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Florida Child Welfare Services Gap Analysis Report

April 8, 2014

Executive Summary

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Study Overview and Methods

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The purpose of the survey was to conduct a comprehensive gap analysis of the services available at the community level for families at risk of involvement or involved with Florida's child welfare system. Most, but not all, of these services are delivered or purchased by DCF and the Community Based Care (CBC) lead agencies throughout the state who hold contracts with DCF to provide child welfare services. Some services are delivered by health and behavioral health care providers, housing agencies, criminal courts and community supports such as churches.

The survey gathered information about the respondents' perceptions regarding need, availability and accessibility of 115 unduplicated services that are organized by five service categories: (1) safety management, (2) prevention and early intervention, (3) assessment, (4) treatment, and (5) innovative or evidence-based practices. The survey was conducted in January and February 2014 electronically using Qualtrics, a web-based software platform that facilitates data collection and quantitative data analysis.

Respondents were categorized into seven groups: child protective investigator, Community-based Care (CBC) lead agency, case manager from a CBC care management organization, dependency court judge, Guardian ad litem, Children's Legal Services (CLS) attorney, and private attorney. Of the 6,491 stakeholders who were invited to participate in the study, 1128 people (17%) from seven different respondent types completed the survey regarding 94% (63) of the Florida counties. There was an average of 17 responses for each county, with an average of 3.6 respondent types per county.

Findings

Overall, a wide range of services were rated between occasionally or usually available and accessible. A small number of key service gaps do exist, however. Statewide, 33% or more of the respondents identified 13 services as critical unmet needs that affect child safety. Four of the 13 services identified as critical unmet needs (crisis management, behavior management-

in-home supervision and monitoring, in-home crisis intervention, and after school care) are **safety management services** (i.e., services that should be in place in order to respond and manage specific threats to child safety). Three of these four services (behavior management-in-home supervision and monitoring, Safe at Home, and in-home crisis intervention) are **in-home services**. Finally, two of the services (Safe at Home and Parent-Child Psychotherapy) are **evidence-based practices**. In addition to statewide findings, the report includes findings at the regional level, as well as county-level reports with data on availability, accessibility, and unmet service needs.

The following recommendations are based on the survey findings.

1. The county findings regarding service availability, accessibility and critical unmet needs can be used by Community Alliances, county governments and other entities responsible for planning. This will help them identify service gaps and develop strategic financing plans for addressing these needs. Special attention should be given to gaps in safety management services, and in those services known to be effective in the prevention and treatment of child abuse and neglect. We want to underscore the value and responsibility of local communities for providing some of these services.
2. At the county and regional levels, the findings regarding availability, accessibility and critical unmet needs can be used by Managing Entities, county governments, and DCF regional offices to make determinations about resource allocations. Special attention should be given to gaps in safety management services and those services known to be effective in the prevention and treatment of child abuse and neglect.
3. At the state level, the findings can be used by the legislature and DCF in making decisions regarding new resources and resource allocations.
4. Three of the most common critical unmet needs (Safe at Home, Parent-Child Psychotherapy, and Cognitive Behavioral Therapy) are evidence-based practices. Careful attention should be given to provision of the resources needed for the appropriate implementation and maintenance of these services, as well as monitoring their fidelity over time.
5. Several of the most common critical unmet needs are related to concrete needs such as helping families secure adequate housing, transportation, food and clothing. Addressing these gaps will require collaboration and coordination with a variety of funders and providers -- both locally and at the regional and state levels.
6. For those services at the community level with relatively high ratings on *availability* and relatively low ratings on *accessibility*, further examination and dialogue is needed with provider networks to understand better why these services are perceived as inaccessible. Accessibility, as defined in the survey, means that the service is convenient, approachable and user-friendly to the children and families who need it.

7. Department officials have suggested that another gap analysis survey be conducted in 18 to 24 months to measure the availability and accessibility of specific services identified as critical unmet needs in the current survey. This survey would occur if a sufficient amount of effort had been expended to improve the availability and access of the most needed preventive services.

These recommendations should be considered within the broader framework of needed changes noted in recent reports such as the October 2013 *Review of Child Fatalities Reported to the Florida Department of Children and Families*, which was produced by Casey Family Programs.

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Acknowledgements

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Advisory Committee Members

Judge Elizabeth Krier	Circuit Judge 20 th Judicial Circuit
Carol Deloach	Chief Executive Officer Devereux CBC of Okeechobee and the Treasure Coast
Kathleen Cowan	Associate Executive Director Eckerd Community Alternatives
Patricia Franklin	Operations Manager, Northwest Region Florida Department of Children and Families
Shelley Katz	Chief Operating Officer Children’s Home Society of Florida

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Findings

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The following recommendations are based on the survey findings.

