_q3_	Pearson Correlation	.011	-.053	-.155	.795**	.934**	1
Y1516	Sig. (2-tailed)	.909	.575	.101	.000	.000	
	N	113	113	113	113	113	114

** . Correlation is significant at the 0.01 level (2-tailed).

The two correlation tables below show the consistency of the other two measures, M2a and M3a, across quarters within two years. We can see that there are many low correlations (highlighted in yellow), as well as some medium correlations. The lower correlations are, the less consistent the measures are. Especially for measure 2a, there is no consistency shown within FY 2016-2017. In FY 2015-2016, no consistency was observed for Q1 to Q3, however, Q4 data showed some consistency to the previous three quarters, especially with Q3.

M3a shows some consistency within FY 2015-2016, only Q2 and Q3 showed almost no association. However, for FY 2016-2017, the three quarters data were not quite consistent. Only Q1 and Q3 in FY 2016-2017 showed some relationship ($r = .252$).

Correlations

		logitM3a_q1_ Y1617	logitM3a_q2_ Y1617	logitM3a_q3_ Y1617	logitM3a_q1_ Y1516	logitM3a_q2_ Y1516	logitM3a_q3_ Y1516	logitM3a_q4_ Y1516	
logitM3a_q1_ Y1617	Pearson	1	.028	.252*	.365**	.455**	.140	.376**	2a_q4 516 .065
	Correlation								
	Sig. (2-tailed)		.810	.040	.001	.000	.241	.001	
	N	85	75	67	74	75	72	75	
logitM3a_q2_ Y1617	Pearson	.028	1	.024	.581**	.511**	.275*	.339**	.556 84 .159
	Correlation								
	Sig. (2-tailed)	.810		.848	.000	.000	.021	.004	
	N	75	84	65	73	71	70	71	
logitM3a_q3_ Y1617	Pearson	.252*	.024	1	.152	.081	.292*	.404**	.148 84 .472**
	Correlation								
	Sig. (2-tailed)	.040	.848		.226	.511	.016	.001	
	N	67	65	74	65	68	68	66	
logitM3a_q1_ Y1516	Pearson	.365**	.581**	.152	1	.610**	.210	.580**	.000 80 .232*
	Correlation								
	Sig. (2-tailed)	.001	.000	.226		.000	.079	.000	
	N	74	73	65	80	73	71	72	
logitM3a_q2_ Y1516	Pearson	.455**	.511**	.081	.610**	1	.026	.377**	.037 81 .297**
	Correlation								
	Sig. (2-tailed)	.000	.000	.511	.000		.829	.001	
	N	75	71	68	73	81	74	70	
logitM3a_q3_ Y1516	Pearson	.140	.275*	.292*	.210	.026	1	.402**	.006 83 .425**
	Correlation								
	Sig. (2-tailed)	.241	.021	.016	.079	.829		.001	
	N	72	70	68	71	74	77	70	
logitM3a_q4_ Y1516	Pearson	.376**	.339**	.404**	.580**	.377**	.402**	1	.000 83 1
	Correlation								
	Sig. (2-tailed)	.001	.004	.001	.000	.001	.001		
	N	75	71	66	72	70	70	79	

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

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*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Correlations among Measures

Correlations among different measures show how related the measures are. High correlations among different measures usually indicate that the measures are measuring something in common, while low correlations are indications of lack of association among the measures. In a measurement system where the 'outcomes' or 'goals' are not measured directly, different indicators are used to measure these 'constructs'. Thus, a valid measurement system requires that the indicators have moderate to high correlations among them.

Below are a few correlation tables, between M2a and M3a at different time period. Unfortunately, very low to medium correlations were observed for these two measures. Because the two measures observed here are not exact match of the measures defined on the ROA placemat visualization, further analyses should be conducted to test these associations (This conclusion was not changed from last report). Extremely low correlation coefficients were highlighted in yellow.

		Correlations			
		logitM2a_q1_ Y1617	logitM3a_q1_ Y1617	logitM2a_q1_ Y1516	logitM3a_q1_ Y1516
logitM2a_q1_ Y1617	Pearson Correlation	1	.257*	.253*	.009
	Sig. (2-tailed)		.019	.021	.937
	N	93	83	83	78
logitM3a_q1_ Y1617	Pearson Correlation	.257*	1	.157	.365**
	Sig. (2-tailed)	.019		.165	.001
	N	83	85	80	74
logitM2a_q1_ Y1516	Pearson Correlation	.253*	.157	1	.286*
	Sig. (2-tailed)	.021	.165		.011
	N	83	80	86	79
logitM3a_q1_ Y1516	Pearson Correlation	.009	.365**	.286*	1
	Sig. (2-tailed)	.937	.001	.011	
	N	78	74	79	80

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Correlations

		logitM2a_q2_ Y1617	logitM3a_q2_ Y1617	logitM2a_q2_ Y1516	logitM3a_q2_ Y1516
logitM2a_q2_ Y1617	Pearson Correlation	1	.005	-.076	.214
	Sig. (2-tailed)		.967	.482	.059
	N	93	79	88	79
logitM3a_q2_ Y1617	Pearson Correlation	.005	1	.281*	.511**
	Sig. (2-tailed)	.967		.013	.000
	N	79	84	77	71
logitM2a_q2_ Y1516	Pearson Correlation	-.076	.281*	1	-.048
	Sig. (2-tailed)	.482	.013		.677
	N	88	77	91	77
logitM3a_q2_ Y1516	Pearson Correlation	.214	.511**	-.048	1
	Sig. (2-tailed)	.059	.000	.677	
	N	79	71	77	81

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Correlations

		logitM2a_q3_ Y1617	logitM3a_q3_ Y1617	logitM2a_q3_ Y1516	logitM3a_q3_ Y1516
logitM2a_q3_ Y1617	Pearson Correlation	1	.229	.281*	.138
	Sig. (2-tailed)		.058	.011	.243
	N	87	69	80	73
logitM3a_q3_ Y1617	Pearson Correlation	.229	1	-.027	.292*
	Sig. (2-tailed)	.058		.824	.016
	N	69	74	69	68
logitM2a_q3_ Y1516	Pearson Correlation	.281*	-.027	1	.124
	Sig. (2-tailed)	.011	.824		.298
	N	80	69	89	73
logitM3a_q3_ Y1516	Pearson Correlation	.138	.292*	.124	1
	Sig. (2-tailed)	.243	.016	.298	
	N	73	68	73	77

*. Correlation is significant at the 0.05 level (2-tailed).

One added measure, M3b, was checked against M1 to see how they correlate with each other. The reason to do this was that only yearly summary data were obtained for this measure (FY 2015-2016). Meanwhile, data for the same time period were obtained for M1. Both were transformed to show the

association. The table below shows that there was a medium and statistically significant correlation between these two measures ($r = .426$).

Correlations

		LogitM1_Y1516	LogitM3b_Y1516
LogitM1_Y1516	Pearson Correlation	1	.426**
	Sig. (2-tailed)		.006
	N	87	40
LogitM3b_Y1516	Pearson Correlation	.426**	1
	Sig. (2-tailed)	.006	
	N	40	40

** . Correlation is significant at the 0.01 level (2-tailed).

Note: the correlations above were based on all levels of organizations. Separate correlation tables show similar patterns.

Next Steps

Currently, the following steps are taking place to continue and finalize the validity testing:

- The OCW Performance and Quality Management Unit (PQMU) is conducting an inventory of what current FSFN reports are available to provide data on the outcome measures listed on the placemat visualization.
- The ROA Outcome Measures Workgroup will convene in late October to create the algorithms needed for additional FSFN reports to support outcome measures analysis.
- OCW and FICW will collaborate on a Data Sharing Agreement (DSA) for this initiative. Section 2A of the Agency Agreement with FICW dated 10/06/2014 directs the DSA. Included in the DSA is needed language on where the data tables would reside for FICW access and analysis.

Appendix D: FICW Dissemination Publications

WORKFORCE



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

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

Issue

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

Findings

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

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

Implications

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

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

WORKFORCE



The Influence of Job Satisfaction on Child Welfare Worker's Desire to Stay: An Examination of the Interaction Effect of Self-Efficacy and Supportive Supervision

Chen, S. Y., & Scannapieco, M. (2010). The influence of job satisfaction on child welfare worker's desire to stay: An examination of the interaction effect of self-efficacy and supportive supervision. *Children and Youth Services Review, 32*(4), 482-486.

Issue

Due to significant staff turnover, the child welfare workforce may be comprised of new and inexperienced workers. Training, enhanced supervision, and professional incentives are all strategies used to improve worker satisfaction and retention. Finding effective solutions for staff retention is paramount as turnover can lead to disruption of the continuity and quality of care for children and increased costs for agencies for recruitment and training. Although improving job satisfaction is adopted by many agencies as a solution to encourage workers to stay, little is known whether its effect remains under the influence of certain psychosocial factors of workers.

Findings

This article examines the effect of job satisfaction through the exploration of the interaction effect between job satisfaction and two important psychosocial correlates which have been discussed in the literature: workers' work-related self-efficacy and supervisory support. The authors investigated the question of how much and what type of supervision is needed to increase retention among both low and high self-efficacy workers.

Two key findings were made: 1) high self-efficacy workers were most influenced by their perception of job satisfaction; and 2) low self-efficacy workers were most influenced by supervisor support, which can lead to longer employment. The primary finding was that for low self-efficacy workers, job satisfaction alone is not sufficient for them to stay with the agency when they perceive lower support from their supervisors.

In all, the study tried to advance current knowledge of child welfare worker retention with the exploration of the interaction effects among retention relevant factors. Their findings revealed that the interaction effects did exist so that workers of different levels of work-related self-efficacy responded differently to job satisfaction and supervisors' support in terms of their desire to stay. Although improving job satisfaction was found to effectively improve worker's desire to remain in child protective services, it is only true for workers who exhibit high work-related self-efficacy. Workers who are lower in work-related self-efficacy seem to require an environment of supportive supervision to encourage them to stay. In light of the significant turnover issue in child welfare, the characteristics of the majority of child welfare staff members may be that they are new and inexperienced, therefore are more likely to exhibit lower work-related self-efficacy and need more supportive supervision.

EFFICACY	JOB SATISFACTION	SUPERVISOR SUPPORT	RETENTION INCREASED
High	X		X
Low		X	X

Implications

These findings have two implications for worker retention. First, it suggests that recruiting workers with appropriate education or encouraging workers to acquire necessary professional skills may enhance workers' work-related self-efficacy, thus improve worker's willingness to stay when agencies already have a satisfying work environment. Second, the findings suggest that supervisory support is an important factor to retain low self-efficacy workers. Compared to experienced workers, new workers have fewer years of professional experiences, hence they may be prone to exhibit lower work-related self-efficacy. Therefore, developing a good relationship between either low or high self-efficacy workers may be a foundational aspect of increasing retention within a given office or unit.

Recommendations:

1. Supervisors should take additional time to process decision-making moments, effective case management processes and to provide additional emotional support for the less experienced and less confident employees.
2. High self-efficacy workers may best be served by having a more collegial relationship with their supervisors who act more as sounding boards.
3. Supervisors should be trained to mentor and support their staff in a meaningful manner in order to increase job satisfaction and retention.

KINSHIP



Impact of Kinship Care on Behavioral Well-being for Children in Out-of-home Care

Rubin, D. M., Downes, K. J., O'Reilly, A. L. R., Mekonnen, R., Luan, X., & Localio, R. (2008). Impact of kinship care on behavioral well-being for children in out-of-home care. *Archives of Pediatrics & Adolescent Medicine*, 162(6), 550-556. doi:10.1001/archpedi.162.6.550

Issue

In 2002, an estimated 542,000 children were living with kin following the involvement of a child welfare agency which exceeded the number of children living in nonrelative foster care arrangements. The growth in kinship care is the result of a sustained effort to improve permanency for children since the Adoption and Safe Families Act of 1997. A review of the literature delineates conflicting evidence regarding the benefits and trade-offs of raising children with kin. A large body of research acknowledges the evidence, that compared with children in general foster care, children in kinship care are less likely to change placements, benefiting from increased placement stability. Placement stability is a common goal of child welfare systems and has consistently been shown to result in better outcomes for all children living in out-of-home care. The primary outcome for this study was the child's behavioral well-being at 18 and 36 months, as measured by the Child Behavior Checklist (CBCL).

