

Review of Multidisciplinary Legal Representation of Parents in Dependency Proceedings

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OPPAGA

Office of Program Policy Analysis and Government Accountability

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EXECUTIVE SUMMARY

In recent years, there has been growing support for quality representation for child welfare-involved parents. Both the American Bar Association and the U.S. Department of Health and Human Services recommend that attorneys representing parents involved in dependency proceedings do so using a multidisciplinary team. The 2021 Legislature amended statute to encourage and facilitate the use of multidisciplinary legal representation (MLR) teams by the Offices of Criminal Conflict and Civil Regional Counsel. MLR teams must include an attorney, a social worker, and a parent-peer specialist.

OPPAGA interviewed and collected information from Florida's five regional counsels (RCs) to determine the status of each office's development of an MLR program; two RCs provided data on cases that received MLR services in Fiscal Year 2021-22. Four of the RCs are in various stages of MLR implementation. RC4 began its own initiative to

provide MLR services for dependency cases in 2013, with two staff members; the program currently has seven staff, including five forensic social workers, one family advocate, and one parent-peer specialist. RCs in regions 1, 2, and 3 have hired social workers (though RC2 has not begun assigning its social worker to cases). RC3 has hired parent-peer specialists. RC1, like RC4, has also hired family advocates to work as part of MLR teams. RCs are prioritizing cases that meet specific criteria, including those involving substance abuse and/or mental health issues or young parents who were recently in foster care. RC5 has reported that it does not plan to implement a program. The four RCs currently implementing an MLR program reported that the offices are waiting to implement at least one program component until the receipt of federal Title IV-E funds.

The MLR programs' social workers and parent-peer specialists will serve on cases in a supportive capacity, working with parents to receive and complete court-ordered services more quickly and facilitating communication between parents and dependency staff (e.g., case managers). The goals of the programs include faster reunification, decreased removals, and increased access to services. In Fiscal Year 2021-22, RC1 provided MLR services in 74 dependency cases with 147 children. The MLR team provided parents with a variety of services, including additional case management and assistance with case plan tasks and visitations. In the same fiscal year, RC3 provided MLR services in 159 cases

REPORT SCOPE

Section 39.4092, *Florida Statutes*, directs OPPAGA to conduct an annual study of multidisciplinary legal representation programs established by the Offices of Criminal Conflict and Civil Regional Counsel. The report must analyze the outcomes of the children whose parents were served by the programs as compared to those children in the child welfare system whose parents were not served by the programs.

with 273 children.¹ The primary services the MLR teams provided were case management, attendance of hearings, and assistance with housing.

Due to most of the MLR programs being in the very early stages of implementation and the small number of families who have participated to date, OPPAGA could not perform outcome analysis comparisons for the measures specified in statute. OPPAGA was able to analyze the characteristics of children of parents served by MLR programs from two RCs compared to children in the child welfare system whose parents were not served by the programs. OPPAGA found that characteristics of children of parents served and those not served by an MLR program show some variation across demographic characteristics, prior involvement with the child welfare system, and reasons for entry into care. These findings provide important context about who the RCs have served with MLR programs and will help inform OPPAGA's analyses in subsequent years. OPPAGA anticipates that in Fiscal Year 2022-23 and subsequent years, more data will be available on children of parents served by MLR programs, which may allow a more rigorous comparison analysis of children of parents served and not served by the MLR programs across RCs.

¹ RC3's case totals include a few cases that started in July 2022.