1. The county findings regarding service availability, accessibility and critical unmet needs can be used by Community Alliances, county governments and other entities responsible for planning. This will help them identify service gaps and develop strategic financing plans for addressing these needs. Special attention should be given to gaps in safety management services, and in those services known to be effective in the prevention and treatment of child abuse and neglect. We want to underscore the value and responsibility of local communities for providing some of these services.
2. At the county and regional levels, the findings regarding availability, accessibility and critical unmet needs can be used by Managing Entities, county governments, and DCF regional offices to make determinations about resource allocations. Special attention should be given to gaps in safety management services and those services known to be effective in the prevention and treatment of child abuse and neglect.
3. At the state level, the findings can be used by the legislature and DCF in making decisions regarding new resources and resource allocations.
4. Three of the most common critical unmet needs (Safe at Home, Parent-Child Psychotherapy, and Cognitive Behavioral Therapy) are evidence-based practices. Careful attention should be given to provision of the resources needed for the appropriate implementation and maintenance of these services, as well as monitoring their fidelity over time.
5. Several of the most common critical unmet needs are related to concrete needs such as helping families secure adequate housing, transportation, food and clothing. Addressing these gaps will require collaboration and coordination with a variety of funders and providers – both locally and at the regional and state levels.
6. For those services at the community level with relatively high ratings on *availability* and relatively low ratings on *accessibility*, further examination and dialogue is needed with provider networks to understand better why these services are perceived as inaccessible. Accessibility, as defined in the survey, means that the service is convenient, approachable and user-friendly to the children and families who need it.
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sufficient amount of effort had been expended to improve the availability and access of the most needed preventive services.

These recommendations should be considered within the broader framework of needed changes noted in recent reports such as the October 2013 *Review of Child Fatalities Reported to the Florida Department of Children and Families*, which was produced by Casey Family Programs.

Florida Child Welfare Services Gap Analysis Report

Introduction

Background and Purpose

The University of South Florida (USF), with support and consultation from Casey Family Programs (CFP), conducted a state-wide electronic survey to examine service gaps in Florida's child welfare system. This study was initiated at the request of Florida Department of Children and Families (DCF) Interim Secretary Esther Jacobo on 11/5/2013 in response to the recommendations of the October 2013 CFP *Review of Child Fatalities Reported to the Florida Department of Children and Families*. One recommendation of the review was to develop a comprehensive array of resources and safety management services that would support the implementation of in-home safety plans.

The purpose of the survey was to conduct a comprehensive gap analysis of the services available at the community level for families at risk of involvement or involved with Florida's child welfare system. Most, but not all, of these services are delivered or purchased by DCF and the Community Based Care (CBC) lead agencies throughout the state who hold contracts with DCF to provide child welfare services. Some services are delivered by health and behavioral health care providers, housing agencies, criminal courts and community supports such as churches. The survey findings should inform decisions regarding resource allocations for services and supports at both the community and state levels.

Methodology

Description of Methodology

The survey gathered information about the respondents' perceptions regarding need, availability and accessibility of 115 unduplicated services for families in Florida's child welfare system. The survey includes five service categories: (1) safety management, (2) prevention and early intervention, (3) assessment, (4) treatment, and (5) innovative or evidence-based practices. The survey was conducted electronically using Qualtrics, a web-based software platform that performs data collection and quantitative data analysis. The survey was conducted in January and February 2014, and closed on Saturday, 2/15/14. Data analysis and report writing were conducted in March 2014.

Survey Elements

For each service listed on the survey, respondents rated three elements: need, availability, and accessibility.

NEED means that the service was needed by any child or family with an open case in the past six months. (This rating area was used as a "gating question" for availability and accessibility.)

Did any children or families known to you with an open case within the last six months need this service?

- Yes
- No
- Don't know

AVAILABILITY means that the service is offered in your area. Excessive wait lists are one availability issue.

If yes, to what extent was this service available to families who needed this service?

- Not at all, service does not exist (=0)
- Not at all, service exists but is never available (=0)
- Occasionally (=1)
- Usually (=2)
- Always (=3)
- Don't know

ACCESSIBILITY means that the service is convenient, approachable and user-friendly to the children and families who need it. Accessible services are offered at convenient times and locations for families and in their language. Some other factors impacting accessibility include affordability of the service and the availability of transportation and child care.

If available, to what extent was this service accessible to families in need of this service?

- Not at all (=0)
- Occasionally (=1)
- Usually (=2)
- Always (=3)
- Don't know

CRITICAL UNMET NEEDS In addition to responding to the three above questions for each service, at the end of each service category respondents were asked to identify the most critical unmet services needs in that category. Respondents could endorse as critical as many services as they saw fitting that criteria.

For this category, what are the most critical unmet service needs that affect the safety of children in this county?

