May 2012 EPRESS

NOTICE!!! – SPECIAL TOPICS TRAINING

We are conducting an additional training this month on topics related to family safety, family-centered practice, and abuse/neglect. This is a FREE phone training, and everyone is invited to call in.
Thursday, May 24th. Dial The Usual Conference Number to participate.
We will issue a special *Training Certificate* for this Training alone, so be sure to RSVP and be on the call. **You will be required to send us an email for the certificate**

Clearinghouse Semi-Annual Performance Measures Survey

It's that time again! Please take a minute and click on the link to the semi-annual performance measure survey. Please have your staff/volunteers take the survey, too.
https://fsu.qualtrics.com/SE/?SID=SV_cVoSbQQTHvSLB0o
It takes less than one minute, but it's important for our work!!

Supervised Visitation Network National Conference

The Supervised Visitation Network is holding its annual conference in Orlando from May 9-12. For more information about this great opportunity, check out the website http://www.svnetwork.net/conference.asp. The Clearinghouse on Supervised Visitation will be leading two scheduled sessions at the conference. In addition, Karen will be happy to meet with Florida program directors separately to discuss SV issues. (Please call or email in advance to schedule.)

Using Supervised Visitation to Promote Family Economic Self-Sufficiency
Karen Oehme, J.D.
This workshop will describe the lessons of a project that used two Florida supervised visitation programs to improve financial outcomes for low-income families.

Domestic Violence Cases in Supervised Visitation: A data analysis from five programs
Karen Oehme, J.D.
Over 100 domestic violence injunctions in which judges ordered families to use a local supervised visitation program were analyzed by the Florida Clearinghouse on Supervised Visitation. Five SV programs separately tracked these cases to determine service patterns. The outcomes were surprising and informative. This workshop will address the methods and conclusions of the research. This session is important because of researchers' call for more outcome data on the usage of supervised visitation.

July Meeting and Training in Tampa

What: Free Training and SVN Chapter Meeting

When: Thursday, July 26 10 a.m. through 4 p.m.
Who: All SV programs are invited to the Training. Members of Florida's Chapter of SVN are invited to the meeting.
Why: Free training, free parking, free lunch; free certificates
Where: Mary Lee's House: 2806 Armenia Ave. Tampa, FL
RSVP: Stella Johnson, at stella@fncflorida.org

Topics for Training: Protective Factors in Healthy Families; Family-Centered Practice, Safety Issues.

Krimes Against Kids Conference

When: August 1-3, 2012
Where: Lake Buena Vista, FL
More Info: http://www.fncac.org

Questions from Directors

I'm having a problem with the case manager of the CBC. They are very nice people, but they want things that I sometimes can't give them, and then they get upset with me. Yesterday they told me that the Forrest family would have to visit on Monday, instead of Saturday. The problem is that we are closed on that day. This is not the first time I've had this issue. Other times the case manager wants me to supervise two cases at one time, when she knows that's not our policy. Email seems to be causing a problem, too.

This is an issue of communication and sharing information. Be sure to share your written policies with the CBC. Be sure to communicate with the caseworkers about your services and

your limitations. Do you remember the old expression "sounding like a broken record?" Well, that's how you have to be. Repeat, repeat, repeat your hours, your services, your policies. Tell them to everyone, even if you've mentioned them before. Don't assume that one case manager is sharing all of your information with her co-workers. Be the voice of your program to every stakeholder. Follow up misunderstandings in writing. Use a very polite and enthusiastic tone. The problem with email is that the writer must work extra hard to convey tone, or risk being misunderstood as rude. Here's an example. Put yourself in the place of the case manager. Which email would you prefer to receive?

Dear Case Manager:
As I told you on the phone, we're not open on Monday. Our hours are attached.
Sincerely,
Sunshine Visit Director

OR

Dear Case Manager:
I'm sorry for any confusion, but our program is not open on Monday. I've attached the list of our hours and services. Please feel free to call if you have any questions.
Sincerely,
Sunshine Visit Director

Clearly the second example is the better approach, even though at first glance, there's not much difference between the two. Opening the door to future conversations is always a good idea when you're dealing with a stakeholder.

Do you have any advice for rural programs that have no money for training staff? There aren't many free trainings in our area.

Yes! Call the Clearinghouse. We have online trainings, and we have a list of other trainings available at other agencies.

One of our mothers who is only 22 drops off her child and looks exhausted. She always says Quinton and her other two children won't go to bed at night. Is it ok for us to give her advice? We've all been there with our own children.

Yes. Of course you can offer some advice. We prepared a little handout for you to use! Good luck.

BEDTIME ROUTINES

In a family-centered practice, parents often share issues with visit monitors when those parents feel comfortable and supported by the monitors. When parents mention bedtime as a problem, visitation staff can offer tips and advice. For all children -- an infant, toddler, kindergartner, or preteen -- a bedtime routine is the difference between good sleep habits and a sleepless night. It is extremely important to understand the value of a calm, orderly bedtime routine. Offer the

information below, and remember to give away the free books we've provided to you. Reading can be a nice, calming activity before bed.

Tips for Parents

Establishing a routine

Having a bedtime routine is helpful for children to know what to expect and be prepared for upcoming activities. A bedtime routine includes all of the things that you do with your child j*ust before and up to* the time they are put in bed.

Here are a few suggestions to experiencing a peaceful bedtime.

