



Healthy Families Subcommittee

**Tuesday, September 24, 2013
3:30 PM - 5:30 PM
12 HOB**

**Will Weatherford
Speaker**

**Gayle B. Harrell
Chair**

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Healthy Families Subcommittee

Start Date and Time: Tuesday, September 24, 2013 03:30 pm
End Date and Time: Tuesday, September 24, 2013 05:30 pm
Location: 12 HOB
Duration: 2.00 hrs

Presentations on child welfare by:

- Department of Children & Families
- Florida Coalition for Children
- The Honorable Larry Schack, Judge, Nineteenth Judicial Circuit of Florida

Presentation on child protection teams by the Department of Health

NOTICE FINALIZED on 09/17/2013 09:33 by Iseminger.Bobbye

Biography, Interim Secretary Esther Jacobo, Department of Children & Families

Esther Jacobo has been with the Department since 2008 and most recently served as Statewide Deputy Director for Children's Legal Services, where she was responsible for statewide litigation practices of CLS across the state. Ms. Jacobo received her Law Degree from St. Thomas University in Miami in 1992. That same year she was appointed as an Assistant State Attorney in Miami-Dade County by Janet Reno and remained in that office until April 2007.

In January 2001, she was promoted by Katherine Fernandez Rundle to Division Chief of the Domestic Crimes Unit. There, Ms. Jacobo supervised all domestic violence prosecutions in Miami-Dade County, participated in community-based initiatives to assist victims of domestic violence and developed protocol to be used in both the felony and misdemeanor courts with regard to these cases.

In April 2007, Ms. Jacobo joined the prestigious family law firm of Elser & Foster-Morales in Miami. In February 2008, she was asked to take a leadership role at DCF under then-Secretary Bob Butterworth and Statewide Director of CLS, Mary Cagle. Ms. Jacobo has dedicated most of her public service career to the safety and well-being of Florida's families. In 2012, Ms. Jacobo was inducted into the Miami-Dade College Alumni Hall of Fame for her commitment and dedication to serving her community.



Rick Scott, Governor
Esther Jacobo, Interim Secretary



House Healthy Families Subcommittee Child Protection and Safety Framework September 24, 2013

Presented by: Esther Jacobo, Secretary

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families,
and Advance Personal and Family Recovery and Resiliency.

Overview of Child Protection Services

- 214,577 reports to the Florida Abuse Hotline during FY 2012-13 that resulted in a child protective investigation.
- Department of Children and Families (DCF) conducts investigations in 61 counties.
- Sheriffs conduct investigations in six counties (Pinellas, Pasco, Manatee, Hillsborough, Broward and Seminole).
- All child protective investigators (CPIs) are required to go through the same standardized training and certification process.

Implementing an Improved Safety Framework

- **Goal:**
 - Improve the overall quality of safety decisions made by CPIs and case managers
 - Shift from an incident-driven review of immediate threats to the child to a more comprehensive assessment of family needs
- **Process:**
 - Increase the quality and type of information to inform decisions about child safety
 - Emphasize critical thinking skills of child protection professionals
 - Enhance the quality of the supervisory consultation provided to front line workers

Taking an Informed Approach

- Nationally recognized experts in the fields of Child Safety and Implementation Science have been utilized to guide the development of our policies and practice.
- DCF has commissioned Casey Family Programs to review the new Safety Framework and the overall implementation approach.
- DCF has engaged the Children’s Research Center to review the integration of the Structured Decision Making (SDM) Risk Assessment into policy, practice and training.

Stages for Implementation

1. Exploration
 - Identify need for intervention: define problem, understand context, review practices
 - Define intervention model
 - Garner leadership/stakeholder support
 - Develop implementation structure/convene teams
2. Project Installation
 - Specify goals, outcomes, benchmarks
 - Engage internal and external stakeholders
 - Develop implementation and change management plan
 - Align organizational structures to support implementation

Stages for Implementation

3. Initial Implementation
 - Communicate project plans to internal, external stakeholders
 - Build competency through training, coaching, consultation
 - Assess organizational climate to monitor transition
 - Collect and analyze fidelity data (following the model?)
4. Full Operation
 - Learning is integrated: model become practice
 - Staff reach proficiency
 - Managers/Supervisors facilitate fidelity
 - Stakeholders adapted to practice
 - Procedures/processes are routine