Data Analysis

For both availability and accessibility, the numeric values of the responses were summed and then divided by the four rating levels to calculate the mean average. For critical unmet need, the number of respondents who endorsed the service as a critical unmet need was divided by the number of respondents who endorsed any service in that service category to calculate the percentage that identified the service as a critical unmet need.

Survey Respondents

The following procedures were used to decide which survey respondents would be included in the analysis of the findings.

N	%	Decision Rules for Including Respondent in Results
6,491	100.00%	Number of invitations to survey
2,396	36.91%	Number of respondents to open survey
-918	-14.14%	No data except respondent type and county
-338	-5.21%	No or little data on availability and accessibility
-10	-0.15%	No respondent type
-4	-0.06%	No county specified
+4	0.06%	Double county entries duplicated into single counties
-2	-0.03%	Test entries
1,128	17.38%	Total respondents used in results

Respondents were categorized into seven groups. The respondent types are child protective investigator, Community-based Care (CBC) lead agency, case managers from care management organization under contract with a lead agency, dependency court judge, Guardian ad litem, Children's Legal Services (CLS) attorney, and private attorney. The chart below shows for each respondent type, the number invited to participate in the survey, the number of respondents who completed the survey, and the percentage of respondents who completed the survey.

Respondent Type	Invited	Completed	% Completed
Child protective investigator	1,750	263	15%
CBC lead agency	67	142	212%
Case manager from care management organization under contract with lead agency	2,500	180	7%
Dependency court judge	145	19	13%
Guardian ad Litem	1,800	377	21%
CLS Attorney	229	129	56%
Private Attorney		18	
Total	6,491	1,128	17%

A total of 1,128 of the 6,491 (17%) respondents in seven different respondent types completed the survey regarding nearly all (64 or 94%) of the Florida counties. There are approximately 17 responses for each county, with 3.6 respondent types per county. The only counties without any respondents are Jackson, Jefferson, Madison, and Washington. Four other counties have

only a single respondent: Liberty, Suwannee, Taylor, and Union. Data from these four counties are used in the statewide and regional reports but are not displayed in the county reports to protect the confidentiality of respondents.

Study Limitations

The design of the study includes the inherent limitations of web-based surveys. First, the representativeness of the sample is limited, in part because the survey administrator did not have control of email addresses for all respondent types. For some respondent types, the survey was forwarded to participants by another entity. When the survey was sent out by another entity, it was not possible to send automatic reminders to participants about completing the survey. In addition, the forwarded invitations led to completion challenges for some recipients. Most notably affected were the case managers under contract with the CBC case management organizations who responded at a lower rate than other groups.

We believe the modest response rate of 17% is primarily due to the length of the survey. Since the survey asked respondents to assess need, availability and accessibility of 115 services, the average survey completion time exceeded 30 minutes. The modest response rate limits our ability to generalize to the entire sample.

Survey Findings

Availability, Accessibility, and Critical Unmet Service Needs

The findings regarding service availability, accessibility and critical unmet service needs statewide are presented in Appendix A; with data presented in Appendix B for each DCF region; and county data presented in Appendix C.

The sample chart below shows the service category in the left of the first row. It contains the name of the service category and a short definition of the kinds of services it contains. The two bands of shading label the number of respondents for availability (black), and the number of respondents for accessibility (gray). The availability and accessibility scales move from left to right on a four point scale: Not at all, Occasionally, Usually, and Always. The next column is the percentage of respondents who identified a service as a critical unmet need, followed by the number of respondents in this category, N of 1,038.



For example, the second row of the sample chart above shows the name of the service that was rated (After school care), the number of availability ratings (824), and the somewhat smaller number of respondents who rated accessibility (733). The longer black bar suggests that availability is almost to the “Usually” mark, and a shorter gray bar suggests that accessibility is closer to “Occasionally”. The small numbers on the bars report the mean rating from 0 to 3.

The last two columns report that 34% (n = 350) of respondents identified this service as a critical unmet need. All percentages greater than 33% are highlighted to identify the services chosen by 33% or more of respondents as critical unmet needs. Services less than 33% are not highlighted, but still represent critical unmet needs that can threaten the safety of children.

Each community should carefully examine their data to identify key services that need to be addressed. For example, in one county, respite care (24-hour licensed care for brief periods to give caregivers a respite), was rated as a critical unmet need by 48% of their respondents; and both availability and accessibility to this service had ratings of 1.5 or less. County leaders and other stakeholders might therefore view respite care as an important area for follow-up.

Statewide Findings: Critical Unmet Needs

As shown below, statewide 33% or more of the respondents identified the following 13 services as critical unmet needs that affect child safety.