- Be consistent. The routine should be the same each night, so your child learns to anticipate sleep as part of the routine.
- Unwinding with a quiet activity 30 minutes before starting the bedtime routine.
- Bath time. Include this in your regular routine; it is soothing and will help your child's body prepare for rest. Don't forget to brush teeth!
- Choices. Allow your child some power in the bedtime routine by choosing which pajamas to wear, which books to read or what music to listen to.
- Reading. Sharing a book together as a part of the bedtime routine is great quality time with your child and instills a child's love for books. Reading together is appropriate for all ages. With young readers you could take turns so they can practice, or with established readers you can share an adventure through a series.
- Bathroom visit. Remind your child to visit the bathroom one last time to get a drink and use the toilet. This will avoid it becoming an excuse to get out of bed.
- Music. Allow soft music to help your child relax into slumber.
- Nightlight. A cozy light will help your child feel secure and reduce fear of the dark.

It is very important for your child to have an adequate amount of sleep each night to ensure a positive attitude and healthy behavior.

Things to avoid

- Making TV a part of the bedtime routine.
- Caffeinated drinks with dinner or after.
- Dragging out the bedtime routine or allowing interruptions.
- Allowing a child to stay up because he or she won't want to go to bed.

Quality Time for Parents

While there may still be many things to do around the house after the kids are in bed, parents should take some time for themselves and their partners.

Multiple Sclerosis and Supervised Visitations

A Director called to ask about a family in which the mother of the children has been diagnosed with multiple sclerosis. We offered the following information. For more, please see Chapter

Nine in the Training Manual on The Impact of Chronic Parental Illness and the Dynamics of Supervised Visitation.

What is Multiple Sclerosis?

- Multiple Sclerosis or MS is a disease that affects the brain and spinal cord resulting in loss of muscle control, vision, balance, and sensation (such as numbness). With MS, the nerves of the brain and spinal cord are damaged by one's own immune system.

How does Multiple Sclerosis affect families?

- When comes to the affect of an illness, each case is different. However, the main affects of MS on families are more related to time management and knowing when the one with the MS needs help.

How does a parent's Multiple Sclerosis impact children?

- No matter the symptoms, children become accustomed to seeing their parents on a daily basis. However, they are wondering why mom or dad won't get better and they don't seem to understand that these symptoms might become more serious over time.
- The less visible physical symptoms are most likely misinterpreted by children. For example, a child might interpret fatigue as disinterest or laziness.

Tips for Parents to Talk about Multiple Sclerosis

Why you should talk to children about it

- Children can figure things out, even if they don't completely understand what is going on.
- Hiding the problem will only bring stress to their life.
- Lying about it will make them suspicions and trust will deteriorate.

Steps and Strategies for talking to children

- Give your children accurate, age-appropriate information about MS.
  - Remember that if you don't talk to your kids about it, they may invent their own explanations, which can be even more frightening than the facts.
- Explain the treatment plan and how it will affect their lives.
  - Prepare your children for any physical changes you might go through during treatment (fatigue, loss in hand motor skills, etc.)
- Answer your children's questions as accurately as possible.
  - Take into account their age and prior experience with serious illness in the family. If you don't know, answer honestly that you don't know and that you will find out.
- Reassure your children.
  - Explain to them that no matter how they have been behaving or what they've been thinking, they did not do anything to cause the illness.
  - Many young children may be concerned that they will "catch" MS. Use this opportunity to talk to them about how MS is not contagious like a cold or the flu.
  - Do not be afraid to answer questions about death, children will worry. You can reassure them that people with MS can live very long lives and rarely die from MS.

- Encourage your children to express their feelings.
  - Let them know that they can express any feelings, even those that are uncomfortable.
- As always, show your children a lot of love and affection.
  - Let them know that although things are different now, your love for them has not changed.

Activities for families at visits

Having fun does not need to involve elaborate plans and major events – below are some ideas for quiet, relaxing, and restful activities

- Board games
- Arts and crafts (drawing, painting, paper dolls, paper airplanes, etc)
- Read a book
- Writing short stories together
- Indoor picnics or tea parties
- Perform a puppet show
- Write and act out a skit or play charades

Open Head & Closed Head Injuries: Introductory Information by Echo Harris

It's a leading cause of death and injury in the U.S. How can it impact families?

Fact: Head injuries remain the leading cause of death in children and in adults aged 45 years or younger. Approximately 1.5 million Americans endure traumatic head injuries of different levels each year.

The following information is offered to supervised visitation providers who may have clients who have suffered from head injury in violence, accidents, or military service.

The skull is designed to protect the brain from injury and can withstand extraordinary force. Additional protection is provided by layers of membranes that cover the brain and fluid that surrounds it to provide shock absorption. However, a severe blow to the head can fracture the skull that guards the vital, but very fragile, organ that controls all cognitive bodily functions, processes thoughts and emotions, and dictates personality. Minor damage to the brain can impair any of these functions.

When a head injury happens, it is trauma that harms the scalp, skull, or brain. The injuries can range from a minor bump on the head to serious brain injury. The symptoms of a head injury can occur immediately or develop slowly over several hours or even days.

Head injuries are classified as either closed or open and vary from mild to severe.

Open Head Injury

An open or penetrating, head injury means a person was hit with an object that broke the skull. The object fractures the skull and damages brain tissue or the surrounding membranes. An open head injury requires immediate medical attention, since there is an open wound; open head injury victims may suffer from infection and contamination.

- A mild open head injury could be considered a concussion.
- A severe open head injury could lead to a traumatic brain injury, or possibly death.

Closed Head Injury

A closed head injury means a person received a hard blow to the head from striking an object, but the object did not break the skull. Even if the skull is not fractured, the brain can bang against the inside of the skull and be bruised. Complications could result from bleeding or swelling inside the skull. When a closed head injury happens, loss of brain function is possible even without visible damage to the head.

- A mild closed head injury would be classified as a concussion.
- A severe closed head injury could results in serious brain damage or death.

Traumatic head injuries are not uncommon. They remain the leading cause of death in children and in adults aged 45 years or younger. Approximately 1.5 million Americans endure traumatic head injuries of different levels each year. They each have their own unique set of symptoms and diagnoses. In any serious head trauma, it is always assumed that the spinal cord is also injured.