BACKGROUND

When the Florida Abuse Hotline receives a report of abuse, neglect, or abandonment, a child protective investigator (CPI) must assess the caregiver's protective capacity to determine whether the child can safely remain in their home. If the CPI determines that the child is not safe, they then must determine whether the child's safety could be managed through an in-home safety plan or whether the child needs to be removed from the home and placed with a relative, close friend, or licensed out-of-home caregiver. In cases where the child is removed from the home, a court hearing is held within 24 hours to determine whether the child should return home or temporarily remain in the custody of the Department of Children and Families (DCF). Once the child is in DCF custody, the parent is given a court-mandated case plan, the conditions of which must be met for the child to be returned to the home. For judges to make the best possible decisions for a family, it is critical that they receive the most accurate and complete information possible from and about all parties. Incomplete or inaccurate information makes these decisions more difficult and may result in delays, increases in the length of time children and youth spend in care, and additional costs to state or tribal government.

Few parents involved in dependency proceedings have knowledge of the rules of family court or their rights as parents. Studies have found that compared to the general population, child welfare-involved parents have lower educational attainments and incomes and are more likely to be socially isolated and learning disabled. Parents have a right to legal counsel in the majority of states (including Florida); however, the right to counsel does not guarantee that the representation parents receive will be of high quality.² A lack of quality representation may lead to unnecessary removals and delays in reunification. Many national child welfare and legal experts believe that effective representation for parents in child welfare cases helps families and saves government resources.

In recent years, there has been growing support for quality representation for child welfare-involved parents. In 2006, the American Bar Association (ABA) issued standards of practice for attorneys representing parents in abuse and neglect cases in an effort to promote quality representation and uniformity of practice. As part of the standards, the ABA encourages parents' attorneys to engage in case planning and advocate for appropriate social services using a multidisciplinary approach when available. The standards further state that, whenever possible, the parent's attorney should engage or involve a social worker as part of the parent's legal team to help determine an appropriate case plan, evaluate social services suggested for the client, and act as a liaison and advocate for the client with service providers.³

In 2017, the U.S. Department of Health and Human Services' Administration on Children, Youth, and Families issued a memo strongly encouraging all child welfare agencies and jurisdictions to work together to ensure parents, children, and child welfare agencies receive high-quality legal representation at all stages of child welfare proceedings. The memo notes that the stakes are particularly high for parents in these proceedings as their parental rights may be permanently severed. The memo encourages all states to adopt standards of practice for attorneys representing all parties in dependency proceedings to help ensure high-quality legal representation.

Further, in 2019, the U.S. Department of Health and Human Services' Children's Bureau began allowing states to claim matching funds through Title IV-E of the Social Security Act to help pay for the costs of

² Section [39.013](#), *F.S.*, states that parents involved in dependency proceedings have a right to counsel and must be informed of this right at each stage of the proceedings.

³ Section [491.016](#), *F.S.*, requires a social worker to have a bachelor's or master's degree in social work from an accredited social work program.

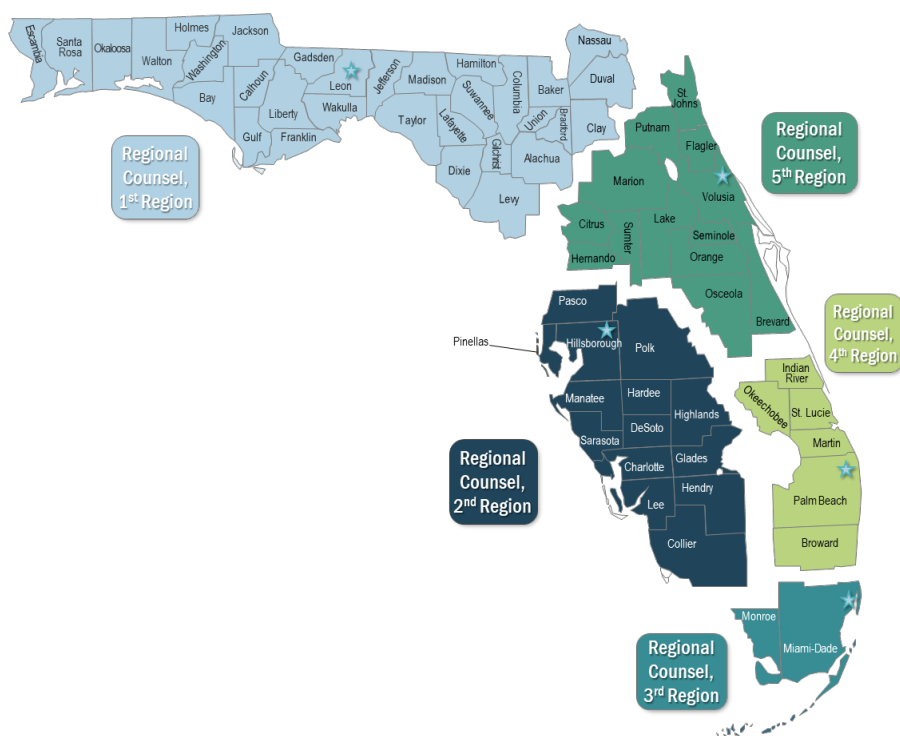
attorneys representing children and/or parents in dependency proceedings.⁴ Under the revised policy, state Title IV-E agencies (e.g., Florida’s Department of Children and Families) may claim 50% of administrative costs for legal representation for parents and children. The change was intended to ensure, among other things, that reasonable efforts are made to prevent removal and finalize the permanency plan, and that parents and youth are engaged in and complying with their case plans.