Service	% Who Identified Service as a Critical Unmet Need
Crisis Management: Same Day Counseling	54%
Housing Availability	49%
Behavior Management: In-Home Supervision and Monitoring	48%
Housing Assistance	45%
Parent-Child Psychotherapy	39%
Transportation Assistance	38%
Safe at Home	37%
In-Home Crisis Intervention	36%
Transportation Availability	36%
Mental Health Assessment of Adults	35%
Mental Health Assessment of Children	34%
Child Sexual Abuse Assessment-Alleged Perpetrator	33%
After School Care and Activities	33%

It is important to note that four of the 13 services identified above as critical unmet needs (crisis management: same day counseling, behavior management-in-home supervision and monitoring, in-home crisis intervention, and after school care) are safety management services (i.e., services that should be in place in order to respond to and manage specific threats to child safety). Three of these services identified as critical unmet needs (behavior management-in-home supervision and monitoring, Safe at Home, and in-home crisis intervention) are in-home services.

In addition to the services listed above, the following services which have shown to be effective in the prevention and treatment of child abuse and neglect should be given special attention. While the statewide rating was less than 33%, each service was rated above the 33% threshold in one or more DCF regions:

1. Cognitive Behavioral Therapy (32%)
2. Resource Acquisition – food, clothing, furniture (31%)
3. Domestic Violence Assessment - Alleged Perpetrators (31%)
4. Child Care – immediate access for families with an active Safety Plan (29%)
5. Substance Abuse Assessment of Adults (29%)

Several of the 18 services that were identified as critical unmet needs addressed **concrete, practical needs** of families. These include prevention and early intervention services such as housing availability (49%), housing assistance (45%), transportation assistance (38%), and transportation availability (36%). Resource acquisition, a safety management service that includes providing food, clothing and essential home furnishings to improve child safety, was rated as a critical unmet need by 32% of statewide respondents. Finally, three of the top 18 services (Safe at Home, Parent-Child Psychotherapy, and Cognitive Behavioral Therapy) are **evidence-based practices**. Evidence-based practices are services that have the best research evidence, the best clinical experience evidence, and are consistent with family/client values.

Statewide Findings: Service Availability and Accessibility

The availability and accessibility scales move from left to right on a four point scale: Not at all (0), Occasionally (1), Usually (2), and Always (4). Statewide all of the assessment services were rated as usually available and accessible. In contrast to this finding, none of the safety management or innovative or evidence-based practices were rated as usually available or accessible. Thirteen (28%) of the 46 treatment services were rated as usually available, and 21 (46%) of the treatment services were rated as usually accessible. Seven (19%) of the 36

prevention and early intervention services were rated as usually available statewide, and 8 (22%) of these services were rated as usually accessible.

On a positive note, statewide a number of services were rated between occasionally and usually available and accessible. The statewide average of the service categories for availability is 1.61 and for accessibility is 1.68. When comparing availability and accessibility mean averages across the service categories, the ratings for Assessment Services are higher than “usually” (2.0) for availability and accessibility. For Treatment Services, the average for availability is 1.66, and the average for accessibility is 1.78.

Service Category	Availability	Accessibility
Safety Management Services (n=12)	1.32	1.17
Prevention & Early Intervention Services (n=36)	1.40	1.55
Assessment Services (n=10)	2.21	2.22
Treatment Services (n=46)	1.66	1.78
Innovative and Evidence Based Services (n=13)	1.47	1.65
Statewide mean of service categories	1.61	1.68

Regional Findings: Availability, Accessibility, and Critical Unmet Service Needs

The following 6 services were identified as critical unmet needs by at least 33% of the respondents in *all* regions: (1) crisis management, (2) behavior management-in-home supervision, (3) in-home crisis intervention, (4) housing availability, (5) housing assistance, and (6) Parent-Child Psychotherapy. Additional services identified as critical unmet needs by respondents in at least 4 of the 6 regions are after school care, transportation assistance, mental health assessments of adults, mental health assessments of children, child sexual abuse assessments of alleged perpetrators, and Safe at Home in-home services.

Respondents in the Southern Region identified the highest number (n = 22) of critical unmet service needs. The lowest number (n = 11) of critical unmet needs were identified by respondents in the Suncoast Region.

County Level Findings: Availability, Accessibility, and Critical Unmet Service Needs

County-level charts on availability and accessibility for all services in all categories, as well as services identified as critical unmet needs, are presented in Appendix C. There was an average

of 17 responses for each county, with an average of 3.6 respondent types per county. The counties that are not included in Appendix C because there were no survey respondents are Jackson, Jefferson, Madison, and Washington. In addition, responses are not shown on the county-level reports for the four counties (Liberty, Suwannee, Taylor, and Union) with a single respondent. The data for these counties are included in the regional and state-level reports.

Recommendations

Recommendations

The following recommendations are based on the survey findings.