Findings

For the initial placement of study subjects, 50 percent began their out-of-home care with kin. An additional 17 percent who were initially placed with non-kin were later placed with kin.

Children placed in kin foster care were found to have a lower initial risk of behavioral problems than children placed in non-kin foster care. Additionally, placement stability was greater for those children placed with kin as opposed to those placed with non-kin. Analysis of behavioral outcomes of children revealed that youth placed in kin foster care were at a 32 percent risk factor of developing significant behavioral problems. This is compared to children initially placed with non-kin foster care, who at 36 months post initial placement, were at a 46 percent risk factor of developing significant behavioral problems. Children initially placed with non-kin and subsequently moved to kin foster care were at an elevated risk of developing behavioral problems.

The primary risk factor of developing behavioral problems as reported by the study authors was initial placement—specifically with non-kin foster care. Placement with kin foster care was reported as a significant factor in preventing and/or successfully redressing any behavioral problems which arose. Youth placed with kin showed better outcomes three years post permanency achievement.

PLACEMENT	PERCENTAGE DEVELOP BEHAVIORAL PROBLEMS POST 36 MONTHS
Kin Foster Care	32%
Non-kin Foster Care	46%

Implications

This study demonstrates that for children who are removed from their home of origin, it is in their best interest to be placed with family or individuals the parents consider to be kin. For the children who were initially placed with non-kin foster providers, this type of placement increased the behavioral problems in the studied population. The study authors also found that even when a child was removed from non-kin and placed with kin, the increase in later behavioral problems was not reduced. This is indicative that placing children outside of their known comfort zone (i.e., family, neighborhood, school, etc.) has a potentially harmful effect.

The study demonstrated a protective effect of kinship care on the early behavioral outcomes of a nationally representative cohort of children entering out-of-home care. Increasing efforts to identify and obtain approval for kin to take physical custody of children removed from their family of origin are strongly implied as a best practice.

Two primary recommendations arise: 1) "streamlining" the kin placement is likely to increase the number of kin available within the system to provide a healthier and more stable placement thus reducing incidental trauma due to the exigencies of the respective cases and placing the needs of the child first; and 2) when and where kin placements are not available or viable, additional care and attention to the needs of the child are indicated to ameliorate the trauma of being placed in the care of strangers and apart from their community and comfort zone.

PERMANENCY



Predictors of Foster Care Exits to Permanency: A Competing Risks Analysis of Reunification, Guardianship, and Adoption

Akin, B. A. (2011). Predictors of foster care exits to permanency: A competing risks analysis of reunification, guardianship, and adoption. *Children and Youth Services Review*, 33(6), 999-1011. doi:10.1016/j.childyouth.2011.01.008.

Issue

Although foster care is intended to be temporary, and policy explicitly requires permanency outcomes, many children experience lengthy stays and exit foster care without a permanent family. This study sought to identify which child and placement characteristics were important predictors of exit to three types of permanency outcomes: reunification, guardianship, and adoption. Foster care is intended as an intervention of last resort that removes children from their biological parents when necessary to protect children's safety, health, and well-being. Foster care stays are supposed to be temporary and short-lived, lasting only until children can return to their own families or to an alternative family. Although nearly three decades of child welfare policy have stressed permanency, many children continue to experience lengthy foster care stays and do not exit to a permanent family.

Findings

A sample of 3,351 children who entered foster care in 2006 was observed for 30 to 42 months. Permanency outcomes were analyzed using competing risks survival analysis. Children exited foster care to different types of permanency at different rates and frequencies. Reunification occurred most quickly and frequently. Guardianship was second in terms of median duration but third in frequency. Adoption was the second most common exit but had the longest median duration. One in four children remained in foster care or exited without permanency.

While patterns varied by type of permanency, three major categories of important predictors were identified: 1) demographic characteristics of age at entry and race; 2) clinical needs related to children's disabilities and mental health problems; and 3) continuity and connections represented by kin placements, sibling placements, early stability, and absence of runaway events.

EXIT TYPE	NUMBER OF CHILDREN STUDIED	% OF POPULATION STUDIED	AVERAGE DAYS IN CARE
Reunification	1,747	52.1	366
Guardianship	308	9.2	474
Adoption	467	13.9	737
No permanent exit	829	24.7	No data given
Total	3,351	100.0	

Implications

This study's results showed that reunification, guardianship, and adoption were appropriately examined as distinct permanency outcomes. Children in foster care exited to different types of permanency at different rates. Reunification occurred most quickly, followed by guardianship, and then adoption. Likewise, each type of permanency had its own set of important predictors with both similarities and differences among them.

Across all three permanency outcomes, three key categories of important permanency predictors emerged: demographic characteristics of age at entry and race; clinical needs of disability and mental health problems; and characteristics related to continuity and connections represented by kinship placements, sibling placements, early stability, and absence of runaway events.

This study's findings both corroborated and expanded the existing literature on permanency, offering several important implications for social work practice. Consistent with the majority of other empirical studies, the findings confirmed the significance of the demographic characteristics of age and race as well as children's clinical needs related to disabilities and serious mental health problems. Greater attention is needed to ensure social work practice is age-differentiated and culturally appropriate, and that children's needs related to disabilities and mental health problems are fully addressed. As children enter foster care they should be screened for immediate or urgent medical and mental health needs.

PERMANENCY



Agency-related Barriers Experienced by Families Seeking to Adopt from Foster Care

Chanmugam, A., Madden, E. E., Hanna, M. D., Cody, P. A., Ayers-Lopez, S. J., McRoy, R. G., & Ledesma, K. J. (2016). Agency-related barriers experienced by families seeking to adopt from foster care. *Adoption Quarterly*, 1-19.

Issue

A nationwide longitudinal study was conducted to identify agency-related barriers faced by prospective adoptive parents. There were 300 families recruited for this study and they were all seeking to adopt children from the foster care system.

Findings

Agencies are systems that are responsible for seeking and obtaining permanency for the children who are under their care. Agency barriers are complex organizational and systemic obstacles that include a wide assortment of issues that can delay timely adoptions for children in care. Prospective parents reported an average of 10.5 barriers during their attempts to adopt. Most often, the barriers were agency related rather than child or family factors. Three primary agency barriers were identified.

- 1) **Adoption process logistics** are the level of bureaucratic “red tape” families experienced while attempting to adopt from foster care (i.e., how easy and timely the process was, and their experiences with errors and inconveniences like paperwork that was delayed, lost, or redundant). The overwhelming majority (92.5%) of families in this study reported that adoption process logistics were the primary barrier to successful adoption. Almost all (98%) of the families who had finalized adoptions, reported that the logistics posed significant difficulties for them while trying to adopt.
- 2) **Agency communication and responsiveness** relates to the organizations’ communication practices, including family impressions regarding whether responses to them were timely and provided accurate and comprehensive information. Poor communication included incomplete or inaccurate information and communication that was delivered unprofessionally (e.g., impatiently or with judgmental statements).
- 3) **Agency emotional support** refers to families’ perspectives on how much agency personnel partnered with them throughout the adoption process, including perceptions related to encouragement and acknowledgement that aspects of the process were challenging for families, and general helpfulness of the agency.

Agency-Related Barriers to Adoption

BARRIER	PERCENTAGE REPORTED
Application process logistics	92.5%
Agency communication and responsiveness	79.5%
Emotional support from child welfare agency	65%

For the prospective adoptive parents who participated in this study, the lack of agency communication and a collaborative approach when working with them presented a major challenge. They expect communication that is timely, honest, thorough, and considerate of what the process is like from their perspectives.

Implications

The findings of this study have implications for policy and practice. At the policy level, the analysis suggests a need for:

- ongoing changes to the Interstate Compact for the Placement of Children (ICPC) process
- increased funding for post-adoption services and supports
- increased supervision and reducing caseloads
- streamlining the adoption process to reduce quantity and redundancy of paperwork and “red tape”
- using adoptive families’ experiences and knowledge in recruitment and retention efforts as a collaborative partnership



CONTACT US

Questions or comments regarding findings can be directed to the FSPSF Principal Investigator, Dr. Dina Wilke, at dwilke@fsu.edu or (850) 644-9597.

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CHILD WELFARE WORKERS' PREPAREDNESS FOR TRANSITION FROM TRAINING TO INDEPENDENT WORK

MARCH 2017

BACKGROUND

National rates of child welfare turnover range from 20-50%, with the highest turnover occurring in the first two years on the job.^{1,2} Though Florida data is unavailable for case managers (CMs), in the 2014-2015 fiscal year, Florida's turnover rate for child protective investigators (CPIs) was 39%.³ Issues such as high caseloads and limited focus on child safety contribute to these high turnover rates.⁴ The effects of high staff turnover are not only financially costly,⁵ but also place children at greater risk for maltreatment recurrence, interfere with timely referrals, and impede child permanency.⁶ Despite these findings, very little research has examined child welfare workers' experiences in training and transitioning into the workforce.

METHODOLOGY

From the larger pool of participants in the Florida Study of Professionals for Safe Families (FSPSF), the researchers randomly invited individuals from each area of the state to participate in a telephone interview. Participation in the telephone interview was voluntary and did not impact eligibility to continue participation in the online portion of the study.

All participants met four criteria: (1) currently employed as a CPI or CM; (2) recently participated in the online portion of the FSPSF study; (3) recently completed pre-service training; and (4) recently acquired an independent caseload. The researchers specifically asked about workers' roles as a CPI or CM, their experiences in pre-service training, their transition to independent caseloads, and their sources of support within the workplace. A team of six FSPSF researchers conducted the interviews and analyzed the transcripts for themes.

FINDINGS AND RECOMMENDATIONS

Thirty-eight participants, including 21 CPIs and 17 CMs, completed interviews, lasting an average of 43 minutes. Most participants were White ($n=21$) or Black ($n=9$) with an average age of 33 years old. Approximately two-thirds of participants had previous child welfare experience.

Findings indicate that workers, regardless of role, felt unprepared for the work, experienced quick transitions into complex caseloads, and expressed concern about a disconnect between training content and agency procedures and protocol.

UNPREPARED FOR THE WORK

Overall, workers perceived training content to be informative, but not comprehensive enough and difficult to apply in the field. Additionally, workers felt they did not have enough shadowing opportunities to prepare them for the realities of the job. Once on the job, caseload volume and intensity were both higher than expected and new workers commonly felt like asking clarifying questions about the job was a burden on their colleagues.

Recommendation: Additional field days and delivery of agency-specific content while in training could help decrease the gap between training and the demands of the job.

QUICK TRANSITIONS

Generally, workers reported that protected caseloads were too short-lived, primarily due to high agency turnover. This felt especially true for workers with previous child welfare experience. Having to quickly learn agency-specific policies and procedures alongside managing a complex caseload was particularly stressful for new workers. Half of workers reported negative agency morale, with more CPIs reporting this than CMs. Of the half that reported positive morale, having accessible supervisors, collaborative coworkers, and a team approach contributed to the positivity.

Recommendation: Guaranteed initial caseload protection, followed by gradual increases, could improve initial worker satisfaction and retention as a long-term strategy to prevent turnover.

AGENCY PROCEDURES AND PROTOCOL

Though topical education and job-related skill-building in preservice training was considered useful, workers noted a lack of training on agency-specific procedures and protocols. Because of this, workers sometimes perceived incongruence between the goal of child safety and agency protocols once on the job. Workers reported being unfamiliar with agency procedures such as overtime protocol, case assignment protocol, and Florida Safe Families Network computer documentation. Moreover, workers commonly felt they could not complete required tasks without working overtime.

Recommendation: Educate workers about agency policies, including overtime and FSFN documentation protocol, to ensure that new workers utilize available job resources while following agency policy.

¹ Balfour, D., & Neff, D. (1993). Predicting and managing turnover in human service agencies: A case study of an organization in crisis. *Public Personnel Management*, 22(3), 473-486.

² Smith, B. D. (2005). Job retention in child welfare: Effects of perceived organizational support, supervisor support, and intrinsic job value. *Children and Youth Services Review*, 27(2), 153-169.

³ Florida Department of Children and Families. (2015). *Child protective investigator and child protective investigator supervisor educational qualifications, turnover, and working conditions status report: Annual report*. Tallahassee, FL: Florida Department of Children and Families, Office of Child Welfare.

⁴ Government Accountability Office. (2003). *Child welfare: HHS could play a greater role in helping child welfare agencies recruit and retain staff* [GAO-03-357]. Washington, DC: Author.