Stages for Implementation

5. Innovation
 - Purposeful changes are made to intervention model as a result of evaluation findings, feedback loops, and new conditions/knowledge
 - Differentiate model drift from planned adaptation/ innovation
6. Sustainability
 - Develop sustainability plan, secure resources
 - Promote visibility of new practice, successful outcomes
 - Ensure ongoing connection of stakeholders to purpose
 - Ensure ongoing mod-management support for new practice
 - Monitor feedback on new practice/address issues openly

Timeline for Implementation

- The Exploration and Project Installation stages are complete.
- The Initial Implementation stage is expected to be complete by July 2014.
- The timeline for full operation is uncertain at this time, as the model may be modified based on the third-party Casey Family Programs Review.

Continuous Review and Improvement

- Casey Report Recommendations
- Each Region continually evaluates their implementation readiness. If changes occur within their community that impact their readiness, the implementation timeline will be adjusted.
- Over 240 Safety Practice Experts are fully trained and the training for field staff has begun.

How will Safety Framework Change Current Practice?

- Using the new Safety Framework approach, a CPI will gain a more complete understanding of the dynamics in the child's home and any threats to the child's safety that may not have been directly associated with the incident prompting the investigation.
- The CPI and CPI Supervisor will have a pre-consultation to develop an appropriate plan for engaging the family. The plan may direct the inclusion of other experts in the case based on the information collected by the Abuse Hotline.

How will Safety Framework Change Current Practice?

- If a CPI determines that a family may benefit from services without the involvement of the court system, the CPI will make a referral to the community-based care agency (CBC) for those prevention services.
- Non-court ordered services will be tracked in the Florida Safe Families Network (FSFN) and CBCs will be evaluated on the rate of re-abuse after these services are delivered.
- In cases where a CPI assesses a child to be safe, but there are still risks in the home, the CPI, CBC and children's legal services will conduct a secondary evaluation before the investigation is closed.

Child Fatality Review: Initial Findings

- Investigators and supervisors did not consistently conduct an adequate assessment of the full complement of information on a family to make proper determinations on child safety and service needs.
- Investigative techniques were incident-driven, focusing on a specific maltreatment allegation and did not always consider other dimensions of a family that would properly elevate safety concerns.
- There was insufficient utilization of multi-disciplinary staffing or meetings, consultation with community experts for advice and assessment related to parental protective capacities.

Child Fatality Review: Initial Findings

- The majority of cases involving family violence did not document efforts to obtain domestic violence expert insight or referrals.
- Efforts to provide services to parents with histories of chronic substance misuse were not adequately explored or addressed.

Child Fatality Review: Initial Findings

- Referrals were made to treatment services but not followed up on to determine potential safety issues for children.
- Decisions to leave newborn children with parents who have had other children removed from their care were not consistently applied.

Additional Analysis

- Casey Family Programs is reviewing recent child deaths to identify trends and opportunities for improving practice and evaluating the new child safety methodology tools.
- The Child Welfare League of America, a coalition of private and public agencies serving vulnerable children and families since 1920, will provide further analysis and recommendations for preventing future child deaths.
- The Department is exploring the use of data analytics to enhance our decision-making processes and improve outcomes for the children in our care.

Additional Child Safety Initiatives

Paired CPI Pilot

- Two CPIs will be assigned to cases involving children 0-3 years old in families with substance abuse, domestic violence, and/or three or more prior incidents involving child protective investigations.
- Those risk factors have been consistently identified as predictors of child maltreatment.
- Teams will follow up with families after the investigation is closed to ensure the family environment has stabilized.

Replicating Proven Practices: ChildStat Training

- DCF Regional Managing Directors will participate in ChildStat training in October.
- ChildStat takes a “real time” approach to monitoring child protection cases and performance data to improve outcomes and decision making.
- John Mattingly, former New York City Commissioner who developed the ChildStat concept, lead the training.
- DCF’s goal is to incorporate elements of this practice across the state.