According to the Administration on Children, Youth, and Families, the following are important factors in ensuring high-quality legal representation: standards of practice, reasonable caseloads, ongoing training, effective oversight, and connections to support (e.g., social workers and parent-peer advocates). The administration encourages all jurisdictions to consider providing representation to parents as part of a multidisciplinary team.

In Florida, the Legislature amended state law to encourage and facilitate the use of multidisciplinary teams by regional counsels. Florida has five Offices of Criminal Conflict and Civil Regional Counsel (referred to throughout as regional counsels or RCs), each of which serves in one of five regions in this state. The 2007 Legislature created these offices to provide legal representation to indigent persons in various types of cases, including dependency cases.⁵ (See Exhibit 1.)

Exhibit 1

Florida’s Offices of Criminal Conflict and Civil Regional Counsel Serve Five Regions in the State



Source: OPPAGA analysis.

The 2021 Legislature amended statute to encourage and facilitate the use of multidisciplinary teams (made up of an attorney, a forensic social worker, and a parent-peer specialist) by the RCs to provide families with the best opportunity to be successful in creating safe and stable homes for their children.⁶ The legislation requires OPPAGA to collect and compile data from the RCs and to compare the

⁴ Prior to this change, these funds were only available to help pay for attorneys representing child welfare agencies.

⁵ Established under s. 27.511, F.S., the RCs represent indigent defendants in case types that include the following: criminal cases in which the public defender has a conflict; civil cases, including dependency cases; and certain statutorily authorized civil commitment proceedings. The RCs also handle appeals and post-conviction motions.

⁶ Section 39.4092, F.S.

outcomes of the children of those served by multidisciplinary legal representation programs to those that were not served by such programs. In this first report, OPPAGA presents information in two primary areas.

- MLR program implementation history and status for all five RCs, including more detailed case-level information for the Offices of Criminal Conflict and Civil Regional Counsel in the First and Third Regions (RC1 and RC3)
- Information on the characteristics of children of parents served and not served by MLR programs in RC1 and RC3⁷

MULTIDISCIPLINARY LEGAL REPRESENTATION PROGRAM IMPLEMENTATION STATUS

Florida statute allows regional counsels to establish multidisciplinary legal representation programs to serve families in the dependency system.⁸ To assist in funding these programs, statute requires the Department of Children and Families to collaborate with the RCs in accessing federal Title IV-E matching funds.⁹ The multidisciplinary teams must consist of an attorney, a forensic social worker, and a parent-peer specialist.¹⁰ OPPAGA conducted interviews with and requested information from the five RCs to determine the status of each office's development of an MLR program.