⁵ Graef, M. I., & Hill, E. L. (2000). Costing child protective services staff turnover. *Child Welfare*, 79, 517-533.

⁶ Flower, C., McDonald, J., & Sumski, M. (2005, January). *Review of turnover in Milwaukee County private agency child welfare ongoing case management staff*. Lexington, KY: University of Kentucky, College of Social Work.

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WELFARE



Evaluation of Early Childhood Court Teams in Escambia and Okaloosa Counties

Ounce of Prevention Fund of Florida

BACKGROUND

This research project addressed two needs in the First Judicial Circuit which encompasses Escambia and Okaloosa Counties: 1) training on trauma-informed care in order to enhance the collaborative functioning of the Early Childhood Court Teams (ECC), and 2) an evaluation of ECCs in Escambia and Okaloosa Counties. A face-to-face training on trauma-informed care was delivered by the National Center for Child Traumatic Stress (NCTSN) and based on the NCTSN Child Welfare Trauma Training Toolkit. The comprehensive evaluation of the Early Childhood Court programs had multiple components:

- 1) A pre-post comparison using a self-report inventory to determine whether ECC professionals and community stakeholders' knowledge of the impact of traumatic stress increased after participating in live training on trauma-informed care.
- 2) A pre-post comparison of a self-report inventory to determine whether parental stress (as measured by the Parenting Stress Index – Short Form) changed over the first four months of ECC participation.
- 3) A collaboration survey of ECC staff and community stakeholders and an analysis of the survey data.
- 4) Twelve ECC parent interviews and a qualitative thematic analysis of the data obtained in these interviews.
- 5) A matched comparison design with families served by the Escambia and Okaloosa ECCs as the intervention groups to measure the impact of ECCs on reunification.

Each component addressed an important facet of Early Childhood Courts and provided an opportunity to expand our understanding of their impacts. Challenges ranged from the administration and analysis of responses on a single measurement tool or questionnaire to conducting interviews with parents served in the ECCs and the processing and analysis of large FSFN databases.

Most of the findings generated in this evaluation were favorable to the ECCs in these two counties. There were very few measurable differences between the two ECCs in outcome performance. The matched comparison design produced a set of findings that indicated a statistically significant impact of both ECCs on reunification.

KEY FINDINGS

Training on Trauma-Informed Care

Based on the self-report inventory administered at the training, the results indicated an improvement in the knowledge of trauma-informed care. The judiciary participated in this training, as well as other key professional groups. The measured impact of these trainings has been positive immediately after, as well as in actual practice several months after the training.¹ Modifications of the NCTSN training have been applied with an inclusion of a train-the-trainer component and refresher or follow-up sessions to reinforce knowledge gains in the initial trainings.

Parental Stress

Based on the retrospective administration of the PSI-SF among 21 ECC participants that had been in an ECC for at least four months, it was found that there was a reduction in the level of the Child-Parent Dysfunctional Interaction subscale. Despite the positive finding of lowered parental stress for one of the subscales, it would have been more impressive if significant results had been evident for all three subscales and at a higher level of statistical significance. A larger sample might have produced additional positive significant results in this evaluation but the importance of measuring and monitoring stress was recognized.

Professional Collaboration in Early Childhood Courts

Improving collaboration among the child welfare professionals in the Early Childhood Courts was one of the research objectives in this project. The ECC teams are multidisciplinary in nature and collectively provide a variety of services for families, including parent education, mental health treatment, substance abuse treatment, early childhood education, screening and intervention for developmental delays, and referrals to health care services. Many are the same services that would be provided in the absence of the ECC; however, the function of the ECC is to coordinate these services more effectively. Dependency court judges as well as Families First, the CBC provider serving Escambia and Okaloosa Counties, have identified Early Childhood Court Teams as an effective practice framework for overcoming silos and enhancing coordination among courts, the CBC, service providers, and advocates.

A focus on professional collaboration in the child welfare arena is not new.² Multidisciplinary teams and staffings that involve child protection services, the judiciary, community-based care agencies, children's legal services, community providers, and Guardians ad Litem have emerged with the implementation of a practice model in Florida called the Safety Methodology.

Based on the collaboration survey in this evaluation, findings were generally favorable. The comments regarding ECC achievements were very positive and are represented in the following:

- Shorter time frame to permanency (reunification as well as other discharges, such as adoption)
- More reunifications
- Strong team approaches and more resources
- Successes with families in reunification with younger child even when a parent has had his/her rights terminated for older children

¹ Connors-Burrow, N., Kramer, T., Sigel, B., Helpenstill, K., Sievers, C. & McKelvey, L. (2013). Trauma-informed care training in a child welfare system: Moving it to the front line. *Children and Youth Services Review*, 35, 1830-1835.

² James Bell Associates. (2011). *Early Childhood/Child Welfare Service Partnerships: The Challenges and the Potential*. Arlington, VA: Author.

KEY FINDINGS (CONTINUED)

Comments regarding challenges and suggestions to address them were also instructive for the ECCs in both counties. Selected comments are summarized in the following with the county for the ECC that shared the challenge and/or suggestion in parentheses:

- Clients difficult to locate, move often and have phones disconnected (Both counties)
- Need more feedback from providers (Both counties)
- The needs of older siblings are not being met (Okaloosa)
- CPP slows down the reunification (Okaloosa)
- Difficult to address a parent's multiple challenges (DV, substance abuse, low functioning) in 9-12 months (Escambia)
- Lack of clear ECC policy/procedures (acceptance/eligibility of families into ECC, scheduling of staffings and court hearings) (Escambia)
- Need strong leadership to guide the focus of the ECC (Escambia)
- Need the ECC process to be streamlined (Both counties)
- Need more service/therapy options that are trauma-informed (Okaloosa)
- Need rules for reunifications, overnight and unsupervised visitations (Okaloosa)
- Staffings should be held on the same day as court hearing (Okaloosa)

It is important to note that there were no survey participants from the judiciary. Even though the judiciary has demonstrated support for the ECC model in these two counties and believes in the model, their participation in this evaluation component might have offered some insights into collaboration and how it can be strengthened.

ECC Parent Interviews

The twelve ECC parents interviewed provided a comprehensive look at what happens, what services are provided, what was beneficial, what should be improved and how their interaction with their children has been impacted. Positive opinions of ECC were abundant and convincing. Parents in Escambia and Okaloosa Counties shared the extent to which ECC changed their lives for the better. The support and encouragement gained from their ECC was acknowledged by multiple parents. Suggestions for improvements included a need for better communication between professional staff working on a case, particularly when there is staff turnover. The importance and need for drug treatment immediately after children have been removed was also acknowledged by more than one parent.

Impact of ECCs in Reunifying Families

The evaluation component that focused on the ECC comparisons provided a rare chance to examine the impact of participation in an ECC on a single outcome, reunification. In addition to comparing the two ECCs to each other, the design allowed a comparison of each ECC with matched records in their respective counties. There was a significant difference in the number of reunifications between the ECCs and the matched comparison groups with ECC participants having a significantly higher number of reunifications.

The positive ECC findings were an important contribution to the evidence-base on Early childhood Courts, but there is more to learn and confirm. The strengths of the early child court models often refer to the actual services that parents and their children receive. This set of services includes child-parent psychotherapy (CPP), parenting training (might include Circle of Security), drug treatment, counseling and support groups for domestic violence victims, and a variety of other services that are considered appropriate for all members of the family. Evidence supporting CPP as effective with several outcomes and Systematic Training for Effective Parenting (STEP) as effective with another set of outcomes (including parent stress) has been documented in SAMHSA's National Registry of Evidence-based Programs and Practices. A meta-analytic review of parent training program effectiveness identified varying components of training and supported the use of the programs in changing parenting behavior and preventing early child behavior problems.³ The effectiveness of the ECCs on a variety of outcomes might be due, in part, to the specific services received. Without detailed information on the services received by each family, including the number of sessions and the assessments by the providers of progress in behavior change, it was not possible to identify the impact of a specific service or therapy in this evaluation.

Limitations and Qualifiers in the Methodologies and Analyses

One limitation was small sample participant samples — 21 participants completed the PSI-SF and 12 participated in the parent interviews.

In the matched comparison design, all of the analyses conducted for comparing ECC and non-ECC records were based on the data available on cases at the time of the data extraction from the FSFN. While discharge data were available for a large number of cases up until the date of the data extraction, very few cases were actually closed. Most of the families were still receiving services. In this analysis, it was important to maintain as many families as possible in the evaluation for adequate sample sizes. However, it might have been more appropriate to examine closed cases separate from those currently open. Missing key dates and other information on ECC participants also added limitations to the analysis.

There was limited information available in FSFN on all victims in this evaluation. There were only five covariates with the necessary data in order to calculate the propensity scores for the matching procedure. As a final limitation in this evaluation, the matched comparison design with the impact analysis was not a randomized controlled trial.

POLICY RECOMMENDATIONS

The recommendations offered in the report build on the evaluation findings and draw from research literature in child welfare. They are two-prong in that they support ECC improvements and continued evaluation of ECC.

- 1) Provide more trauma-informed care training.
- 2) Include the administration and review of the Parental Stress Index-SF for parents enrolled in the ECCs.
- 3) Monitor and strengthen ECC collaboration by administering the *Wilder Collaboration Factors Inventory* and discussing the responses.
- 4) Conduct ECC policy and procedural review sessions.
- 5) Conduct more evaluations of ECCs in Florida.
- 6) Strengthen the comprehensive collection and organization of data on ECC participants.
- 7) Continue to document relevant information on provider services.

³ Kaminski, J.W., Valle, L., Filene, J., & Boyle, C. (2008). A meta-analytic review of components associated with parent training program effectiveness. *Journal of Abnormal Child Psychology*

ChildWIN: Child Welfare Workforce Innovation

Children's Home Society

BACKGROUND

In 2014, Children's Home Society of Florida (CHS) experienced a drastic increase in the number of intakes into the child welfare system in Central Florida (Seminole and Orange Counties). The additional cases corresponded with an increase of turnover approaching 50% amongst case workers in the field. Caseworker turnover resulted in delays to permanency and rising caseloads. These factors prompted CHS and its CBC partner (Community Based Care of Central Florida, CBCCFL) to investigate how to respond to these challenges. CHS and CBCCFL realized that changes to the current system were needed. Existing systems and contracting seemed to reward inefficiency, while ignoring the negative effects of case-worker turnover, high caseloads and undeniable delays in achieving positive outcomes. The capitated structure of the CBC contracts did not allow for additional resources to support the rising caseloads. In an effort to implement counter measures to address the rising intake, both CHS and CBCCFL invested their own organizational resources to try something different. The changes desired by both parties were designed to improve child safety, permanency, and well-being by promoting workforce stability and satisfaction. The intervention under study was named "Child-WIN".

RESEARCH METHODOLOGY

In order to identify the effect of Child-WIN, a mixed methods evaluation was conducted. The quantitative portion of the study consisted of a three (3) group post-test design. The three groups included Seminole County, Orange County, and Treasure Coast, which implemented various levels of the Child-WIN initiative. Seminole County fully deployed the Child-WIN intervention (e.g., additional caseworkers to lower caseloads, training in Solution Based Casework (SBC) and the implementation of a career ladder offering promotional opportunities to caseworkers). Orange County implemented SBC only. Treasure Coast implemented none of the interventions and served as the control group. In order to assess the impact of these three conditions on child welfare workforce stability and child outcomes, data were analyzed for 86 case managers, 199 children receiving in-home supervision, and 1,020 children receiving out-of-home care. Dependent variables representing child welfare workforce stability included job satisfaction scores and intention to leave the position, which were collected through a case manager survey, and turnover, which was collected through the CHS human resource data system. Dependent variables representing child outcomes included reabuse, placement moves while in care, and permanent placement by Time 2, all of which were extracted from the Florida's Safe Families Network (FSFN) data system. In the primary analysis, differences across the three treatment conditions were examined. Secondary analysis was also conducted to identify significant correlates of these dependent variables. Statistical techniques varied based on the type of variables in the models and included the full range of options (chi-square, *t*-tests, correlations, ANOVA, logistic regression, and hierarchical non-linear modeling). The qualitative portion of the study consisted of three focus groups with case managers in the county where Child-WIN was fully deployed. Case managers were asked for their perspectives on the effects of Child-WIN. An analysis of the focus group transcripts resulted in the identification of themes that represented various effects and the mechanisms that underlie the effects.