1. The county findings regarding availability, accessibility and critical unmet needs can be used by Community Alliances, county governments and other entities responsible for planning. This will help them identify service gaps and develop strategic financing plans for addressing these needs. Special attention should be given to gaps in safety management services and those services known to be effective in the prevention and treatment of child abuse and neglect. We want to underscore the value and responsibility of local communities for providing some of these services.
2. At the county and regional level, the findings regarding availability, accessibility and critical unmet needs can be used by Managing Entities, county governments, Children's Services Councils, and DCF regional offices to develop strategic financing plans and make determinations about resource allocations. Special attention should be given to gaps in safety management services and in services known to be effective in the prevention and treatment of child abuse and neglect.
3. At a state level, the findings can be used by the legislature and DCF in making decisions regarding new resources and resource allocations.
4. Three of the service gaps (Safe at Home, Parent-Child Psychotherapy, and Cognitive Behavioral Therapy) are evidence-based practices. (Links to more information for each service listed in the Innovative and Evidence-based Practices category are included in Appendix D.) Careful attention should be given to provision of the resources needed for the appropriate implementation and maintenance of these services, as well as monitoring their fidelity over time.
5. Several of the service gaps are related to concrete needs such as housing availability and accessibility, transportation, food and clothing. Addressing these gaps will require collaboration and coordination with a variety of funders and providers both locally and at the regional and state levels.

6. For those services at the community level with relatively high ratings on availability and relatively low ratings on accessibility, further examination and dialogue is needed with provider networks to understand better why these services are perceived as inaccessible. Accessibility, as defined in the survey, means that the service is convenient, approachable and user-friendly to the children and families who need it.
7. Department officials have suggested that another gap analysis survey be conducted in 18 to 24 months to measure the availability and accessibility of specific services identified as critical unmet needs in the current survey. This survey would occur if a sufficient amount of effort had been expended to improve the availability and access of the most needed preventive services.

These recommendations should be considered within the broader framework of needed changes noted in recent reports on the Florida child welfare system.

Next Steps

Further analysis of the Florida child welfare system of care service gaps is needed to better understand reasons for lack of service availability and barriers to service accessibility, as well as to identify strategies to remedy them. Engaging a broad spectrum of stakeholders utilizing multiple methods can lead to a richer understanding of these issues.

Proposed strategies for additional gap analysis include:

1. Conducting local focus groups with child protective investigators, child welfare case managers, and parents who are receiving services in the child welfare system;
2. Conduct interviews with a small but random sample of service providers representing adult mental health services, substance abuse, and domestic violence; and
3. Geo-mapping a sample of key communities throughout Florida to illustrate where at-risk families are living in relation to where the services in that community are located.

Osceola

Safety Management Services: Services and resources to manage and reduce safety and danger threats to children in a home. Commonly included in safety plans.	Availability ^a		Frequency			% Who identified Critical Unmet Need ^c	
	N	%	Not at all	Occasionally	Usually		Always
After school care and other activities for children in families with an active safety plan to relieve stress on caregivers.	8	7	0.0	1.4 1.3		43%	3
Behavioral Management: In-home Supervision and Monitoring Stress Reduction Behavior Modification	8	7	0.0	1.3 1.0		57%	4
Child Care: Immediate access to child care to provide respite to families with an active safety plan.	3	3	0.0	1.0 1.7		43%	3
Crisis Management: Same Day Counseling (problem solving and crisis resolution)	6	6	0.0	0.8 0.5		57%	4
Crisis Nursery: - Crisis nurseries provide 24-hour emergency care for infants and children	4	3	0.0			29%	2
In-home Crisis Intervention	5	5	0.0	1.2 1.4		43%	3
Shelter Beds for women and their children in DV cases	6	6	0.0	1.2 1.3		43%	3
Family Team Meeting Facilitators	5	4	0.0	1.6 1.8		43%	3
Medical/Mental Health Consultation (for caseworkers)	6	5	0.0	1.7 1.4		57%	4
Safe Sleep Monitoring (ADD) - Public Health Home Visitors to support caregivers and to monitor child safety	2	2	0.0	0.5		29%	2
Resource Acquisition: Includes food, clothing and essential home furnishings needed to improve child safety.	8	7	0.0	1.5 1.3		71%	5
Respite care: 24-hour licensed care for brief periods to give caregivers a respite.	2	2	0.0	0.5		43%	3

^a To what extent was this service available to families who needed this service? Excessive wait list is one availability issue (Mean of responses to Availability)

^b To what extent was this service accessible to families? Convenient time, location, affordability issues. (Mean of responses to Accessibility)

^c For this category, what are the most critical unmet service needs that affect the safety of children in this county? Highlight >=33%. (Identified service as Critical / Number of Respondents)

Prevention & Early Intervention Services: Services and other supportive strategies designed to help strengthen child, parent, and family functioning or supports to promote child development and to prevent child maltreatment or other family difficulties that might require foster care.