Real-Time Preventive Quality Assurance Process

- Suncoast Region staff are implementing a “Rapid Safety Feedback” program, which is a real-time approach to preventive Quality Assurance (QA) for child safety.
- Using this approach, QA staff “mine” current caseload data to identify high-risk cases (typically children ages 0-3 in homes with intergenerational abuse, drug abuse, mental illness and violence. This is consistent with the initial findings of our child fatality reviews).
- DCF is also developing a model that would allow CPIs to also take this approach to their cases.

Alert System for SAMH Non-compliance

- FSFN has been enhanced to include an alert system so child welfare case managers and care providers are notified if a family member is not compliant with their substance abuse treatment plan.
- This will allow for more timely response by case managers to potentially vulnerable situations and will help them ensure families are receiving the most appropriate services.

Forum on Preventing Child Fatalities

- DCF, CBCs, legislators, the judiciary and the media have been invited by Casey Family Programs to participate in a cross-disciplinary forum designed to mobilize national efforts to improve child safety and prevent child fatalities.
- The forum will highlight lessons from the safety engineering field and reframe child maltreatment fatalities as a public health issue. More than 10 states will be attending.

Children's Medical Services Child Protection Teams

Healthy Families Subcommittee

September 24, 2013



Dr. Celeste Philip, MD, MPH

Interim Deputy Secretary for Health

Deputy State Health Officer for Children's Medical Services

Objectives



- Define the Child Protection Team Program (CPT)
- Explain the purpose of CPT
- Describe how we assist in the assessment and protection of children

What are Child Protection Teams?



Child Protection teams:

- Are medically directed, multidisciplinary programs.
- Supplement the Department of Children and Families investigations

Child Protection Teams



- Mandated by Chapter 39.303, FS to provide assessments in specific cases of abuse or neglect
- Provide findings & recommendations to child protective investigators
- Assist community based care service providers in case planning

Mandatory Referral Criteria



Abuse reports that must be referred to CPTs include the following:

- Injuries to the head, bruises to the neck or head, burns, or fractures in a child of any age
- Bruises anywhere on a child five years of age or younger
- Any report alleging sexual abuse of a child

Mandatory Referral Criteria

continued



- Reported medical neglect of a child
- Any sexually transmitted disease in a prepubescent child
- Reported malnutrition or failure to thrive

Mandatory Referral Criteria

continued



- Any family in which one child has died of suspected abuse or neglect when any sibling or other child remains in the home
- Symptoms of serious emotional problems when abuse or neglect is suspected

Child Protective Team Services



- Medical Evaluations
- Forensic Interviews
- Specialized Clinical Interviews

Child Protective Team Services

continued



- Family Psychosocial Assessments
- Psychological Evaluations
- Multidisciplinary Staffing