KEY FINDINGS

Overall, the study points to a strong possibility that Child-WIN is improving workforce stability and an unproven possibility that Child-WIN can improve child safety and child permanency.

Child Safety and Permanence

The results regarding Child-WIN's effects on child safety were mixed. Quantitatively, there is little evidence that Child-WIN affected child safety. However, the qualitative results point to a possible positive impact. Caseworkers said that the reduced caseload levels allowed them to invest more time in investigating their suspicions regarding child maltreatment. It should be noted that while this may improve safety through investigation and intervention, reabuse rates may rise with the additional visits with families at high risk.

The results regarding Child-WIN's effects on child permanency were contradictory. Seminole County had the lowest permanency rates in the study regardless of the measure assessed. On the other hand, Seminole County caseworkers believed that the reduced caseloads and the Solution Based Casework training would advance permanency. They found that they were better able to serve families using the time saved from reduced caseloads and the tools from the Solution Based Casework training. However, there were delays in the implementation of SBC training limiting the time period under study. The possibility remains that these innovations will eventually produce positive change at a level substantial enough to move the permanency statistics of Seminole County.

Workforce Stability and Caseworker Satisfaction

The majority of the evidence, both quantitative and qualitative, pointed to a positive impact of Child-WIN on workforce stability. The job satisfaction scores, particularly those that measured satisfaction in April 2016, were highest for Seminole County in most of the categories examined. Despite this, the turnover rates for Seminole County were in the mid-range between Orange County and the Treasure Coast. However, it's possible that this turnover rate represents progress over past years. Caseworkers said that they noticed a decline in turnover since the initiative was implemented.

Supplemental Analysis

Supplemental analysis identified a few significant correlates of child outcomes. Age was negatively related to a few outcomes, with older children being more at risk for reabuse, instability of placement, and lack of movement to permanent placement during out-of-home care. Race was inconsistently related to outcomes, with White children being more at risk for some negative outcomes and Black children being more at risk for other negative outcomes. Caseload level and case manager turnover also had negative effects in the domain of safety, but not in the domain of permanence. Caseload levels were also related to various dimensions of the case managers' job satisfaction levels.

POLICY RECOMMENDATIONS

Since several portions of the study support the relevance of low caseloads for both case outcomes and case manager workforce stability, local, regional, and state organizations (local agencies, CBCs, and DCF) should ensure that case managers have low caseload levels. Further, focus group discussions pointed to the importance of weighting high-risk cases in the calculation of caseload levels.

While the case managers have positive impressions of the Solution Based Casework training, the blocked nature of the training and the lack of buy-in from the court system served as barriers to the full implementation of the model. In order to maximize the full benefit of the training, the agency should work to create greater understanding of the model by the court personnel. In addition, the training should be divided into smaller segments. This will allow the case managers to more readily complete the training, since case demands often prevent them from attending 2 ½ straight days of training.

Though parent services were not the primary focus of the study, this issue was emphasized by case managers as an important concern. Since lack of access to services in the parents' geographical area was identified in focus group discussions as a barrier to achieving positive case outcomes for children, there should be more funding invested into services (i.e. substance abuse and mental health) that support case plans.

The Effectiveness of Evidence-based Attachment-focused Parenting for Families with Young Children: Using *Circle of Security* in the Child Welfare System

Kimberly Renk and Neil W. Boris

BACKGROUND

Young children who are 0 to 5 years of age are over-represented in child welfare systems nationally and in Florida. Research clearly has documented the ill effects of having experienced childhood maltreatment. Although new research examining the neurobiology of parenting appears to suggest that attachment-based parenting programs may offer added benefit to high-risk families (particularly those who are substance-involved), few studies have examined attachment-based parenting programs in child welfare populations. Nonetheless, research has suggested that attachment-based parenting programs, such as the Circle of Security (CoS) Parenting Intervention, can promote beneficial outcomes for other types of high-risk parents. For example, mothers who participated in a 20-week CoS program via a 15-month jail diversion residential program demonstrated higher levels of sensitivity and had infants who exhibited more secure attachment following intervention. Additionally, mothers who participated in the eight-week CoS program while receiving intervention in residential drug treatment facilities exhibited improved parenting locus of control, parenting attributions, discipline practices, and emotion regulation. Such outcomes would be highly beneficial to high-risk families with young children in child welfare systems. Given these research findings, this project examined the feasibility and effectiveness of using the eight-week Circle of Security (CoS) Parenting Intervention in Orange County, Florida.

RESEARCH METHODOLOGY

As part of this project, culturally diverse mothers and fathers were recruited by case managers for participation because these parents were in particular need of parenting intervention services. Parents were referred to our research team if they met the following criteria: 1) they had young children who ranged in age from 0 to 5 years; 2) they proficiently spoke and understood English; 3) they were 18 years of age or older themselves; 4) they had access to their young children (e.g., through visitation); 5) they were not using substances to intoxication at times that would prevent their participation; and 6) they did not have significant mental or physical health issues that would prevent their participation.

All parents who participated in this project completed a series of measures at the start of their participation. These measures included:

- 1) Adverse Childhood Experiences Study Questionnaire
- 2) Adult Self Report
- 3) Difficulties in Emotion Regulation Scale
- 4) Coping with Toddlers' Negative Emotions Scale
- 5) Parenting Stress Index - Short Form
- 6) Child Abuse Potential Inventory
- 7) Parent Attribution Test
- 8) Parental Locus of Control Scale - Short Form

With the completion of this initial packet, 38 parents were assigned randomly to participate in CoS groups held at the CBC lead agency, and 27 parents were assigned randomly to a comparison group. Thus, 38 parents who participated in this project received CoS over the course of a subsequent eight-week period and continued to receive their usual case management services, while 27 parents just received their usual case management services. Following this eight-week period, we attempted to contact all parents (in both the comparison and CoS groups) to complete the same set of measures (listed above) a second time so that changes in their ratings on each measure could be monitored at this follow-up period. Those parents who participated in the CoS group were much more likely to return for this second data collection relative to those parents in the comparison group.

KEY FINDINGS

Differences Between CoS Group Parents and Comparison Group Parents at the Start of their Participation

To examine the similarities across those parents who had been assigned to participate in the CoS group ($n = 38$) versus those parents who were assigned to the comparison group ($n = 27$), a series of independent sample t-tests was conducted. Generally, parents across these two groups were not significantly different in: 1) their ratings of their externalizing and total behavior problems; 2) most of their difficulties in emotion regulation; 3) most of their parenting behaviors when endorsing how they would deal with young children's negative emotions; and 4) their attributions for their parenting behaviors. These findings suggested that these groups could be compared meaningfully.

Differences in the Comparison Group at the Start of their Participation versus at the Close of their Participation

So that the comparison group parents could be monitored for changes in their ratings across time as they proceeded from the point when they first participated in this project through the eight-week follow up period, paired samples t-tests were conducted. Comparing the comparison group parents' ratings at the start of their participation to their ratings at the close of their participation (approximately eight-weeks later), parents in the comparison group demonstrated a decrease in their lack of awareness regarding their emotion regulation difficulties and decreases in their punitive parenting strategies (generally positive findings). They also showed decreases in their endorsements of emotion-focused and wish granting parenting strategies (generally problematic findings).

KEY FINDINGS (CONTINUED)

Differences in the CoS Group at the Start of their Participation versus at the Close of their Participation

So that the CoS group parents could be monitored for changes in their endorsements across time as they proceeded from the point when they first participated in this project through their eight-week CoS participation, paired samples t-tests were conducted. Comparing the CoS group parents' endorsements at the start of their participation (pre-group) to their ratings at the close of their participation (post-group), parents in the CoS group demonstrated significant increases in their impulse control difficulties and their lack of emotional clarity, as well as a marginal increase in their limitations in accessing emotion regulation strategies (all on the Difficulties in Emotion Regulation Scale). Although these increases may seem contradictory to the achievements that parents need to make as they work toward reunification with their young children, it may actually be the case that parents became much more aware of their emotion regulation difficulties because of their CoS participation. They also demonstrated decreases in their endorsement of punitive reactions and minimization parenting strategies as well as an increase in their endorsement of encouragement as a parenting strategy (generally positive findings). These findings highlighted that evidence-based attachment-focused parenting interventions, such as CoS, can promote improvements in parenting beyond decreases in punitive parenting strategies.

Differences between Those Parents Who Participated at Both Data Collection Periods (i.e., at the Start of their Participation and at the Close of Their Participation) Versus Those Who Did Not

Those parents who were assigned randomly to the comparison group had a higher attrition rate (56%) relative to those parents who were assigned randomly to the CoS group (31.4%). The only (marginal) difference between those parents assigned to the comparison group who completed their follow up participation and those parents who did not complete their follow-up participation occurred in their endorsements for the adult control for failure scale on the Parent Attribution Test at the initial data collection for this project. In other words, those parents in the comparison group who attributed failures in the parent-child relationship to parents rather than to children were less likely to complete their follow-up participation.

There was a significant difference between those parents assigned to the CoS group who completed their follow-up participation and those parents who did not complete their participation in their ratings of their own externalizing behavior problems on the Adult Self-Report at the initial data collection for this project. In addition, there were marginal differences in their endorsements of their own total behavior problems on the Adult Self-Report, of their impulse control difficulties on the Difficulties in Emotion Regulation Scale, of their distress reactions toward young children's negative emotions on the Coping with Toddlers' Negative Emotions Scale, and of their parenting stress on the Parenting Stress Index-Short Form. In other words, those parents in the CoS group who endorsed higher levels of externalizing behavior problems, total behavior problems, impulse control difficulties, distress reactions in response to young children's negative emotions, and parenting stress were less likely to complete their follow up participation.

POLICY RECOMMENDATIONS

The findings of this project suggested that the Circle of Security Parenting Intervention can be a feasible and effective evidence-based, attachment-focused intervention in child welfare systems. CoS can be key in laying a foundation for beginning the promotion of change for high-risk parents who are child welfare involved and then referring these parents on to other evidence-based intervention services that can address their more complex and individual difficulties.

Case managers should be trained in the tenants of Circle of Security in order to better engage parents and maintain that engagement through whatever services are provided to them. For example, as part of CoS, parents learn about being "bigger, stronger, wiser, and kind." These parents would likely benefit from being treated in such a fashion by their case managers as well. Such an approach would help parents to feel more connected to their case managers and more invested in their change process.

Evidence-based attachment-focused parenting interventions, such as CoS, can promote added recognition of emotion regulation needs as well as improvements in parenting beyond decreases in punitive parenting strategies. Incorporating such interventions into the service array, CBC lead agencies can better help parents build a foundation for initial change. Given the eight-week group format of CoS, parents could be helped to move in a beneficial direction in a short period of time to begin to address their parenting difficulties and their own issues to the benefit of everyone in their families.



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Issue 1 | May 2017

WELCOME FROM THE DIRECTOR



Welcome to the Florida Institute for Child Welfare's Inaugural Newsletter. It is my hope that this newsletter is informative and useful as we continue with Institute activities. I want this newsletter to inform you of past, present and future research, as well as child welfare training resources and funding opportunities.

The purpose of the Institute is to prioritize the safety, permanency and wellbeing of children and families. The Institute supports the science that is generated by expert faculty and research affiliates throughout the state. In addition, the Institute is still growing in its capacity to evaluate programs and provide an array of trainings and technical assistance. The Institute provides recommendations that are supported by scientific research with the goal of influencing child welfare policy and anchoring the child welfare service array in evidence.

2017 LEGISLATIVE UPDATES

The following legislation was heard during Session and is currently being reviewed by the Governor.

SB 1044 - Child Welfare

This bill would allow information from the Central Abuse Hotline to be used to screen potential caregivers for residential group homes. In addition, there is new language regarding information about the location/identity of fathers during shelter hearings and refinement of placement and treatment goals for substance exposed newborns. This bill also adds to the definition of "permanency goal" and would require DCF along with their child welfare community partners to create an accountability system that measures the quality of foster homes and residential group homes.

HB 963 - Newborn Screenings

This bill would require the Department of Health, with advice from the Genetics and Newborn Screening Advisory Council, to expand screenings of newborns for conditions that are recommended by a Federal panel. This is contingent on the approval and availability of screening tests.

SB 852 - Human Trafficking

This bill would require that DCF and Sheriff's Offices conduct a multidisciplinary staffing on child victims of commercial sexual exploitation to determine most appropriate placement and treatment. In addition, it would require that certain data is maintained on victims and that there is a service plan in place which includes follow-up.