Availability

Accessibility

Not at all

Occasionally

Usually

Always

% Who identified Critical Unmet Need^c N=8

Service	Availability	Accessibility	Not at all	Occasionally	Usually	Always	% Who identified Critical Unmet Need ^c N=8
Adult Education Support Programs - GED class	5	4	0.0	1.8	2.5	13%	1
Community Referral Services	8	6	0.0	1.9	1.5	13%	1
Community Resource Centers	4	3	0.8	0.7	0.0	38%	3
Crisis Nursery:	4	4	0.0	0.0	0.0	38%	3
Respite Care	5	4	0.2	0.3	0.0	25%	2
Culturally-specific Services - Translation Services	6	5	1.5	1.8	0.0	25%	2
Culturally-specific Services - Bi-lingual Staff	6	5	1.5	1.6	0.0	13%	1
Culturally-specific Services - Hearing impaired	2	2	0.5	0.5	0.0	13%	1
Delinquency/Truancy/Runaway prevention	5	5	0.4	0.6	0.0	25%	2
Developmental Disability Services for children and adults	5	5	0.2	0.4	0.0	63%	5
Early Intervention Services – Home Services (0-3 years of age)	5	5	1.2	1.3	0.0	38%	3
Early Intervention Services – Home Services (3-6 years of age)	5	5	0.8	1.2	0.0	38%	3
Early Intervention Services – Early Childhood Education	6	6	1.2	1.3	0.0	25%	2
Employment/Job Assessment and Training Services - for Caregivers and for Youth	5	4	0.4	0.3	0.0	50%	4
Fatherhood Initiatives - Custodial	4	4	0.0	0.0	0.0	38%	3
Fatherhood Initiatives - Non-custodial	5	4	0.2	0.0	0.0	38%	3
Food Bank/Assistance	6	6	1.2	1.3	0.0	13%	1

Prevention & Early Intervention Services: Continued

Service	Availability		Frequency				Always	% Who identified Critical Unmet Need ^c	N=B
	5	4	Not at all	Occasionally	Usually				
Homemaker Services - Instructional In-home	5	5	0.4 0.4				50%	4	
Homemaker Services - Classroom Based instruction	5	5	0.0				25%	2	
Housing Availability	6	6	0.3 0.3				75%	6	
House Assistance	7	7	0.7 0.9				63%	5	
Parent Advocacy	4	4	1.0 1.0				25%	2	
Parental Engagement-Mutual Support Groups (Circle of Parents)	5	5	0.2 0.2				38%	3	
Pre-natal services and education	6	6		1.7 1.7			13%	1	
Parenting Education	8	8		2.4 2.4			13%	1	
Pregnancy and Parenting Services	6	6		1.7 2.0			13%	1	
Home Visiting Programs (e.g., Healthy Families)	7	6		1.1 1.3			50%	4	
Safe Sleep Education (ADD)	4	4	1.0 1.0				25%	2	
Specialized After School Programs	7	4	0.6 1.3				25%	2	
Subsidized Child Care	6	5		1.5 1.8			25%	2	
Supervised Visitation Services (mediation, parenting development plans, neutral drop-offs)	8	7		1.9 2.3			25%	2	
Transportation Available	7	6		1.3 1.2			50%	4	
Transportation Services Assistance	6	6	0.8 0.8				38%	3	
Tutoring	5	6		1.8 2.0			25%	2	
Educational liaison for OOH Children	4	4		1.8 2.0			25%	2	
Utilities Assistance	8	7		1.5 1.3			25%	2	

Assessment Services: Services designed to assess physical, emotional or behavioral conditions, injuries or problems of children, caregivers and families and to recommend appropriate treatment services to alleviate them.

Availability¹

Accessibility²

% Who identified Critical Unmet Need^c N=7

Not at all

Occasionally

Usually

Always

Assessment Type	Availability ¹	Accessibility ²	Not at all	Occasionally	Usually	Always	% Who identified Critical Unmet Need ^c	N=7
Substance Abuse Assessment - Adult	8	8			2.6 2.5		14%	1
Substance Abuse Assessment - Adolescent	6	6			2.3 2.2		29%	2
Domestic Violence Assessment - Victim	6	6			2.2 2.0		43%	3
Domestic Violence Assessment - Alleged Perpetrator (ADD)	7	7			2.1 2.0		43%	3
Mental Health Assessment - Adult	7	7			2.3 2.0		14%	1
Mental Health Assessment - Early Childhood	6	6			2.2 2.0		43%	3
Mental Health Assessment - Child	9	8			1.9 2.0		43%	3
Child Sexual Abuse Assessment - Child	5	5			2.0 2.0		14%	1
Child Sexual Abuse Assessment - Alleged Perpetrator (ADD)	5	5			1.4 1.4		57%	4
Comprehensive Behavioral Health Assessment - Child/Adolescent	7	7			2.1 2.1		43%	3

Treatment Services and Strategies: Services or other procedures to alleviate or cure a physical, emotional or behavioral condition, injury or problem.