Brain injuries, such as closed head injuries, may result in lifelong physical, cognitive, or psychological impairment. After sustaining head injuries, many patients lose basic skills, such as walking, eating, reading, and bathing. Depending on what part of the brain was damaged, patients may struggle with speaking or loss of memory.

<u>Cognitive disturbances</u>

Most brain injury patients will experience changes in cognition and mental health. One of the most common cognitive disabilities is short-term memory loss. Many patients experience disturbances in thinking, reasoning, problem solving, judgment and attention span as well. Depression, agitation, insomnia, migraines or inattentiveness can surface and reflect more serious brain damage.

<u>Sensory problems</u>

Some closed head injury patients experience problems with communication. Other sensory problems can include ringing in the ears, blurred vision, a bitter taste in the mouth, a persistent foul smell, or impaired hand-eye coordination.

Other complications of mild to moderate traumatic head injuries include:

- Changes in personality/temperament
- Irritability
- Anxiety
- Stress and emotional upsets

- Job skills

Though the severity of head injuries varies, mild to severe, brain injuries rob victims of many important neurological functions, physical mobility, and life.

Living with any of these conditions is very challenging for the individual and family. Conditions that range from forgetfulness and anxiety to serious physical impairment are demanding of time and attention. While receiving therapy for conditions related to brain injuries is positive, some situations will require lifelong medical attention, depending on the severity of the damage to the brain. This can put an enormous amount of daily stress on a person and their caregivers. Traumatic head injuries steal a person's vitality and the ability to live a normal life

Treatment

While there is no real cure for brain damage, many patients with closed head injuries benefit from therapy to regain basic motor and cognitive skills. There are several therapies that help develop basic physical function and communication skills. The length of treatment depends on the patient's condition and the rate of progress.

- Physical therapy. Physical therapists and other specialists work with patients to help them improve their ability to perform physical tasks so they will be able to function better in their daily lives. This therapy develops voluntary motor skills that allow a person to eat, bathe and walk.
- Speech therapy teaches communication. Many people with brain injuries have difficulty regaining and maintaining their regular level of speech. Working with a speech therapist provides valuable skills that help with comprehension and expression.
- Cognitive therapy helps to restore some of the normal thinking process and problem solving. It also helps with the speech perception process. This is how an individual processes the sounds of language, how they are heard, interpreted and understood.
- Psychotherapy. Patients may experience personality changes; they may lash out easily in anger or they may become withdrawn. Depression is common. Psychological counseling and medication can help.
- Positive Attitude will not only help to keep from getting depressed but it will keep a person motivated. It is beneficial to keep in mind that "*With time, I will get better.*"
- Breathing is helpful to aid the mind to relax and focus. Focusing on the breath helps reduce frustration and anxiety and is very beneficial in clearing the mind.

Helping Families Cope

The progress in the treatments for mild to moderate head injuries can be slow and frustrating for both the patient and the patient's family. The inability to function at a pre-injury level interrupts a normal life and disrupts many everyday activities. Not being able to perform daily habits is disturbing to the individual as well as the family dynamic. Children may not able to process the complications of this kind of injury and may not understand how to treat the situations that arise.

Guide to helping family life

- Be careful not to set a timeframe with children for when recovery will occur. Children want it all to happen quickly, and it is hard to predict recovery after a head injury.
- Encourage children to talk about their fears, hopes, and worries. Allow safe and appropriate ways for your children to express their emotions. Consider getting counseling for the child to help him or her cope.

At Visits

Question: We have a mother who visits with her children, and she has had a brain injury. It is a very sad case, with her ability to function severely damaged. My monitors are having a rough time; no- body wants this case. Is there any way we can make this better?

My advice: This sounds extremely difficult. Stay positive. Rotate monitors to avoid burnout. Make sure that the client is getting all the help she can – multiple therapies, medicine, counseling – these can make some improvement in the case. Also, the children might need counseling to cope with their mother's injury/illness. Remember that at some level, even if she can't express it, the mother is benefitting from the visit. The children are also benefitting from seeing their mother in a supportive environment.

RESOURCES

The Traumatic Brain Injury Resource Centre is an excellent website to find resources for various therapies. Contact them at www.braininjuryresources.org
Brain Injury Resource Centre provides services and resources in the field of traumatic brain injury. They can be contacted at www.headinjury.com/library
The Sesame Street Workshop has produced videos to help children. One video addresses "Changes" that occur when a parent has been injured. You can find these videos at archive.sesameworkshop.org/tlc.

REFERENCES FOR THIS ARTICLE

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Think about it! Family-Centered Practice: Helping Parents Encourage Healthy Eating Habits

Childhood obesity, diabetes, heart disease, and a host of other problems can result from unhealthy dietary habits. Be sure parents at your program have access to information about eating well and feeding their children well.