ANNOUNCEMENTS

Our annual FICW Affiliates Meeting will be held on June 7, the day before the NASW annual conference in Orlando. Dr. Kimberly McGrath, clinical coordinator of foster care services at Citrus Health Network, will be the keynote speaker and discuss the CHANCE program for human trafficking victims, as well as her proposal for a university-based curriculum on human trafficking.

FACULTY AFFILIATE SPOTLIGHT

We'd like to recognize Dr. Lisa Rapp-McCall, Professor in the MSW program at Saint Leo University. Joining the Institute's efforts in assisting the Office of Court Improvement to ensure that Florida's Early Childhood Courts (ECC) are adhering to the model, Dr. Rapp-McCall has taken the lead, along with Dr. Michael Campbell of Saint Leo University, and Dr. Neil Boris of the Florida Harris Institute to create a case study of the ECC model in Pasco County. While they were not engaged in any funded research with the Institute this past year, Dr. Rapp-McCall and her colleagues are committed to connecting academic research and methodology to enhance community program effectiveness.



RESEARCH SPOTLIGHT

THE FLORIDA STUDY OF
PROFESSIONALS FOR

SAFE FAMILIES



In an effort to address child welfare workforce retention issues, the Institute is conducting a five-year longitudinal study of newly hired CPIs and Case Managers. The Florida Study of Professionals for Safe Families (FSPSF), led by Dr. Dina Wilke with the FSU College of Social Work, launched in September 2015 and has recruited 1,501 newly hired workers throughout the state of Florida to participate. This represents approximately 82 percent of all the new hires in training between September 2015 and December 2016. Important areas of focus include background characteristics, personal responses to child welfare work, and organizational issues such as caseload characteristics, supervision, and administrative support. Study participants are surveyed every six months, and data collection has just begun for those who are 18-months post-hire.

The Institute and the FSPSF research team has prioritized making results available to agencies and other important stakeholders. Read the project's first **Research Brief** to find out the results from a qualitative study on the experiences of CPIs and Case Managers transitioning from pre-service training to independent casework. The **first year report**, which contains a summary of baseline data is also on the Institute website, and the following articles are current in-press, and available from the authors:

Radey, M., & Schelbe, L. (In press). Classroom to caseload: Transition experiences of frontline child welfare workers. *Journal of Child Welfare*.

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

FOSTER CARE MONTH

National Foster Care Month, a month set aside to acknowledge foster parents, family members, volunteers, mentors, policymakers, child welfare professionals, and other members of the community who help children and youth in foster care find permanent homes and connections. During National Foster Care Month, we renew our commitment to ensuring a bright future for the more than 400,000 children and youth in foster care, and we celebrate all those who make a meaningful difference in their lives.

History of National Foster Care Month

For more than 100 years, the Children's Bureau has worked to assist children and youth in foster care; engage youth in decisions that affect their lives; and support foster families, kinship caregivers, child welfare professionals, and others who help these children.

- Before the creation of the Children's Bureau in 1912, child welfare and foster care were mainly in the hands of private and religious organizations.
- During World War II, when more than 8,000 children were evacuated from Europe to the U.S., the Children's Bureau oversaw their temporary placement in U.S. foster homes.
- In 1972, the Children's Bureau sponsored—and President Nixon proclaimed—National Action for Foster Children Week to raise awareness of the needs of children in foster care and recruit more foster parents. The following year, Children published "The Bill of Rights for Foster Children."
- In 1988, President Reagan issued the first Presidential proclamation that established May as National Foster Care Month.

Upcoming Conferences

NASW Social Work Conference
June 8 - 10, 2017 • Orlando, FL

Florida Coalition for Children Foundation's Annual Conference
July 24 - 26, 2017 • Boca Raton, FL

Florida Behavioral Health Conference
August 16 - 18, 2017 • Orlando, FL

2017 Child Protection Summit
August 29 - 31, 2017 • Orlando, FL

CSWE Annual Program Meeting (APM)
October 19 - 22, 2017 • Dallas, TX

Looking Ahead

- As the research partner to DCF, the Institute is leading the design of a **Developmental Evaluation of the Results Oriented Accountability Program**.
- For FY 2017-2018, the Institute will provide a grant to evaluate the Child Welfare Pre-Service Training of front-line employees. Information on this grant process will be forthcoming.

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

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INSTITUTE INSIGHTS

Issue 2 | September 2017

MESSAGE FROM THE DIRECTOR



It has been a busy but productive summer for the Institute. This summer, I traveled to four conferences.

First, I presented at the DCF Academic Partner Summit at Daytona State College, on the work of the Institute and upcoming activities and opportunities. During this Summit, I was able to connect with the University of Florida and begin cultivating the Institute's interdisciplinary goals.

I also attended the Florida Coalition for Children (FCC) Conference in Boca Raton. I was delighted to be in attendance and continue to support the work of FCC and other state partners.

Next, I participated in a Behavioral Health Conference in Orlando, which was sponsored by the Florida Council for Community Mental Health and the Florida Alcohol and Drug Abuse Association. I was asked to present on how socio-economic, ethnic and cultural issues impact the effectiveness of our state's service array. The presentation was well received and the Institute is keenly aware of the importance of considering circumstances and demographic factors in clinical interventions and will strive to be a leader in strengthening the effectiveness of Florida's services.

Lastly, I attended the Child Protection Summit and as a partner to DCF, our team will continue to support their mission of providing safety, permanency and well-being to every child in our state. It is my goal to keep our Institute connected and aware of the most pressing issues facing families and working diligently with partners to create longstanding improvement and change.

CURRENT RESEARCH ACTIVITIES

It is the overall goal of the Institute to create evidence that informs policy and practice. We are currently engaged in: 1) an evaluation of child welfare pre-service/in-service training curriculum; 2) an evaluation of DCF's Results Oriented Accountability program; and 3) we are gathering data on foster care quality standards in our state and nationally and preparing a report for the Department.

As we continue to engage in research and evaluation, we keep in mind that Legislative Session is set to begin on January 9, 2018 and end on March 9, 2018. Committee week began on September 11 and the Institute will be attending committee meetings and presenting significant results from funded research when requested by legislative staff. We look forward to sharing the integral work on behalf of our Institute affiliates and staff.

CHILD PROTECTION SUMMIT

At this year's Child Protection Summit, ten Institute Affiliates shared their expertise on various subjects related to child welfare with Summit attendees, four of which were workshops conducted on the Institute's behalf. Joining Dean Jim Clark, Jessica Pryce, and Marianna Tutwiler, 13 affiliates gathered together for a casual dinner to discuss their respective research and interests and to see where collaborations could be fostered.

UPCOMING CONFERENCE

Pediatric Primary Care and Behavioral Health Integration Summit

September 29 - 30, 2017

Omni Orlando Resort at Championsgate, Florida

The Pediatric Primary Care and Behavioral Health Integration Summit will unite health care professionals from different disciplines, including primary care and behavioral health, by increasing inter-professional collaboration and training to bridge policy and practice gaps in the delivery of behavioral health services to children and youth.

NEW RESEARCH AFFILIATES

The Institute recently expanded the faculty affiliate network to include research affiliates that have expertise in areas related to the vulnerabilities of at-risk families. We are proud to welcome: Dr. Heather Agazzi, Dr. Patty Babcock, Dr. Mary Kay Falconer, Dr. Martie Gillen, Dr. Mimi Graham, Denise Marzullo, Dr. Kimberly McGrath, Karen Oehme, Dr. Kimberly Renk, Dr. Terry Rhodes, Teri Saunders, and Andry Sweet. More information about their research background and our other partnerships is included in the Institute's Affiliate Directory. View the latest version at <http://ficw.fsu.edu/affiliates>



CALL FOR PROPOSALS

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

Deadline: October 27, 2017

Florida Institute for Child Welfare, along with Casey Foundation, is co-sponsoring a child welfare specialty track for this exciting and well-attended conference. Visit ficw.fsu.edu for more information posted to the homepage.

RESEARCH SPOTLIGHT

Crossover Youth

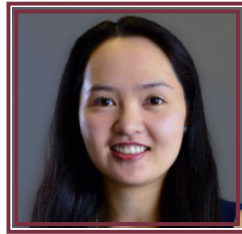
Although a substantial amount of research documents the increased likelihood of maltreated youths to engage in delinquency, very little is known about them once they cross into delinquency. These youth are often referred to as “crossover youth,” “dual jurisdiction,” or “dually involved” youth, and based on a growing amount of research, it appears these youth face a number of challenges. They have significant educational problems, high rates of placement changes and high rates of substance abuse and mental health problems. When they enter the juvenile justice system, they are more likely to stay longer and penetrate deeper into the system than their non-maltreated counterparts.

Clear definitions of crossover youth are still forming as research expands in this area, but multiple references to different subgroups of this population can cause confusion. For instance, at least three terms are used to refer to this population: crossover youth, dually involved youth, and dually adjudicated youth. The Center for Juvenile Justice Reform at Georgetown University recently attempted to clarify the use of these terms. Ultimately, this work views the latter two terms as subgroups of crossover youth, the broadest category. Crossover youth includes any youth who has experienced maltreatment and also engaged in delinquency. This is the broadest definition because it refers to youth with these experiences regardless of whether the maltreatment and/or delinquency have come to the attention of the child welfare and/or delinquency systems. Dually involved youth represent a subgroup of crossover youth who are simultaneously receiving services, at any level, from both the child welfare and juvenile justice systems. Finally, dually adjudicated youth constitute a subgroup of dually involved youth, encompassing only those youth who are concurrently adjudicated by both the child welfare and juvenile justice systems.”

Herz, D., Ryan, J., & Bilchik, S. (2010). Challenges facing crossover youth: an examination of juvenile justice decision making and recidivism. *Family Court Review* 48(2). 305-321.

AFFILIATE SPOTLIGHT

Dr. Hui Huang is an Assistant Professor at Florida International University (FIU) and has been a faculty affiliate with the Institute since 2015. With graduate degrees in both Social Work (PhD) and Statistics (Master),



Dr. Huang has the advantage of being able to translate social work policy questions into research questions, design and

implement research to answer the questions, and translate research findings into policy implications. In her project on the Crossover Youth Practice Model, she showed the effectiveness of the model, identified the key components of the Model that make it effective, and suggested implications on timely access to health-related services. She used a quasi-experimental research design, a creative way that addresses the limited ability of social science research to maintain tightly controlled experiment conditions, as might be more readily available in laboratory research. This design helped to rule out the impacts of confounding factors on the reoffending outcome, and to draw causal conclusions on the effectiveness of the model under study, which enhanced the rigor of her research.

In another project funded by our Institute, Dr. Huang collaborated with Dr. Miguel Villodas in the Department of Psychology at FIU to study the prevention of child maltreatment among families identified as at risk for abuse and/or neglect. The team examined the feasibility and initial effectiveness of implementing an evidence-based parent-child relational intervention, Parent-Child Interaction Therapy (PCIT), in combination with Motivational Interviewing (MI). Testing the intervention among a sample of 55 families in Miami, they reported that for the families who engaged in services, even a small dose of the PCIT with MI intervention, had significant impacts on caregivers’ parental distress and use of physically assaultive discipline strategies, emotion suppression strategies, and positive parent-child interaction strategies, as well as children’s externalizing behavior problems. Read the report on ficw.fsu.edu, under Research & Evaluation Pilot Projects.

Dr. Huang also currently serves as Co-PI on another Institute funded project that works closely with the DCF to develop and test a quality rating scale for group homes that serve foster youth in Florida. Read about the project on ficw.fsu.edu, under Technical Assistance & Training. As required by the 2017 Florida Legislature in HB 1121, this rating scale will be used by the state as a tool for measuring accountability of group home programs, and is to be implemented by July 1, 2022.

STAFF SPOTLIGHT

The Institute is proud to welcome Donna Brown as a research assistant. Donna is currently a doctoral candidate in the FSU College of Social Work, and her dissertation focuses on the evaluation of Safer, Smarter Kids, a child sexual abuse curriculum. She has worked most of her professional life in the areas of domestic violence, child abuse and foster care. For the past nine years, she has served as the Research & Prevention Consultant at the Florida Council Against Sexual Violence. Donna will be leading the evaluation of Case Aim, a workforce innovation provided by Children’s Home Society.