Treatment Services and Strategies	Availability ^N		Accessibility ^N		Frequency				% Who identified Critical Unmet Need ^c	N=6
	Availability ^N	Accessibility ^N	Not at all	Occasionally	Usually	Always				
Behavior/Analyst Management Program	6	6	1.7	1.7	1.7	1.7	17%	1		
Outpatient Counseling/Therapy (child, family, individual)	8	7	1.9	2.0	1.9	2.0	0%	0		
Sexual Abuse Counseling - victim, perpetrator, child perpetrator, family	6	6	1.7	1.7	1.7	1.7	0%	0		
In-Home Counseling for Children and Adolescents	5	5	1.8	1.6	1.8	1.6	17%	1		
Psychiatric Services - Child/adolescent and adult	5	5	1.5	1.6	1.5	1.6	17%	1		
Mental Health Crisis Stabilization Unit—Child/Adolescent	6	6	2.0	2.0	2.0	2.0	17%	1		
Mental Health Crisis Stabilization Unit—Adult	5	5	2.0	2.2	2.0	2.2	17%	1		
Domestic Violence Treatment Services - Batterers Intervention Programs	3	3	1.3	1.3	1.3	1.3	33%	2		
Domestic Violence Treatment Services - Victim Support	7	6	1.9	2.0	1.9	2.0	17%	1		
Domestic Violence Treatment Services - Co-located DV Advocates	5	4	0.8	0.8	0.8	0.8	17%	1		
Substance Abuse Outpatient Treatment (Adult)	3	3	1.0	1.0	1.0	1.0	33%	2		
Substance Abuse Inpatient Treatment (Adult)	4	4	0.5	0.5	0.5	0.5	33%	2		
Substance Abuse Outpatient Treatment for Children and Adolescents	5	6	1.2	1.3	1.2	1.3	17%	1		
Dual diagnosis (MH/SA) treatment services for adolescents and adults	6	6	1.8	1.7	1.8	1.7	33%	2		
In-Home Substance Abuse Treatment	7	7	2.1	2.1	2.1	2.1	0%	0		
In-Home Parent Education and Training	6	6	1.8	1.7	1.8	1.7	33%	2		
Classroom-based Parent Education and Training	7	7	2.1	2.1	2.1	2.1	0%	0		

Treatment Services and Strategies: Continued

Service	Availability ^a		Accessibility ^b		Frequency				% Who identified Critical Unmet Need ^c
	Always	Usually	Occasionally	Not at all	Always	Usually	Occasionally	Not at all	
Family Intervention Specialists (Substance Abuse)	6	5	1.9	1.4	17%	1			17%
Trauma Recovery Services/Counseling	3	3	1.3	1.7	17%	1			17%
Intensive In-Home Family Preservation/Diversion Services	4	4	1.8	2.0	0%	0			0%
Mobile In-Home Mental Health Crisis Intervention Services	4	3	0.0		33%	2			33%
Dependency/Family Court Mediation	5	2	2.2	1.5	0%	0			0%
Enhanced Visitation Support	2	2	0.5	1.0	0%	0			0%
Flex funds/Temporary Cash Assistance	4	2	1.5	1.0	0%	0			0%
Youth Mentoring Services	7	5	1.1	1.9	17%	1			17%
Independent and Transitional Living Services	5	2	1.2	1.0	33%	2			33%
Father-specific Groups/Services/Supports	3	2	0.0		50%	3			50%
Relative/Kinship Educational and Support Services	4	2	0.0		33%	2			33%
Relative/Kinship Caregiver Specialist Services	4	2	0.0		50%	3			50%
Therapeutic Group Homes	5	3	0.8	1.0	17%	1			17%
Specialized Therapeutic Foster Care	4	3	1.5	1.3	17%	1			17%
Medical foster care	3	2	2.0	1.5	17%	1			17%
Substance Abuse Recovery Support Services	3	2	1.7	1.0	0%	0			0%
Residential family substance abuse treatment	3	2	2.0	1.5	17%	1			17%