Healthy Eating Habits & Suggestions for Kids

- Make a wide variety of healthful foods available in the house. This practice will help your children learn how to make healthy food choices.
- Encourage your children to eat slowly. A child can detect hunger and fullness better when eating slowly
- Eat meals together as a family as often as possible. Try to make mealtimes pleasant with conversation and sharing, not a time for scolding or arguing
- Discourage eating meals or snacks while watching TV. Try to eat only in designated areas of your home, such as the dining room or kitchen
- Do not to use food to punish or reward children. Withholding food as a punishment may lead children to worry that they will not get enough food
- Reference: Web MD- http://children.webmd.com/guide/kids-healthy-eating-habits

Healthy Alternatives for Kids

	Unhealthy Habits	Healthy Replacements
Breakfast	Fruit Loops	Oatmeal with fruit
	Pop-Tarts	Fresh Fruits
	Muffins	Whole Grain Bread with Egg and Cheese
	Sausage	Turkey Bacon
	Sugar-filled Juices	Water, 100% Juices, Diluted Juices
Snack	Fruit Roll-ups	Fruit Leather (healthy version)
	Potato Chips	Pretzels
	M&Ms	Trail Mix
	Cookies	Fig Newtons
	Soda	Water with fruit slices/flavoring
	Chocolate Milk	Skim Milk
Lunch	French Fries	Rice Cakes
	Chicken Nuggets	Grilled Chicken
	Fast Food Burgers	Turkey Sandwich
	Applesauce	Sliced Apples
	Packaged Lunches	Brown Bag Lunches
Dinner	Pizza	Cheese Quesadilla
	Spaghetti	Pasta Salad
	Lasagna	Homemade Mac & Cheese
	Grilled Cheese	Turkey Melt
	Burrito	Tacos
Dessert	Ice Cream	Yogurt
	Candy	Fruit
	Chocolate Milkshake	Fruit Smoothie

Healthy Eating Habits and Suggestions for Teens

- Eat Slowly
  - Teens are often rushed to finish their food quickly; this can cause the development of unhealthy eating habits
- Learn a Serving
  - To eat healthy teens need to be able to identify and recognize appropriate serving sizes
- Focus on Produce
  - Teens need to get in the habit of regularly eating fruits and vegetables and eating them without additional high calorie dips or spreads
- Importance of Water
  - Proper hydration is important to maintaining a healthy weight, warding off fatigue and keeping the body properly functioning
- Eat with Others
  - Eat with family or friends instead of eating in front of the television. This will cause a teen to eat slower and focus more on what he is eating rather than what he is watching on television
- Reference: Live Strong- http://www.livestrong.com/article/272266-healthy-eating-habits-for-teens/

Healthy Alternatives for Teens

	Unhealthy Habits	Healthy Habits
Breakfast	Captain Crunch	Honey Nut Cheerios
	Chick-fil-A	English Muffin w/ Turkey Sausage
	Pop Tarts	Fresh Fruits
	Muffins	Whole Grain Bread w/ Egg & Cheese
	Sausage	Turkey Bacon
	100% Juice	Water/ Diluted Juices (Water and Juice)
Snack	Fruit Roll-ups	Fruit Leather (Healthy Version)
	Potato Chips	Pretzels
	M&Ms	Trail Mix
	Cookies	Fig Newtons
	Soda	Water/ Perrier w/ Fruit Flavoring
	Chocolate Milk	Skim Milk (No Chocolate)
Lunch	French Fries	Sweet Potato Fries
	Chicken Nuggets	Cubed Grilled Chicken
	Fast Food Burgers	Turkey Sandwich
	Applesauce	Sliced Apple
	Packaged Lunches	Brown Bag Lunches

Dinner	Pizza Alfredo Pasta Lasagna Steak Burrito	Cheese Quesadilla Pasta Salad Homemade Mac and Cheese Fish Tacos
Dessert	Ice Cream Candy Chocolate Shake	Yogurt Fruit Fruit Smoothie

Healthy Habits and Suggestions for Adults

- Eat a variety of nutrient-rich foods.
- Enjoy plenty of whole grains, fruits and vegetables.
- Maintain a healthy weight.
- Eat moderate portions.
- Eat regular meals.
- Reduce and don't eliminate certain foods.
- Balance your food choices over time.
- Know your diet pitfalls.
- Make changes gradually.
- Remember, foods are not good or bad.
- Reference: Real time- http://www.realtime.net/anr/10eattip.html

Healthy Alternatives for Adults

	Unhealthy Habits	**Healthy Habits**
Breakfast	Fruit Loops Waffles Sausage Biscuit Biscuits & Gravy Pop Tart Starbucks Coffee	Akashi Cereal Wheat Toast English Muffin Turkey Bacon Granola Bar Home Brewed Coffee
Snack	Red Bull Corn Chips Donuts Potato Chips Cookies Fruit Juice	Water/ Crystal Lite Rice Cakes Wheat Bagel Pretzels Wheat Crackers Eat a Fruit
Lunch	Ramen Noodles White Bread Hamburger Sushi Soda	Pasta Salad Wheat Bread Turkey Burger Fillet of Grilled Fish Water/ Tea

Dinner	Chicken Pot Pie Baked Beans Potatoes Cocktails Beer	Grilled Chicken Salad Green Beans Green Peas Red Wine Water
Dessert	Chocolate Ice Cream Chocolate Cake	Dried Fruit Sorbet/Yogurt Pound Cake

DCF Transformation Project

Attached is information on DCF's Transformation Project. The Florida Department of Children and Families is transforming its child protective practice. We will discuss it in the next phone conference.

Child Protection Transformation Project

December 2011

David E. Wilkins, Secretary

Department of Children and Families

Child Protection Transformation Project

Introduction

The tragic death of Nubia Barahona and the abuse suffered by her and her brother Victor have become the catalyst driving a comprehensive review of the state of Florida´s child protective response system. In March of 2011, an independent review panel critically examined the Barahona case and released its findings and recommendations identifying a number of systemic errors and omissions that occurred at various levels of the child protection system. Specifically, the report outlined the following key findings:

- Insufficient investigative practices and inadequate case management;
- Lack of integration of information sharing among child welfare professionals;
- Rapid turnover, inexperience, excess caseloads for child protection investigators;
- Unclear case integration;
- Unclear role of supervisors for case investigation and management;
- Insufficient attention to health care, mental health care, education support; and,
- Overall substandard quality of documentation by both case managers and investigators.