FICW Staff

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Dean of College of Social Work

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Greg Nix
Graduate Assistant

Donna Brown, MSW
Research Assistant

THE INSTITUTE CAN NOW ENGAGE IN CONTRACTS TO CONDUCT EVALUATIONS AND PROVIDE TECHNICAL ASSISTANCE. PLEASE CONTACT **DR. PRYCE** AT [JPRYCE@FSU.EDU](mailto:jpryce@fsu.edu)

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[Facebook.com/FSUChildWelfare](https://www.facebook.com/FSUChildWelfare)

Appendix E: Meetings with Stakeholders

Name	Title/Role	Agency
State Agency Representatives		
Mike Carroll	Secretary	Department of Children and Families (DCF)
JoShonda Guerrier	Assistant Secretary for Child Welfare	DCF
Traci Levine	Director, Child Welfare Practice	DCF
Ginger Griffeth		DCF
Mary Ann White	Director, Training	DCF
Celeste Putnam	Director	DCF
Zachary Gibson	Chief Child Advocate Director of Adoption and Child Protection	Office of the Governor
Kimberly Grabert		DCF
Bethany Gildot		Department of Juvenile Justice (DJJ)
Christa Calamas	Staff Director	House of Representatives, Health and Human Services Committee
Hillary Brazzel	Policy Chair	House of Representatives, Children, Families & Seniors Subcommittee
Whitney Langston	Attorney	House of Representatives, Health and Human Services Committee
Pat Badland	Child Welfare Operations Director	DCF
Cassandra Pasley	Director	Children’s Medical Services, Department of Health
Claude Hendon	Staff Director	Senate
Carol Preston, MSW	Chief Legislative Analyst	Senate
Leigh Merritt	Senior Court Analyst II	Office of Court Improvement, Supreme Court
John Couch	Senior Court Operations Consultant	Office of Court Improvement, Supreme Court
Sandra Neidert	Operations Manager	Office of Court Improvement, Supreme Court
Tim Neirmann	Deputy Secretary	DJJ
Paul Hatcher	Assistant Secretary	DJJ
Nieko Shea, LCSW	VP for Child Welfare and Healthy Kids	Sunshine Health
Laura Brock	Director of External Relations	Florida State University – Medicine Instruction
Jessica Ncube, LCSW	Social Work Therapists	North Palm Beach Mental Health Specialists

Name	Title/Role	Agency
CBCs and Service Providers		
Michael Schafer	CEO	Children's Home Society
Andry Sweet	Chief Strategy Officer	Children's Home Society
Shawn Salimida	Director	Families First, CBC Circuit 1
Emilio Benitez	CEO	Child Net, CBC Circuits 15 and 17
John Cooper	CEO	Kids Central, Inc. CBC Circuit 5
Mike Watkins	CEO	Big Bend Community Based Care, Circuits 2 and 14
Stephen Pennypacker	CEO/President	Partnership for Strong Families, CBC Circuits 3 and 8
Glen Casel, ED	CEO/President	Community Based Care of Central Florida, Circuits 9 and 18
Dr. Christopher Card	CEO	Lutheran Services Florida
Lee Kaywork	CEO	Family Support Services of North Florida, Inc., CBC Circuit 4
Shauna Novak	Interim Director	Family Integrity Program, CBC Circuit 7
Mark Jones	CEO	Community Partnership for Children, CBC Circuit 7
Brian Bostick	Executive Director	Eckerd Community Alternatives, CBC Circuit 6
Maggie Labarta, PhD	President/CEO	Meridian
Mike DiBrizzi, MBA	President/CEO	Camelot Community Care
Eliza McCall-Horne	Executive Director	Children's Home Society
Teri Saunders, MSW	CEO	Heartland for Children, CBC Circuit 10
Maggie Dante, PhD	Executive Director	Children's Home Society
Naderah Salim	CEO	Children's Network of SW Florida, CBC Circuit 20
Valarie Holmes	Senior Executive of Programs	Brevard Family Partnership, CBC Circuit 18
Jody Grutza	Executive Director	Eckerd Kids, CBC Circuit 13
Carol DeLoach	Executive Director	Devereux Community Based Care, Circuit 19
Irene Toto	CEO	Kids First of Florida, Inc., CBC Circuit 4
Patricia Davis	Intake Manager	Our Kids of Miami-Dade/Monroe, Inc. CBC Circuit 11 and 16
Advocates		
Kurt Kelly	CEO/President	Florida Coalition for Children
Victoria Zepp	Executive Director, Government and Community Affairs	Florida Coalition for Children
Christina Spudeas	Executive Director	Florida's Children First
Thomas Crooms, PhD	ask Jessica	Go Foster!, Inc.

Name	Title/Role	Agency
Denise Marzullo, MBA, LMHC	President and CEO	Mental Health America of NE Florida
Ron Haskins University Faculty		CHAMPS
Kim Anderson, PhD	University of Central Florida	Director of Social Work Doctoral Program
Michael Frumkin, PhD	University of Central Florida	Dean, College of Social Work
Nan Park, PhD	University of South Florida	Director, Social Work Doctoral Program
Mary Armstrong, PhD	University of South Florida	Director, USF Florida Mental Health Institute
Norman Anderson, PhD	Assistant VP for Research and Academic Affiliates	FSU – VP for Research
Other Researchers		
Linda Jewell Morgan	Senior Director, Strategic Consulting	Casey Family Programs
Peter Pecora, PhD	Managing Director, Casey Family Programs Professor	University of Washington
Kerry Littlewood, PhD	Instructor, Consultant	OPPAGA USF – College of Behavioral and Community Sciences
Terry Rhodes, D. Min.	Director of Research, Evaluation and Systems	Ounce of Prevention Fund of Florida
Mary Kay Falconer, PhD	Senior Evaluator, Evaluation and Systems	Ounce of Prevention Fund of Florida;
Philip Twogood	Coordinator	Office of Program Policy Analysis and Government Accountability
Mary Alice Nye	Staff Director	Office of Program Policy Analysis and Government Accountability
Ron Haskins	Co-Director	Brookings, Center on Children and Families
Judicial		
Lynn Tepper	Circuit Judge	Sixth Judicial Circuit
Michael Allen	Circuit Judge	First Judicial Circuit Court
Daniel Dawson	Circuit Judge	Ninth Judicial Circuit Court

Appendix F: Conferences

Meeting/Conference Attended

Child Welfare Dependency Summit
Child Welfare Practice Taskforce Meetings
Critical Incident Rapid Response Team (Training)
Critical Incident Rapid Response Team (Member)
DCF Data Analytics Advisory Committee Meetings
DCF Results Oriented Accountability Advisory Committee Meetings
Florida Coalition for Children Foundation 2017 Annual Conference
Florida Children and Youth Cabinet Meetings
Multisystem State Review Team Meetings
USF Behavioral Health Conference
Florida Alcohol and Drug Abuse Association Annual Conference
Florida Council for Community Mental Health Conference
Children and Youth Cabinet, Technology Workgroup
Society for Social Work and Research
Dependency Court Improvement Panel
Network for Social Work Management
Department of Children & Families Northeast Region (NER)
2017 DCF-Academic Partner Summit
Florida Coalition for Children Annual Conference

Location

Orlando, Florida
Gainesville, Florida
Jacksonville, Florida
Tampa, Florida
Tampa and Tallahassee, Florida
Tampa and Tallahassee, Florida

Boca Raton, Florida

Tallahassee, Florida
Tallahassee, Florida
Tampa, Florida
Jacksonville, Florida
Orlando, Florida
Tallahassee, Florida
New Orleans, Louisiana
Tallahassee, Florida
New York ,New York
Daytona, Florida

Boca Raton, Florida

Appendix G: Revised Strategic Plan



FLORIDA INSTITUTE
for CHILD WELFARE

Revised 2015-2020 Strategic Plan

October 1, 2017

The Florida Institute for Child Welfare 2015-2020 Strategic Plan

Message from the Director



Jessica A. Pryce, Ph.D., MSW
Director

The Florida Institute for Child Welfare has worked diligently over the past two years at permeating the child welfare community with relevant research findings that inform legislative policy. The purpose of the Institute is to prioritize the safety, permanency and wellbeing of children and families. As the new director, I am looking forward to continuing the great work of the Institute and our statewide partners. It is my goal to consistently collect data on longstanding challenges from the child welfare community and create opportunities for subject matter experts statewide to investigate and recommend solutions. The strategic plan that was executed in 2015 was well written and thoughtful. I offer a revised strategic plan and the additions are meant to complement the initial plan, not replace. Within every partnership and research endeavor, the Institute aims to be strategic. The four foundational pillars, Collaborative Partnerships, Research, Policy Analysis and Technical Assistance/Training have been an effective guide in our work. We are extending our research agenda to a directed focus on evaluation of promising practices. In prioritizing evaluation research, the Institute can begin to foster replication of those efforts. Additionally, I am broadening our partnerships to subject matter experts in varying academic programs to bolster our Institute's interdisciplinary contributions. I am committed to continuing to keep the Institute at the forefront of child welfare research and aim to use strategic decision making as we move into this next fiscal year.



FLORIDA INSTITUTE
for CHILD WELFARE

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Mission

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

Vision

To provide nationally acclaimed child welfare research, training services, and policy and practice implementation guidance with our partner organizations in support of the children and families in Florida's child welfare system.

Guiding Principles

- Strive for Research and Training Excellence – we will continually strive to develop research projects that are based in sound translational scientific research methods and principles.
- Commitment – we will exhibit commitment and dedication to the Institute's mission and always prioritize the needs of children and families in Florida's child welfare system.
- Collaboration – we will collaborate within and across disciplines and professions to identify research priorities, apply evidence-based and evidence-informed solutions, and to translate research findings into effective practice and policy.
- Effective Communication – we will continuously share knowledge and information within the Institute to achieve organizational success.
- Respect – we will value everyone's contribution to the mission, treating everyone with dignity.
- Diversity— we will encourage and support robust and pluralistic approaches to the mission, knowing that intellectual diversity contributes to innovation, creativity, and fresh approaches to difficult problems.
- Integrity— while the Institute exists in a challenging political, economic, and cultural environment, its staff and researchers will work to protect the intellectual independence and integrity of its initiatives.

The Institute's Environment

In 2014, the Florida Legislature passed comprehensive child welfare legislation (Senate Bill 1666) in response to media reports of almost 500 children known to Florida's child welfare system who had died in the previous five years. This legislation established the Florida Institute for Child Welfare (Institute) at the Florida State University College of Social Work under s. 1004.615, Florida Statutes.

The purpose of the Institute is to advance the well-being of children and families by improving the performance of child protection and child welfare services through research, policy analysis, evaluation, and leadership development. The Institute consists of a consortium of public and private universities throughout Florida that offer accredited degree programs in social work. Under new leadership, in January 2017 the Institute prioritized expanding the consortium's interdisciplinary acumen by engaging universities that do not have a Social Work program. They must have a program where research is being done that is impacting the lives of children and families. The statute also requires the Institute to work with the Department of Children and Families (DCF), sheriffs that provide child protective investigative services, Community-Based Care (CBC) lead agencies, CBC provider organizations, the court system, the Department of Juvenile Justice (DJJ), the Florida Coalition Against Domestic Violence (FCADV), and other partners who contribute to and participate in providing child protection and child welfare services.

By statute, the Institute is required to:

- Maintain a program of research contributing to the scientific knowledge related to child safety, permanency, and child and family well-being.
- Advise DCF and other organizations about the scientific evidence regarding child welfare practice.
- Provide advice regarding management practices and administrative processes.
- Assess the performance of child welfare services based on specified outcome measures.
- Evaluate the educational/training requirements for the child welfare workforce and the effectiveness of training.
- Develop a program of training/consulting to assist organizations with employee retention.
- Identify and communicate effective policies and promising practices.
- Develop a definition of a child or family at high risk of abuse or neglect.
- Evaluate the provisions of Senate Bill 1666 and recommend improvements.
- Recommend improvements in the State's child welfare system.
- Submit an annual report to the Governor and Legislature outlining activities, significant research findings, and recommendations for improving child welfare practice.

The Institute will meet these mandates by producing high quality child welfare research that is translational and inform the development of policies that improve safety, permanency and well-being outcomes for the children and families in Florida's child welfare system. This approach requires the development of effective relationships and productive collaborations with government, our community-based stakeholders, and our academic partners. The main objectives of building partner capacity and enhancing collaboration are 1) to develop service interventions that result in positive outcomes; 2) to enact policies that enhance effective service delivery of child welfare services; and 3) to contribute to the development of a sustainable and highly trained child welfare professional workforce.