Child Protective Team Services

continued



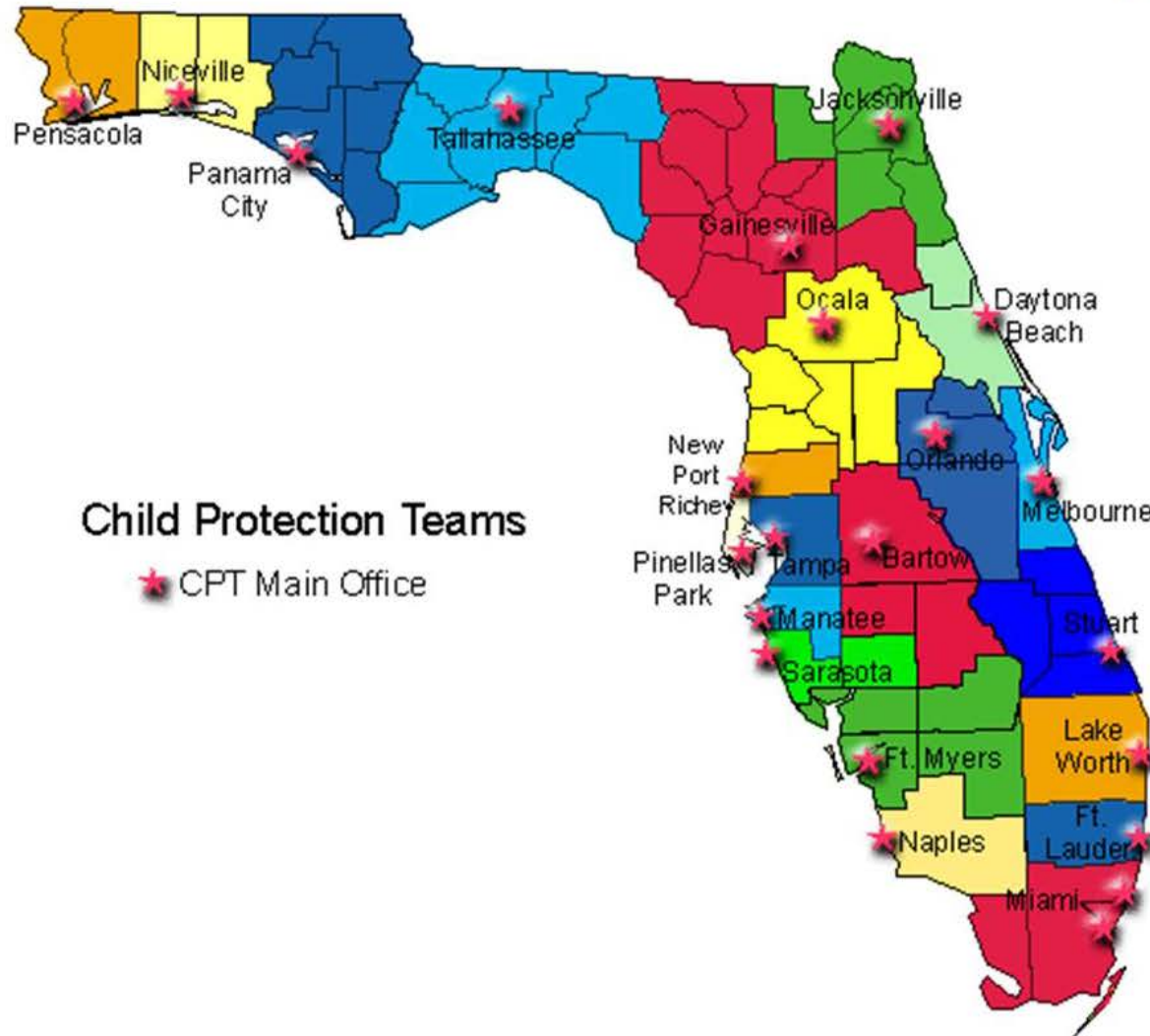
- Direct Service Referrals
- Expert Court Testimony
- Consultation and Training

Final Team Assessment Report



- Summary of all CPT assessments provided
- Medical diagnosis and findings
- Assessment of risk
- Impressions and recommendations

Child Protective Team Offices



Presentation Summary



- Defined the Department of Health, Children’s Medical Services Child Protection Teams
- Provided the statutory basis and purpose of the CPT program and why it is medically directed and multidisciplinary
- Explained how the services we provide assist the Department of Children and Families in the investigation and intervention in cases of abuse and neglect

Questions?



Back to Basics for DCF: Why the Three “Rs” Will Not Work



House Healthy Families Subcommittee
Presentation by John Cooper
9-24-13



KIDS CENTRAL, INC.
A COMMUNITY APPROACH TO THE WELFARE OF CHILDREN
Building Better Lives



The Typical Three Rs

Review

- Blue Ribbon Panels
- Town Hall Meetings
- Internal QA Reviews
- External Consultants