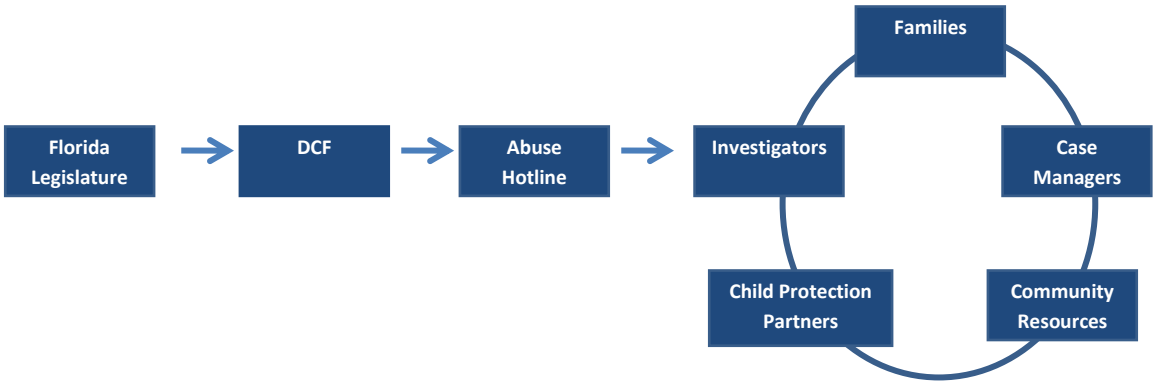
Immediately upon receiving the report, the Department incorporated the recommendations into short term and long term action plans. The short term plan has resulted in numerous action steps taken by the Department, including, but not limited to, analyzing and updating all local law enforcement agreements, placing local community based care agency on a corrective action plan, entering into an agreement with the Agency for Health Care Administration to receive Medicaid claims data, deploying new requirements for Hotline management and operations, training over 1100 child protection investigators (CPIs), and requiring lead agencies to enhance accountability and expectations over case ownership.

From the time DCF is called upon to assist the child and family, to the time supports are no longer needed and the child and family reach a sustainable path, the entire child welfare system must act efficiently, collaboratively and in an integrated manner

Despite these important short term steps, significant and sustainable improvement in child safety and well-being cannot be achieved without long term transformation of the entire child welfare system. Thus, the Department has embarked upon an integrated Child Protection Transformation Project that will analyze and improve the many shortcomings in our investigative and service delivery business functions related to the flow and use of information across all the parties that impact the safety and well-being of a child. This will be a multi-year transformation project to advance the Hotline, protective investigators, and case management processes to world-class levels. The goal will be to improve the outcomes for child safety and child welfare.

Child Protection Service Delivery Model

The business of delivering child protection services is complex, constantly evolving, and is accomplished primarily through the following delivery model.



DCF is charged by law with protecting the safety and well-being of all children in Florida. DCF has a central abuse Hotline that takes calls from the public reporting cases of potential abuse or neglect. Once the Hotline determines that the call rises to the level of a report of abuse or neglect, a case is created in the statewide automated child welfare information system, known as the Florida Safe Families Network (FSFN). A criminal background check and search for prior alleged abuse or neglect reports is conducted at the Hotline and the matter is transferred to a local child protective investigator (CPI) who conducts an investigation. The CPIs within DCF perform child protective investigations in 61 counties statewide through its organizational structure, which includes regional directors, circuit community development administrators, operational program administrators and CPI supervisors. Sheriffs' offices perform child protective investigations under grant agreements with DCF in six counties and by contract in one county. At the conclusion of the CPI investigation, which must be conducted within 60 days by law, the case is transitioned to a community based care (CBC) caseworker for ongoing case management, if it is necessary to help insure the child's continued safety and well-being. CBC caseworkers utilize FSFN for ongoing case management during the time services are offered to parents in the home, or when a child must be placed temporarily with relatives or in a licensed foster care home.

Child Protection Transformation Project Vision

The vision put forth is to transform the role of hotline, investigation and case management, so that each component of the system works as an integrated unit, equipped to gather better information, relay information faster, conduct more quality investigations, gather a more complete picture of the child and family, and offer a more effective engagement strategy to ensure the child and families safety and independence. Moreover, the CPIs, supervisors and leadership will be highly qualified and empowered with the range of expertise needed and will build strong partnerships with a broad array of community partners. Investigations will be conducted using the right core business practices that allow for professional discernment and flexibility to deal with the unique challenges associated with each child and family, and the technology will be aligned to properly support the work. CBCs and case managers will be held accountable for the child's safety and well-being and the information they receive will be accurate, timely and present a more complete picture of the child, family and needs. The end result will be to enhance child safety, well-being and permanency.

Empower investigator as decision maker;
Create environment for stability and high performance;
Transform data center into command center; and
Simplify, automate and integrate business process

Overall Message

Florida's child protection professionals are dedicated workers putting in long hours to work passionately for the state's at-risk children. However, Florida's children continue to be maltreated – sometimes even after DCF and our partners have intervened to provide services. The Child Protection Transformation Project retools our practice to better enable families the supports necessary to provide children with a safe and nurturing environment. It will transform our culture from: Case Processing to Child Safety, Process to Outcome Management, and Entitlement to Independence. The change is sweeping and fundamental – not a mere adjustment to cosmetics:

- *Case Processing to Child Safety*
- *Process to Outcome Management*
- *Entitlement to Independence*

From	To
Individualized approach to case responsibilities by various professionals	End-to-end collaboration/teaming with both internal and external partners and families served
Limited access to information	Easy access to all the information available about the Departments whole history with the family
Discrete systems supporting Hotline counselors, CPIs and case managers	FSFN serves as the single electronic system supporting all aspects of child protection and service delivery
"One size fits all" service	Report-taking, investigations and case management tailored to the needs of the child and family
In the office	In the field
"Complying" with the required work steps	Focus on child and family outcomes
Supervising from the desk	Mentoring alongside the investigator

While today Florida's child welfare fully complies with federal minimum standards, our goal is to provide "world class" child protective services. This will be achieved when Florida is recognized nationally and globally for having:

- **Better child and family outcomes than other states**: This will be achieved by creating a new culture of outcomes, new work practices, better information management, new ways of developing professionals, new services, different metrics, and new ways of working together. It is achieved when Florida can demonstrate qualitatively and quantitatively that we enable families to achieve better child safety, well-being and permanence; and
- **Transformed efficiently:** child protection programs around the world recognize the need to fundamentally rethink how they serve children and families. Florida will stop talking and start acting. In two short years, our child protection system will have achieved a pace and level of transformation that will be a model.