"We must become more adept at articulating the enhanced quality of social work research and the value of our research in the field, not only to the families served by the system and the practitioners who serve them, but also the community and society as a whole."

Child Welfare for the Twenty-First Century: A Handbook of Practices

The Institute is prepared to respond to the multiple requests for expertise and guidance at the local, state, and national level through building and maintaining a technical assistance program by connecting subject area experts and research findings to policy decisions. The Institute's leadership will work to align the research agenda to address stakeholders' needs and to develop relevant translational research priorities. In this light, leadership will work diligently with faculty and research affiliates across the state to respond to the critical research and technical assistance needs of the Florida Department of Children and Families, as well as the unique requirements of the legislative mandates.

The Institute's vision is to be at the forefront of child welfare practice research, advancing and advocating for changes to state and federal child welfare policies, and providing evidence-informed strategies for effective workforce recruitment, long-term retention, and professional development.

How the Institute Conducts Business

The mandates set forth in the 2014 legislation require that the Institute establish working relationships with the key stakeholders in the Florida's child welfare system, specifically including DCF, CBC agencies, the Judiciary, and the fourteen accredited social work programs across the state.

The Institute is housed in the Florida State University College of Social Work (CSW). The CSW leadership is committed to establishing an environment that encourages team science and facilitates productivity. The Institute will utilize the College's child welfare experts for identified research projects that are best suited for intramural support. The Institute's leadership also recognizes the importance of establishing a statewide and national network of research and policy experts to meet Florida's legislative mandates. The Institute will actively seek to diversify its funding portfolio to supplement recurring state funding with foundation and federal sponsorships that will support its mission.

The Institute will convene and meet with significant organizations and actors across multiple, relevant fields in the public and private sectors that help shape the lives of Florida's families and children, and especially those who significantly affect and intervene with child welfare clients at practice and policy levels. The Institute will develop and use convening-and-designing processes that help "smooth the path" for translational research and consultation by establishing and clarifying the actual geographies, contours, and boundaries of the child welfare environment. These efforts can help meet a number of objectives including: 1) invite committed persons already working on children's issues to develop approaches that are coordinated and collaborative with others engaged in such work; 2) develop a usable "catalogue" of statewide assets across sectors that can be employed in the service of children and families more effectively and efficiently; 3) communicate important issues, questions, and findings among stakeholders and across sectors; 4) move forward the design of action plans and scalable "proof of concept" designs that will help address the unique and long-term needs of children in the child welfare system; and 5) enhance the probability of successful "translation" of validated child welfare knowledge and interventions into Florida systems of care; 5) create a research repository that can be accessed by statewide faculty and research affiliates.

Foundational Pillars, Goals, and Supporting Objectives

The Institute’s goals and priorities were specified in Senate Bill 1666 with an overarching mandate to make practice and policy recommendations to improve Florida’s child welfare system. In maintaining alignment with legislative intent and priorities, the Institute proposes “Four Pillars” to target mandated outcomes in the following research priority areas:

- Evidence-Based, Trauma-Informed Services for Children Birth to Three
- Child Welfare Workforce Recruitment and Retention
- Youth Specific Issues – Pregnancy and Parenting Teens, DJJ “Lock-Outs” and “Crossovers”
- Human Trafficking of Minors
- Trauma-Informed Diversion Services for High Risk or Very High Risk Children
- Integration and Co-location of Mental Health, Substance abuse, and/or Domestic Violence Services with Child Welfare Protective Investigations and Case Management Services
- Evidence-Based and Trauma-Informed Services for Children with Complex Behavioral Health Needs
- Quality Residential Group Homes
- Other research identified as crucial for effective child welfare practice

1st Pillar --- Collaborative Partnerships

Goal: Establish new partnerships and strengthen existing relationships with researchers and policymakers to improve safety, permanency and well-being outcomes for families in the child welfare system.

Supporting Objectives:

1. Identify and utilize existing state and national networks to strengthen and expand the quality and depth of the partnership pool.
2. Develop collaborations that generate promising research projects and advance social policies that improve child welfare outcomes, while simultaneously extending their impacts to social service, health, and behavioral health sectors.
3. Identify, engage, affiliate, and support promising researchers to advance the Institute’s mission.

2nd Pillar --- Practice Research

Goal 1: Develop and support translational research projects that contribute to the scientific knowledge base related to child safety, permanency, and child and family well-being.

Supporting Objectives:

1. Recruit and retain researchers qualified to support the mission of the Institute with focus on emergent translational research priorities.
2. Conduct child welfare research in partnership with stakeholders and academic institutions that will advance child welfare scientific knowledge.
3. Develop evidence-informed and evidence-based innovative service delivery models to meet the complex needs of the populations served by the child welfare system.
4. Evaluate promising interventions to optimize child welfare outcomes and facilitate replication.

Goal 2: Establish an institutional culture that enables the Institute to become a national leader in child welfare research.

Supporting Objectives:

1. Develop a culture that encourages intellectual creativity, innovation, and social entrepreneurship.
2. Maintain a culture of accountability within the Institute to assure that supported research is translational, relevant, and high-quality.

3. Recruit and retain qualified faculty and staff who have demonstrated scholarly excellence and advance work in the practice of child welfare.
4. Provide faculty and research affiliates with opportunities to use their subject matter expertise to contribute to the mission of the Institute.

Goal 3: Support the development of and access to essential resources for relevant and high-quality child welfare research.

Supporting Objectives:

1. Support the development of new research resources and use of innovative technology advances.
2. Facilitate access to resources and technologies.
3. Maintain a level of fiscal stability that supports initiatives that advance the Institute's mission.
4. Demonstrate success in acquiring extramural funding for research.
5. Create and maintain partnerships with other academic or community agencies in order to be competitive with federal procurement opportunities.

3rd Pillar --- Policy Analysis

Goal: Advise stakeholder organizations about child welfare research evidence that is related to practice, training, and administrative processes in order to inform effective social policy.

Supporting Objectives:

1. Identify an effective communication strategy regarding dissemination of evidence-based, evidence-informed, and promising child welfare practices and policies.
2. Engage and collaborate with stakeholder organizations and academic institutions to strengthen the statewide child welfare policy-making infrastructure.
3. Participate in statewide and national policy forums, and when indicated develop and convene such forums.
4. Inform stakeholder organizations of emergent evidence-based and evidence-informed practices as a means to influence policy change.

4th Pillar --- Technical Assistance and Training

Goal: Develop a program of training/consultation designed to assist organizations with aligning policy with practice.

Supporting Objectives:

1. Deliver relevant and evidence-informed continuing education programming to the child welfare workforce and other partners.
2. Work with key stakeholders to evaluate current technical assistance and training initiatives relative to identify and address current gaps.
3. Identify new and significant technical assistance and training initiatives as the child welfare knowledge base evolve
4. Develop and implement collaborative solutions for statewide child welfare technical assistance and training needs.
5. Initiate efforts with key stakeholders to improve technical assistance and training integration into the development

Appendix H: FICW Research Reports

FICW Research Reports Completed in FY 2015-2016

Community Partner and Academic Researcher	Trauma-Informed Behavioral Parenting: Early Intervention for Child Welfare
Bay Area Early Steps and University of South Florida, Department of Pediatrics	Enhancing Caregiving Capacity for Very Young Children: Your Journey Together Home Visiting Intervention
Devereux Advanced Behavioral Health and University of Central Florida	Evaluation of Parent Training Services in a Community-based System of Care
Ounce of Prevention Fund of Florida and Florida State University	Trauma-Informed Behavioral Parenting: Early Intervention for Child Welfare

FICW Research Reports Completed in FY 2016-2017

Community Partner and Academic Researcher	Report
Lakeview Center, Inc. and Florida State University	<p>A Randomized Evaluation Examining the Effects of an Incentive-based Child Welfare Intervention on Strengthening Child and Family Engagement in Services</p> <p>A randomized controlled design was used to evaluate the incentive program across three primary service programs including a statewide inpatient psychiatric program, a group home, and treatment foster care. Outcome measures included the Working Alliance Inventory and the Child Functional Assessment Rating Scale. Based on these preliminary data, the results on the effectiveness of the incentive program are inconclusive largely due to issues with the sample size. Recommendations for future efforts to develop and evaluate strategies aimed at increasing child and family engagement is child welfare services are provided.</p>
Children’s Home Society and Florida State University	<p>Evidence-based Parenting Intervention for Leon County Youth Aging Out of the Child Welfare System</p> <p>Foster youth and youth aging out get pregnant and become parents at significantly higher rates than their non-foster youth peers. This project adapted an evidence-based parenting intervention, The Incredible Years (IY) for parents aging out using the ADAPT-ITT model. In Phase 1, small group interviews were conducted with parents aging out and service providers to gather information about the needs of parents aging out. In Phase 2, the information collected in Phase 1 was used to adapt IY and provide a pilot of the intervention. Participating parents were interested and receptive to participating in a weekly IY intervention. However, given the linear and sequential nature of the parenting curriculum, even with targeted adaptations and substantial resources, it was concluded that there are significant barriers to delivering a 12-week parenting intervention in a community setting with parents aging out, and it is therefore</p>

Community Partner and Academic Researcher	Report
	essential to minimize these obstacles if interventions aimed toward helping this high-risk, high-need population are to be successful.
Heartland for Children and Southeastern University	<p>Preparing Teens and Protecting Futures... Preventing Teen Pregnancies Within the Child Welfare System</p> <p>The <i>Preparing Teens and Protecting Futures... Preventing Teen Pregnancies within the Child Welfare System</i> project addressed teen pregnancy among youth in residential treatment by implementing Wyman’s Teen Outreach Program (TOP) at seven group homes for youth in Polk, Highlands, and Hardee Counties, and assessing the needs of pregnant and parenting teens in care. Quantitative analysis of the results of TOP revealed an extremely high attrition rate among foster youth that presented unique challenges, as compared to previously studied populations. Nevertheless, attendance at TOP sessions proved to be a predictor of decreases in behaviors associated with poor academic outcomes. The teen pregnancy rate was reduced by nine percent for this subsample. A convenience sample of teen parents residing in Polk County was interviewed in depth to better understand their experiences and needs.</p>
Neil Boris, MD and University of Central Florida	<p>Effectiveness of Evidence-Based Attachment-Focused Parenting for Families with Young Children: Using COS in the Child Welfare System</p> <p>Young children are overrepresented in child welfare systems nationally and in Florida. There is a dire need for evidence-based parenting programs in child welfare systems that should be focused on helping parents to better meet the needs of their young children and to examine their own issues in the context of parenting. This project examined the feasibility and effectiveness of using the Circle of Security (CoS) Parenting Intervention in Orange County, Florida. Through the creation of important connections with the local Early Childhood Court Initiative, the Community Based Care of Central Florida (CBC) lead agency, and related case management agencies, these agencies served as a conduit for recruiting parents who were child welfare-involved and particularly high risk.</p> <p>Sixty-five (65) culturally diverse parents (72.3% female) with at least one child between the ages of 0 and 5 years participated in this project. Parents assigned to the comparison group showed higher attrition than those parents assigned to the CoS group. In fact, parents in the comparison group were more likely to discontinue their participation when their perceptions of parents’ own responsibility for failure in parent-child interactions were significantly higher than those of parents who continued their participation. In contrast, parents in the CoS group were more likely to discontinue their participation when their own behavior problems, impulse control difficulties, and distress reactions to young children’s negative emotions were more problematic than those of parents who continued their participation.</p> <p>This finding alone emphasized the necessity of engaging parents and maintaining that engagement through whatever services are provided to them. This finding also emphasized the importance of parents having a well-constructed case plan of appropriate interventions to meet their needs. Further, parents demonstrated differential outcomes over an eight-week period depending on whether they were assigned to the comparison group or to the CoS group. Those parents in the</p>

comparison group demonstrated decreases in their lack of awareness regarding their emotion regulation difficulties and in their punitive parenting strategies (generally positive findings) but also showed decreases in their endorsements of emotion-focused and wish granting parenting strategies (generally problematic findings). In contrast, those parents in the CoS group demonstrated increases in their ratings of their impulse control difficulties, their limits in emotion regulation, and their lack of clarity regarding feelings (perhaps showing more recognition of where they might need future intervention work). They also demonstrated decreases in their ratings of punitive reactions and minimization parenting strategies as well as increases in their ratings of encouragement as a parenting strategy (generally positive findings). These findings highlighted that evidence-based attachment-focused parenting interventions, such as CoS, can promote added recognition of emotion regulation needs as well as improvements in parenting beyond the decreases in punitive parenting strategies that are expected when parents are referred to child welfare services.