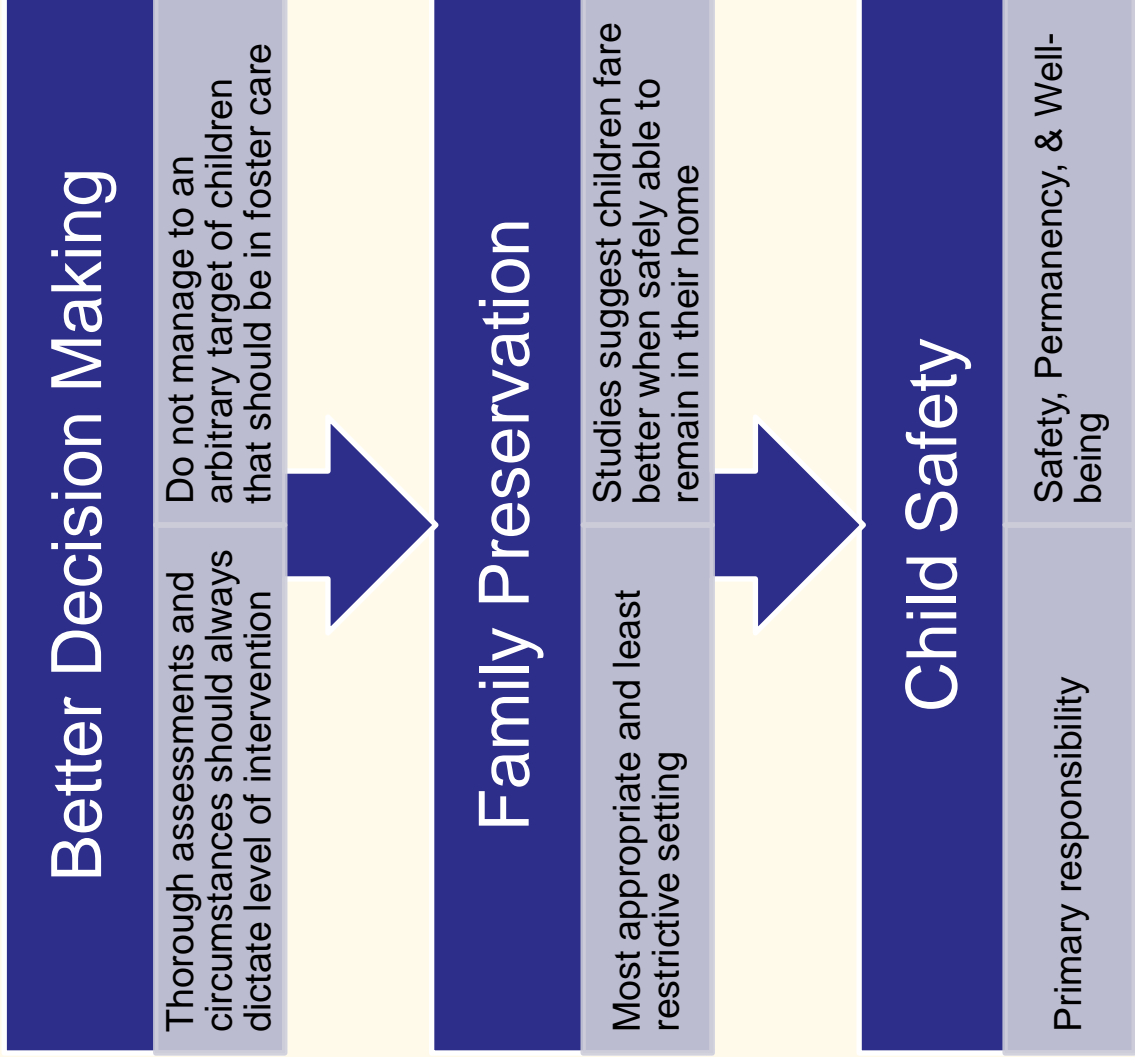
React

- Change in Leadership
- Circle the Wagons
- Prepare Reports

Reform

- New Policies
- New Tracking or IT Systems
- More Paperwork

Refocus



Child Safety

Child Safety

Child Safety

Reinvest

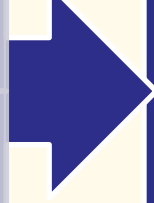
System of care performance and outcomes –

Is ultimately measured on decision-making and actions taken by child welfare staff. They must be equipped with a solid base of training, manageable caseloads, effective safety tools, a supportive management information system, better options for service interventions, and be fairly compensated.

Improvements in the Workforce Climate

Attrition rates for case managers is above 35%

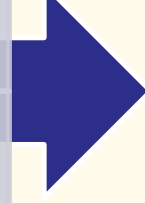
Caseloads, low pay, balancing work & life schedules, redundant work practices



Practice & Technology

Improved practices & efficiencies

Technology should support staff – it has become the job



Human Capital

Staff empowerment and ongoing professional development

Invest at the same level provided to the Department's child welfare workforce in 2012



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Re-imagine

Why Evidence-based Interventions?