Our Goal is to Provide World Class Child Protective Services

The Problem

In partnership with our community-based care agencies and child protection professionals, DCF must improve along the following dimensions in order to deliver world class child protective services.

1. **Downward spiral that is demonstrated in employee turnover and already eroding child safety.** Over the past two years, CPI turnover has exploded, from 20% to 37%. Since it takes a full year to get a new CPI fully productive with an average tenure of only three years stabilizing the workforce is critical. In some circuits, average tenure is less than one year. The causes of this turnover include high workload, low pay and inadequate career path. High turnover has contributed to a rate of 55% of investigations as repeat investigations, or rework. DCF needs to immediately address the causes of turnover, or face a situation in which the Department is no longer able to enable effective child safety outcomes in every circuit.

2. **Re-investigations and re-entry into child welfare system unusually high**. Fifty-five percent of Investigations involve children the Department has investigated already within the past six months – a tremendous rework burden – and a potential sign that DCF may not be "getting it right the first time."

CPI Turnover 37%

55% Re-investigations

192 child deaths at hand of parents or caretakers in 2009

8% of Hotline calls abandoned

Approximately 70% of CPI time spent in the office

Non-integrated systems

Community outrage

3. **High incidence of child deaths as a result of abuse committed by parents or caretakers.** In 2009, 192 children died as a result of verified abuse committed by their parents or caregivers. Thirty-five percent of the families involved had prior referrals. Statisticians put a monetary value on life, often millions of dollars. DCF looks at lives differently. No child should die at the hands of his or her parent or caregiver.

4. **Community outrage**. The high profile case involving the tragic death of Nubia Barahona in early 2011, the resulting Miami-Dade County Grand Jury Report in July, and calls for dramatic improvement from the public at large all rightly demonstrate a community outrage and immediate need for change.

5. **Non-integrated system architecture**. The current Hotline environment is cobbled-together framework of the FSFN and a separate application developed as a workaround for FSFN shortcomings. The resulting system relies heavily on manual re-entry of information and results in information not presented in an easily readable format. Likewise, each of the CBCs has responded to FSFN's shortcomings by implementing standalone solutions. Ancillary automated systems for managing child protection cases is not supported by our federal partners who have financially supported FSFN and adds an unnecessary complexity to integrating database systems.

6. **Inefficient tools and processes**. The Hotline still takes 98% of reports by phone – because the web reporting tool is unusable. The resulting call volume is so heavy that 8% of calls are abandoned. CPIs spend only 33% of their time in the field working with families – because the

systems and processes require them to time driving back to the office in order to pick up and drop off paper files, and enter data into their desktop computer. We need to get them into the field, working directly with families for 50% or more of their time. Community based care case managers face a similar problem.

7. **Information not available in a usable manner across the entire child protection process**. From reporter observations that lead to a Hotline call to case closure, stakeholders who are involved in serving a child and the family need to have access to all of the information required to enable the family. The FSFN system does not provide easy, structured access to the situation of the whole family in a manner that supports effective investigations and case management.

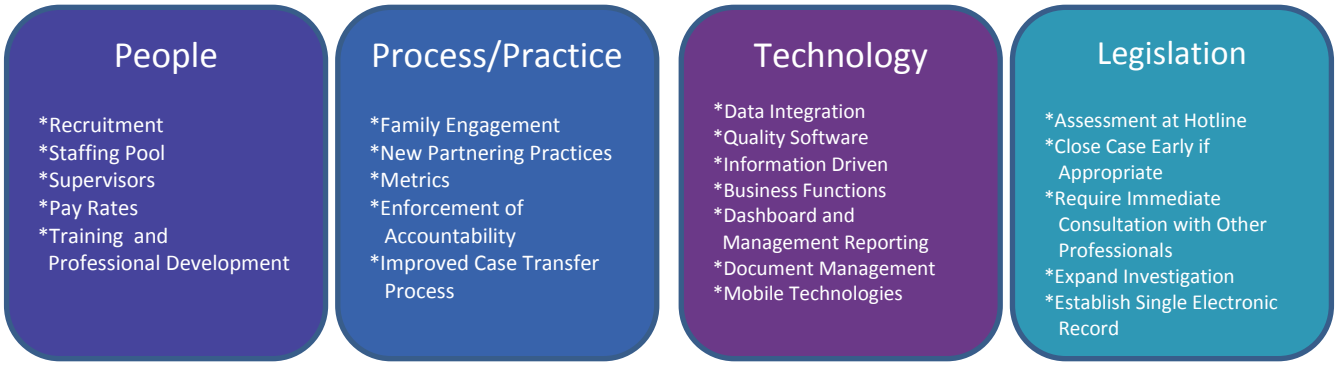
8. **Limited use of other agency information.** Today, investigators and case managers do not have the proper tools and supports to maximize on their use of information on a family or child that they are authorized to access. DCF needs to make proper use of outside information from other state agencies. Without computer assistance to package information for ease of use, providing access limits the ability to make the best use of the information available.