Ounce of Prevention Fund of Florida and University of West Florida

An Evaluation of the Early Childhood Court Teams of Escambia and Okaloosa Counties

The purpose of this project was to address two specific needs in the implementation of the Escambia and Okaloosa Early Childhood Court Teams (ECCs). These needs were: 1) a comprehensive evaluation of the ECCs and 2) training delivered by the National Center for Child Traumatic Stress (NCTSN) based on NCTSN's *Child Welfare Trauma Training Toolkit* to enhance the functioning of the ECCs. In addition, one of the primary challenges addressed by the project was collaboration among service providers and the judiciary within the child welfare and dependency system. The evaluation had five components and findings favorable to the trauma-informed training or to the ECCs were documented in all five components. The trauma-informed training significantly increased knowledge of trauma-informed care among a diverse set of ECC professionals and community stakeholders. Participation in the ECCs for at least four months significantly lowered parental stress on one subscale, parent-child dysfunctional interaction. Measures of collaboration among ECC professionals indicated the presence of relatively strong collaboration. A thematic analysis of ECC parent interviews provided positive feedback and constructive suggestions for ECC improvement. In the final component, a matched comparison design and impact analysis provided evidence that ECC participants in Escambia and Okaloosa Counties have significantly higher rates of reunification compared to matched comparison groups in their respective counties. Rates of maltreatment were also lower in the ECC groups. Recommendations for future improvement in the ECCs and evaluations of the ECCs are offered.

Capital City Youth Services and Florida State University

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

This study was a longitudinal assessment of the impact of suicide intervention training on providers' abilities to identify, assess, and intervene when working with youth in the child welfare system who were at high risk for suicide ideation and behaviors. It was hypothesized that participation in a 4-hour "Youth Depression and Suicide: Let's Talk" (YDS) gatekeeper training" suicide intervention curriculum would yield improvements in participants' attitudes toward suicide intervention, knowledge about suicide intervention, self-efficacy for engaging in intervention behaviors, and increased use of assessment and intervention behaviors over time. Overall the results support the use of the YDS gatekeeper training as an effective tool for increasing knowledge and self-efficacy for suicide intervention. Small changes were observed in attitudes, but attitudes were very positive even before training. Results for changes in the use of assessment and intervention skills were more modest but demonstrated some improvements from pre-training to post-training. Further refinement of the curriculum may yield larger and consistent improvements in intervention behaviors.

Children's Home Society and University of Central Florida

Child WIN: Child Welfare Workforce Innovation

The Children's Home Society of Florida (CHS) embarked on an effort to improve child outcomes and workforce outcomes through an initiative called ChildWIN. Consisting of three components (career ladder, reduced caseloads, and Solution-Based Casework training), this initiative was fully implemented in Seminole County, partially implemented in Orange County, and not implemented in the Treasure Coast. The majority of the evidence, both quantitative and qualitative, pointed to a positive impact of ChildWIN on workforce stability. The qualitative results included many positive comments from caseworkers regarding the effects of the career ladder and reduced caseloads on morale, job satisfaction, and turnover.

Our Kids, Inc. and Florida International University

Effectiveness of Service Integration: Studying the Crossover Youth Practice Model

Crossover youth includes any youth who has experienced maltreatment and also has engaged in delinquent activity. Prior studies indicate that crossover youth have higher rates of reoffending than delinquent youth without a history of child welfare involvement. The higher rates of reoffending among crossover youth are of concern given the exorbitant cost of providing services within the juvenile justice system. Moreover, having more juvenile arrests is associated with a greater risk of continuing delinquent or criminal behaviors into the future. Little is known, however, about which interventions could effectively direct crossover youth from continuous involvement in the justice system. The Crossover Youth Practice Model (CYPM) is the only existing practice model for serving crossover youth. The CYPM was developed by the Center for Juvenile Justice Reform at Georgetown University.

This study evaluated CYPM using a quasi-experimental design with group assignment at the county level. Miami-Dade County (MDC) was selected as the experimental county and Palm Beach County (PBC) as the control county. This study used a mixed-methods approach. Both qualitative and quantitative data

Community Partner and Academic Researcher	Report
	<p>were collected in both counties. Qualitative data were collected to understand and compare their procedures of processing crossover youth in the two counties. Quantitative data was collected to compare the recidivism outcomes between crossover youth from the two counties.</p> <p>Results show that crossover youth from Our Kids, Inc. in MDC are associated with a lower risk of re-offending within a year than their peers from ChildNet in PBC, after controlling the confounding variables of demographics and their prior offenses. This difference was not mediated by juvenile justice processing but mediated by receiving dental and medical services referred by the child welfare agencies. Since the sample is all crossover youth from Our Kids, Inc. served by the CYPM, the results indicate that the CYPM can have an effect on reducing the risk of juvenile recidivism.</p>
<p>Children’s Home Society and Florida State University</p>	<p>The Sanctuary Model – Enhancing the Quality of Group Care in Florida</p> <p>This project will evaluate the effectiveness of implementing “The Sanctuary® Model” in residential homes serving youth in the foster care system. This promising model addresses the history of trauma experienced by children and youth in care as well as the trauma experienced by staff members interacting with and providing services to the residents. The 27 residential facilities involved in the project are widely spread around the state and serve 250 children ages 0 through 18, although the majority served are over the age of 12. The goal of implementing the Sanctuary Model is to increase safety and stability both for residents and caregivers in residential group homes. By engaging and training all staff members, CHS expects to be able to demonstrate a significant reduction in behavioral incidents by 75 percent.</p>
<p>ABCs for Success, LLC and Florida International University</p>	<p>Evidence-based Parent-Child Relational Intervention for Young Children at Risk for Abuse and Neglect</p> <p>The proposed research aims to build on previous research findings and information gathered from meetings with local community-based care lead agencies and child welfare service provider agencies to integrate an evidence-based parent-child relational intervention, Parent-Child Interaction Therapy, with a Motivational Interviewing enhancement into an existing system of care. In particular, the overall goal of this research is to enhance the provision and quality of child welfare parenting services in order to improve the safety and well-being of children who are diverted from the foster care system.</p>

Appendix I: Budget Allocation

Florida Institute for Child Welfare Budget Allocation

The Institute received a \$1 million appropriation for the 2016-2017 fiscal year. Funds were budgeted, expended and obligated as reported in Table 1. Ongoing research and evaluation activities included, but were not limited to: Memorandums of Understanding for Affiliated Universities, funding of six sponsored projects, seven affiliate sponsored projects, and the second year of the Florida Study of Professionals for Safe Families (FSPSF). Of the obligated funds for affiliate sponsored projects, \$101,000.00 was encumbered via purchase order with projects scheduled for completion in the 2016-2017 fiscal year. The total adjusted budget shows an overage of \$2,002.45 due to adjustments made to the fringe benefits at the beginning of the fiscal year 2016-2017, as well as additional funds to cover the overlap in employment when hiring a new Administrative Specialist. The ending balance of \$166,753.59 that will be carried into the 2017-2018 fiscal year is higher than anticipated due to excess salary funds for the Director position that were converted into expense funds. The amount transferred to expense was \$53,525.00.

Table 1: FY 2016 – 2017 Budget

	<i>Operating Budget</i>	<i>Expenses</i>	<i>Obligated Funds</i>	<i>Available Balance</i>
Institute Administration				
Salaries ³	\$298,915.39	\$298,815.49		\$99.90
OPS ⁴	\$60,525.00	\$28,981.43		\$31,543.57
Travel	\$21,000.00	\$20,676.76		\$323.24
Office Expense ⁵	\$6,000.00	\$5,178.52		\$821.48
Misc Expense ⁶	\$136,476.06	\$2,510.66		\$133,965.40
Total Administration	\$522,916.45	\$356,162.86		\$166,753.59
	<i>Operating Budget</i>	<i>Expenses</i>	<i>Obligated Funds</i>	<i>Available Balance</i>
Ongoing Research and Evaluation Activities				
Affiliate Agreements	34,500.00	32,000.00	2,500.00	0.00
Subcontracts	444,586.00	439,586.00	5,000.00	0.00
Total Ongoing Research and Evaluation Activities	479,086.00	471,586.00		0.00
Total Institute	1,002,002.45	827,748.86	7,500.00	166,753.59

³ Director, Program Director, Data Analyst, Administrative Specialist

⁴ Other Personal Services (OPS) Includes part-time graduate assistants, researchers, and technicians.

⁵ Includes computer and software purchases, charges for mailing and dissemination, as well as charges for IT assistance and facilities maintenance and repairs.

⁶ Includes office supplies and purchases made for meetings and needed equipment. Funds in this category are also transferred in and out of other accounts to cover overages and unexpected expenses, and to balance salary budgets.

The Institute carried forward \$500,482.95 from the 2015-2016 fiscal year. Funds were budgeted, expended and obligated as reported in Table 2. The carry forward budget of \$365,000 includes projects that were previously encumbered (either by project or purchase order) in the 2015-2016 fiscal year that had not yet been invoiced and paid to vendors. An allocation of \$120,584.42 was applied to support new projects scheduled for completion in the 2016-2017 fiscal year. As final reports were due on June 30, the last day of the fiscal year, \$95,000 remains encumbered. This amount includes \$35,000 of encumbered funds that have been carried through from the 2015-2016 fiscal year.

The remainder of the funds carried forward were used to cover initial travel (\$10,042) and general expenses (\$4,857) including updated computer and software for new employees.

Table 2: FY 2015 – 2016 Carry Forward Budget

	Operating Budget	Expenses	Obligated Funds	Available Balance
Institute Administration				
Travel	\$10,042.49	\$10,042.49		\$0.00
Office Expenses ⁷	\$4,620.31	\$4,620.31		\$0.00
Misc Expense ⁸	\$235.73	\$235.73		\$0.00
Total Administration	\$14,898.53	\$14,898.53		\$0.00
	Operating Budget	Expenses	Obligated Funds	Available Balance
Ongoing Research and Evaluation Activities				
Continuing Activities (Encumbered FY 2015/2016)	\$365,000.00	\$270,000.00	\$95,000.00	\$0.00
New Activities (Encumbered FY 2016/2017)	\$102,582.39	\$102,582.39	\$0.00	\$0.00
Total Research	\$467,582.39	\$372,582.39	\$95,000.00	\$0.00
Total Institute	\$482,480.92	\$387,480.92	\$95,000.00	\$0.00

⁷ Includes computer and software purchases, charges for mailing and dissemination, as well as charges for IT assistance and Facilities maintenance and repairs.

⁸ Includes office supplies and purchases made for meetings and needed equipment.

Table 3: FY 2017-2018 Budget

E&G Funds	\$1,000,000
Carry Forward Funds (estimated)	\$ 177,338
Children’s Home Society	\$ 80,000
Total	\$1,257,338

Operating Budget

Salaries	Director, Program Director, Data Analyst, Administrative Specialist	\$288,440
Non Salaried	Other Personnel Services and Graduate Assistant employees	\$ 52,185
Travel	Conferences, meeting with stakeholders/affiliates	\$ 27,000
Expenses	Supplies, bills, office expenses	\$ 10,000
Total	Estimated Operating Budget FY 17/18	\$377,625

Projects FY 2017-2018

Memorandums of Understanding	\$ 35,000*
FSPFS	\$225,000
Children’s Home Society	\$ 80,000
Residential Group Home	\$117,973
Behavioral Health (Sept 1 – June 30)	\$ 99,086
Preservice Evaluation	\$204,667
ROA – Barry University	\$ 22,938
Total Estimated Project Cost	\$784,664

*Project cost may vary based on actual cost and program/affiliate needs

Carryforward projects from FY 2016-2017

Hui Huang	\$9837
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Remaining Available Balance for additional projects: **\$ 85,212**

Possible FY 2017-2018 Expenditures

Continue employment for Donna Brown at 1.0 FTE - additional \$33,600 added to current salary (salary + fringe)

Payments for Service

- ROA
- Ad hoc assignments

Appendix J: References

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