Treatment Services and Strategies: Continued

Treatment Services and Strategies	Availability		Accessibility		Frequency				Who identified Critical Unmet Need ^c	N=6
	N	%	N	%	Not at all	Occasionally	Usually	Always		
Developmental disabilities foster care	3	33%	3	100%	0.7	0.3	0	0	33%	2
Out-of-Home Placement Stabilization Services for foster parents, relatives, and non-relative caregivers	4	0%	3	75%	1.8	1.7	0	0	0%	0
Enhanced Reunification Services	2	0%	2	100%	1.0	1.0	0	0	0%	0
Developmental disability services for children	5	50%	4	80%	1.0	1.0	0	0	50%	3
Developmental disability services for adults	3	33%	3	100%	0.3	0	0	0	33%	2
Family Support Workers	4	17%	4	100%	1.3	1.8	0	0	17%	1
Foster Parent Liaisons	1	0%	1	100%	1.0	1.0	0	0	0%	0
Adoption Support Services	4	17%	4	100%	2.0	2.0	0	0	17%	1
Pre-finalization Adoption Support	3	0%	3	100%	1.7	1.7	0	0	0%	0
Post-finalization Adoption Support	2	0%	2	100%	2.0	2.0	0	0	0%	0
Post-reunification Support (ADD)	3	17%	3	100%	0.7	0.7	0	0	17%	1
Foster home recruitment services	2	33%	1	50%	1.0	0.0	0	0	33%	2

Innovative or Evidence Based Practice Services: Evidence-Based Practice is a combination of the following three factors: (1) best research evidence, (2) best clinical experience, and (3) consistent with family/client values

Service	Availability		Accessibility		Not at all	Occasionally	Usually	Always	% Who identified Critical Unmet Need ^c	N=6
	N	%	N	%						
Cognitive Behavioral Therapy	4	100%	3	100%	0.0	1.0	0.0	0.0	33%	2
Domestic Violence Prevention Program (Peaceful Paths or similar)	4	100%	3	75%	0.3	0.8	0.0	0.0	67%	4
Family Finding	4	100%	3	75%	0.0	1.8	1.7	0.0	0%	0
Family Team Conferencing/Family Group Decision Making	5	100%	5	100%	0.0	2.0	2.0	0.0	0%	0
Foster Parent Mentoring	1	100%	1	100%	0.0	0.0	0.0	0.0	17%	1
Nurturing Parent Programs	2	100%	2	100%	0.5	1.0	0.0	0.0	17%	1
Parenting With Love and Limits	1	100%	1	100%	0.0	0.0	0.0	0.0	17%	1
Parent-Child Psychotherapy	3	100%	3	100%	1.0	1.0	0.0	0.0	50%	3
Safe at Home In-Home Services	4	100%	4	100%	0.0	2.3	2.3	0.0	17%	1
Safe Families Program	3	100%	3	100%	1.0	1.0	0.0	0.0	17%	1
Solution Focused Case Work	2	100%	2	100%	0.0	2.0	2.0	0.0	0%	0
Youth Villages Intercept Program	1	100%	1	100%	0.0	0.0	0.0	0.0	17%	1
Resource Specialists/Community Resource Facilitators (resource and service support for CPIs)	3	100%	3	100%	0.0	2.3	2.0	0.0	0%	0

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Appendix D

APPENDIX D

Innovative or Evidence Based Services, Strategies, or Practices

Cognitive Behavioral Therapy

<http://www.cebc4cw.org/program/trauma-focused-cognitive-behavioral-therapy/>

<http://www.childwelfare.gov/pubs/trauma/>

www.academyofct.org

Domestic Violence Prevention Program (Peaceful Paths or similar)

<http://www.peacefulpaths.org/about-us/>

Family Finding

<http://www.cebc4cw.org/program/family-finding/>

<http://www.cebc4cw.org/program/extreme-recruitment/detailed>

Family Team Conferencing/Family Group Decision Making

www.fgdm.org

<http://www.cebc4cw.org/program/family-group-decision-making/>

Foster Parent Mentoring of Birth Parents (Co-Parenting)

<http://fostercarereview.org/PDFs/Co-parenting%20Newsletter%202010.pdf>

<http://centervideo.forest.usf.edu/qpi/enhancvisit/enhancvisit.html>

http://centerforchildwelfare2.fmhi.usf.edu/qpi1/docs/Enhancing_visitation_final.pdf

Nurturing Parent Programs

<http://www.cebc4cw.org/program/nurturing-parenting-programs/>

<http://www.cebc4cw.org/program/nurse-family-partnership/>

<http://www.cebc4cw.org/topic/home-visiting-for-prevention-of-child-abuse-and-neglect/>

Parenting with Love and Limits

<http://www.cebc4cw.org/program/parenting-with-love-and-limits/>

www.gopll.com

Parent- child Psychotherapy

<http://www.cebc4cw.org/program/parent-child-interaction-therapy/detailed>

www.pcit.org

Safe at Home In-Home Services

<http://www.cebc4cw.org/program/safecare/detailed>

Safe Families Program

<http://www.safe-families.org/#>

Solution Focused Case Work

<http://www.cebc4cw.org/program/solution-based-casework/detailed>

Intercept Program (Multi-Systemic Therapy for child abuse and neglect)

<http://www.cebc4cw.org/program/multisystemic-therapy-for-child-abuse-and-neglect/>

Resource Specialists/Community Resource Facilitators (resource and service support for CPIs)

https://www.childwelfare.gov/supporting/support_services/resources.cfm