9. **DCF and partner organizations work independently, rather than partnering**. Transferring a case from investigations to case management can create a threat to child safety if done poorly. This needs to build on best practice relationships and a new form of accountability and trust.

10. **Compliance-based practice model.** Today, Hotline counselors, CPIs and case managers are oriented by supervisory styles and metrics to complete tasks rather than enable families to provide child safety. DCF and its partners need to collaborate in a practice model that is based on safety and teamwork, and focused on safe outcomes. This is the leading edge of child welfare internationally. DCF has the opportunity to build on the experience of a few states – to build "world class" child safety.

Solutions

The Child Protection Transformation Project includes many individual solutions that, taken together, will create world class child protection. The solutions fall into four categories: people, process, technology, and legislation.



1. People

Develop a career step-ladder - Create levels of expertise within the child protective investigative process that enables specializing and gaining certification status within the profession.

Establish a process - Immediately hire temporary CPI staff who can begin the training process for easy transition to a certified investigator to reduce the vacancy rate and mitigate present unmanageable caseloads.

Create a field staff supervisory model – Adopt the law enforcement model of supervision that focuses on mentoring and oversight of CPI work in the field with families.

2. Process/Practice

Family centered practice built on a safety model – The focus for transforming investigations and delivery services through the engagement of families to best determine safety and risk of a child will position Florida as a "world class" child protection system:

- From event-based risk assessment to family-based safety assessment
- From individual activity to team-based investigations
- From compliance with prescribed steps to focus on child and family safety outcomes

New partnering agreements and practices – Building on statewide best practices, we will reform formal agreements with law enforcement and other community partners and shift the role of an investigator or case manager from sole practitioner to team coordinator.

Metrics – To improve child safety, we will transition from a compliance-driven performance monitoring system to a new outcome-focused set of metrics to achieve new standards in accountability of all professionals and families served.

Enforcement of case manager accountability – Existing contract requirements with our community-based partners will be enforced more carefully, through the aid of case-level compliance tracking. The focus shifts to outcomes and increased motivation to high levels of performance.

Improving case transfer processes from Hotline intake through investigations to service delivery – The creation of assessment capacity through web-enabled and caller reporting at the Hotline will standardize and improve decision-making at all phases of case processing. In each of these handoffs, DCF will implement continuous improvement to find the key sources of poor handoff, work together to identify the underlying causes, implement improvements, and measure improvement.

3. Technology

New user interface with point and click, pull and drag functionality rather than data entry – A new user interface within FSFN will create a new method for implementing user functionality, based on the flexible tools of the Internet. This will allow a series of projects to start with Hotline screens –

which provide a complete view into the family and the child's history with DCF. Hotline screens will be built will an eye toward CPI and case management needs. Once funding is available for CPI and case management screens, community stakeholder documents will be made electronically available to increase flow of information from all child protection professionals involved in a case to enhance team knowledge of critical information about a child and a family for effective team-decision purposes. It will also reduce the use of paper.

Data integration - Changes to FSFN will be made to support data integration and information sharing with other state and local agencies such as Education, Early Learning Coalitions, the Agency for Health Care Administration, Juvenile Justice, Guardian Ad Litem, and the courts system.

Quality software – The Hotline will upgrade its existing telephone software that is funded through current operating budget. The upgrade is necessary in order to fundamentally change the manner by which Hotline counselor performance is managed. Counselors will shift from process point to technology; from being graded on how quickly they can conclude an interview to how effectively they can assess information to make a determination about whether a protective investigation should be commenced.

Information driven business functions (e.g. alerts) – DCF will create new data sharing relationships with key data sources such as the Department of Education and the various judicial and law enforcement agencies. The new user screens will allow CPIs and case managers the new opportunity drill into data and learn case specific information about children on their caseload. In addition, DCF will build data analysis tools that help with decision support. These "alerts" will help CPIs and case managers to identify the information that is most relevant and potentially elevate risk and safety factor that may be developing with a child.

Dashboard and management reporting – DCF will develop a dashboard at two levels. The first is for CPIs and case managers. It presents current case and performance status through the new user screens described above. The second is a new tool providing each level of management a window into practice and operating performance.

Document management – Today, CPIs and case managers produce, file and archive at least 80 pages of documents per case. The solution will allow most documents to be created and signed electronically.

Mobile technologies – CPIs and case managers need the capability to use any variety of devices to access FSFN, outside data, performance reporting, case status and the other important aspect of managing cases and their workday. Devices could be laptops, tablets, tablet computers, or even smart phones. In addition, the project will implement a remote office including printer, remote access connection, back-up batteries – everything a CPI needs to be productive without many trips back to the office.

4. Legislation

Safety assessment instrument – Changes to Chapter 39 will establish the use of a standardized safety assessment instrument that begins at the Hotline and used throughout the life cycle of a case.

Discontinue Investigations – Amendatory language enables CPIs to discontinue investigations when a report is found to be false or the initial safety assessment is complete.

Expand Investigation – CPI has the digression to expand an investigation if warranted by the situation they find. This works in conjunction with the right to reduce steps in other cases – allowing CPI to be more effective across all cases.

Electronic Record – Proposed language clarifies that FSFN is the single electronic record to maintain information on a child and family to eliminate development of duplicate systems to maintain similar data.

Investment

Florida's legislative process plays a critical role in transforming child protective investigations and enhancing safety, well being and permanence for children by taking three steps.

- **Changes to Florida Law**

First, the transformation project requires changes to Florida Statutes Chapter 39, the law that controls child protection in our state. Changes to Chapter 39 will allow child protection investigators and partners to focus their work on building safety for children who truly need intervention services. A child protection bill, sponsored by Senator Rhonda Storms and Representative Jose Felix Diaz, has been filed to enact revisions that will streamline the investigative process.