Best research evidence

Best Clinical Experience

Consistent with Family Values

Practices with sound research that have been tested and allows for replication

Roadmap for child welfare workers

Structures service delivery to provide every family consistent intervention

Assurance workers are providing interventions supported by research

Families are referred to the most effective and efficacious programs

No need to reinvent the wheel – proven models of practice

Template for results that have been yielded from specific interventions

Empower families in crisis to resolve issues using tested programs

Families make a greater commitment to participate

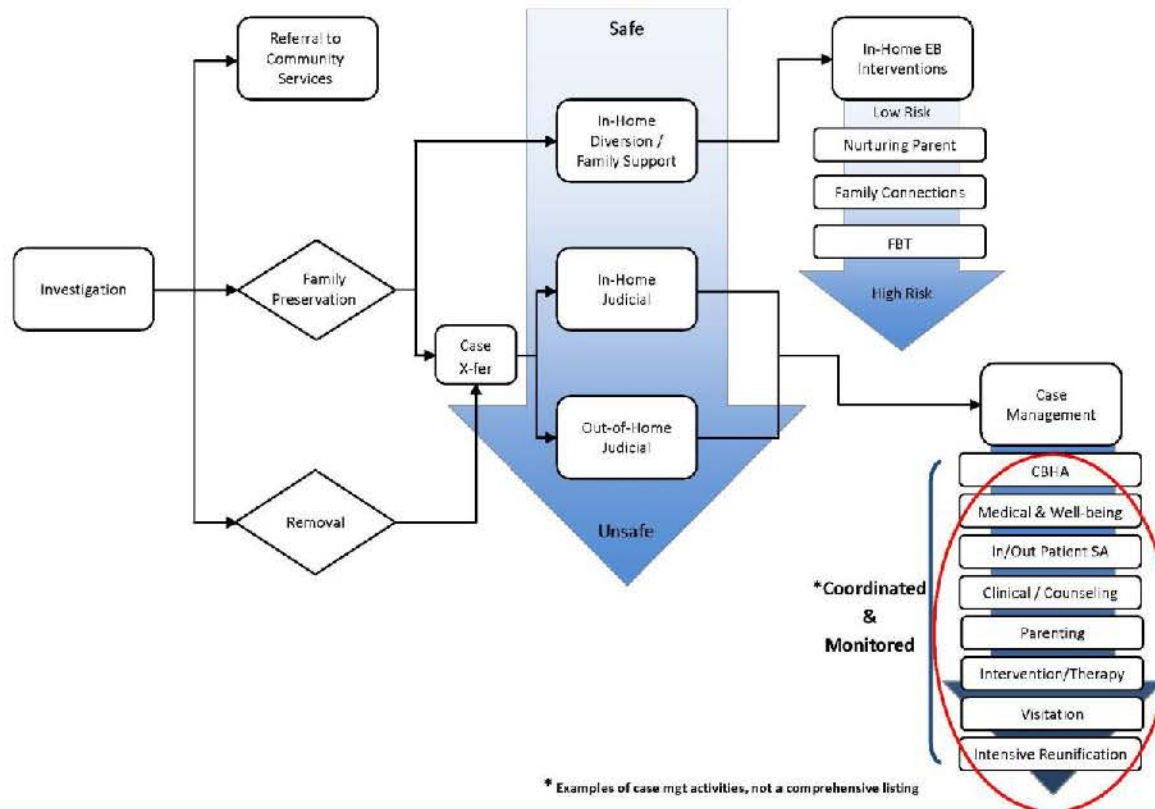
Provides workers with an understanding of the “right” level of intervention



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Macro Level Case Flow

Florida Safety Framework



Refocus Reinvest Re-imagine

The primary responsibility for making sure children are safe must be accomplished by refocusing on safety, reinvesting in staff and better service options, and re-imagining the system of care by selecting research proven interventions designed to meet the most prevalent and pressing needs of families.

Kids Central Budget FY 13/14