- **Investment in Enhancing Safety of Children**

Second, the project requires a financial investment that the legislature has endorsed through the appropriation of $5,500.000 during the 2011 session to deploy essential upgrades to the Hotline function. The department is procuring a systems integrator to significantly improve web entry for reporting child abuse to eliminate abandoned call rates and provide more complete, accurate family information to field staff. Governor Rick Scott has included in his budget proposal the Department's request for a one-time investment of $20 million in fiscal year 2012-2013 to transform field work practice by equipping CPI's with mobile technology to increase efficiencies and reduce gaps in connecting families to services

- **Support Redesign of Human Resource Requirements**

Third, the project requires essential changes to the recruitment, certification and professional development of child protection staff. Governor Rick Scott has included $9.8 million in his budget to enable the CPI workforce to hire investigators-in-training who will enable the creation of a tiered workforce to ultimately attract and retain highly qualified and committed child protection professionals. An additional $20 million will be requested in FY 2013-2014 to further address to continue the redesign. Creating levels of expertise in child protection and adopting the law enforcement model of field supervision will transform the protection of children and create a way of work that focuses on outcomes that lead to independence of families.

Fast Impact

World class is never built in a day. Building the best child protective services in the world will take years. However, part of DCF's success will be achieving major change quickly. In doing this, it will define an effective change process, showing the way for other Florida agencies, and for other child protection agencies globally. This will be based on building momentum quickly, achieving sustainable change, and demonstrating positive outcomes through measurement:

World class is never built in a day, but building momentum, sustainable change, and demonstrating positive outcomes through measurement must start today.

FY 2012	FY 2013	FY 2014 and Beyond
Establishing momentum	***Developing measureable results***	***Stakeholder improvements***
• Better quality reporting capabilities through web enhancements at the Hotline • Hotline improves accuracy of intake process through standardization of assessment of calls to Hotline • Hotline creates new presentation of case history information for CPI ability to easily obtain information on family and child • Child Welfare Program Office implements business function re-design in each region to create baseline for transforming current practice with existing resources • Performance incentives for CBCs – provide a new system of rewards (penalties) based on outcomes CBCs achieve in their casework. The focus shifts to outcomes and increased motivation to high levels of performance	• Technical solutions fully implemented in Hotline, on-time and on-budget • Increase web reporting from 1% to 10% • Reduce time to complete a phone report from 27 to 24 minutes, and to 18 minutes for a web report • Reduce abandoned calls from 8% to near zero • New Hotline screens launched that allow Hotline counselors to access more complete information about families and history – to improve completeness of package to CPI • Investigations as a percent of reports reduced 10% • CPI achieves 10% reduction in turnover by (1) adding staffing pool that takes some heat off of caseload (2) increasing wages • CPI introduces the best national safety framework and practice model • CPI launches tablet computers and improves the usage through rigorous feedback and iterative improvement • Business function re-design of new CPI practice evaluated positively in interviews with stakeholders • Statewide roll-out begins for standardized new practice model, staffing changes and technology	• People, process and technology solutions supporting CPIs and case managers fully implemented statewide • Quality improvement system in place for Hotline, CPI and case management statewide *First measurable outcome results* • Key federal compliance metrics improve • Repeat investigations drop by 15% compared to 2012 • Repeat maltreatment rates drop by 2% compared to 2012 • QSR evaluates of CPI and case management improved significantly in every category of performance and family status • In school and at-grade levels improved • Compliance with safety plan improved

Aggressive, Balanced Benefits

These changes will produce world class child protective services by achieving measurable improvement:

Today	Tomorrow
Financial	
37% Child Protection Investigator turnover	20% Child Protection Investigator turnover
2% Abuse Hotline counselor turnover	20% Abuse Hotline counselor turnover
"2%" Supervisor turnover (Hotline and Investigator combined)	10% Supervisor turnover (Hotline and Investigator combined)
Process/Practice	
8% Hotline abandonment rate for calls not answered	Near zero abandonment rate
27 minutes per report call	24 minutes per report call and 18 minutes per web report handling
1% web reporting capacity	10% web reporting utility
65% investigations that result from reports to Hotline	55% investigations for reports through refined assessment
All investigations require full investigation	25% of investigations lead to "no finding" and are terminated early
	10% of investigations include steps beyond the minimum –adding to child safety
33% CPI time in the field engaged with families	50% CPI time in the field engaged with families and assessing children
20% CPI Supervisor time in the field	80% Supervisor time in the field to coach and mentor CPI
Average CPI case level of 1:20	Average CPI case ratio of 1:12
Learning	
No formal tracking of professional development	Professional development is part of every employees performance expectation
Professional development - Hotline and CPI personnel spend little time learning	Experienced Hotline and CPIs invest 10% of time in professional development through real-time learning and other opportunities
No measurement of educational impact	All training is assessed for application to work, and impact on work performance (levels 3 & 4 of Kirkpatrick's schema)
Child & Family Outcomes	
55% investigations result in repeat calls to Hotline with new allegations	25% repeat investigations through family engagement practices
No quality review system for monitoring individual case practices with CBC's	Quality reviews conducted on investigations in every circuit focusing on CBC outcomes for services

Child Protection Transformation Project Review

The Child Protection Transformation Advisory Board was established by Secretary Wilkins in June 2011 to provide independent, expert observation and monitoring of the goals of the project. Representation includes, the legislature, judicial branch, sheriff offices, CBC lead agencies, child advocates, medical authorities, the philanthropic community, attorneys, sister agency experts and a foster/adoptive parent. Comprised of a broad array of authorities on children's issues, they convene quarterly to review the project and offer consultation on progress made. Information about the Board, their activities and upcoming meetings can be found on the DCF website.