RCs 1, 2, 3, and 4 reported to OPPAGA that the offices are in various stages of MLR program implementation, while RC5 stated that the office does not plan to implement a program. Throughout this report, OPPAGA uses the term MLR program to refer to the multidisciplinary efforts of each RC, regardless of whether each program meets the current statutory definition of an MLR team. The four offices implementing a program reported waiting to implement at least one component of the MLR programs until receipt of federal Title IV-E funds. The RCs reported that the application process for these funds has been long and challenging. For example, RC1 reported having to provide a lot of information (including historical information) on cases that the office did not previously maintain, and RC2 described having to determine how to calculate, document, and track child-specific costs. OPPAGA staff interviewed DCF regarding the status of these funds. DCF staff described similar challenges with receiving the necessary information from the RCs but stated that the process should be easier going forward. DCF staff reported that the department submitted the amendment to the state's Public Assistance Cost Allocation Plan regarding Independent Legal Representation on September 30, 2021 and that all of the interoffice agreements between the department and the RCs were executed between June and August 2022. The department is awaiting approval of the plan from the Children's Bureau. Once the plan is approved, the RCs may begin submitting documentation to DCF for Title IV-E reimbursement.

The four RCs reporting that their offices have chosen to implement an MLR program have hired a mixture of different types of professionals to deliver MLR services. All four have hired social workers (though RC2 has not begun staffing its social worker to cases) and RCs 3 and 4 have hired parent-peer

⁷ OPPAGA requested information from all five RC offices and received case-level and child-level data for cases to which MLR teams were assigned in Fiscal Year 2021-22 from RC1 and RC3.

⁸ Section [39.4092\(2\)](#), F.S.

⁹ DCF shall submit such documentation as promptly as possible upon the establishment of an MLR model program and shall execute the necessary agreements to ensure the program accesses available federal matching funding to help eligible families involved in the dependency system.

¹⁰ A parent-peer specialist is a person who has previously had their child removed from their care and placed in out-of-home care; has been successfully reunified with the child for more than two years; and has received specialized training to become a parent-peer specialist.

specialists to work on dependency cases. RCs 1 and 4 have also hired family advocates to work as part of MLR teams. RCs are prioritizing cases that meet specific criteria, including cases involving substance abuse and/or mental health issues or young parents who were recently in foster care.¹¹ The social workers and parent-peer specialists will serve on cases in a supportive capacity, working with the parents to receive and complete court-ordered services more quickly and facilitating communication between the parent and dependency staff (e.g., case managers). RC1 reported that it is difficult to hire parent-peer specialists, though RC staff discussed a possible strategy to address this concern. Specifically, RC1 plans to partner with certified recovery peer specialist programs to allow work with the RCs to count toward the hours needed for certification, which may encourage parent participation.¹² (See Exhibit 2.)

Exhibit 2

Four of the State's Five RCs Reported Being in Varying Stages of MLR Program Implementation¹

MLR Program Characteristic	Regional Counsel 1	Regional Counsel 2	Regional Counsel 3	Regional Counsel 4	Regional Counsel 5
MLR program is in the planning stages		✓			N/A
MLR program is actively being partially or fully implemented	✓		✓	✓	N/A
RC has applied for and is waiting for Title IV-E funding to help support one or more components of its MLR program	✓	✓	✓	✓	N/A
MLR team is/will be assigned to all dependency cases	✓ ²		✓		N/A
MLR team is/will be assigned to specific types of dependency cases	✓	✓	✓	✓	N/A
Number of social workers on staff	1	1	3	6	N/A
Number of parent-peer specialists on staff	0	0	2	1	N/A
Number of cases to which either a full or partial MLR team had been assigned as of August 2022	74	0	159	Unknown	N/A

¹ RC5 staff reported to OPPAGA in August 2022 that the office does not plan to implement an MLR program.

² RC1 staff reported that the MLR program may be assigned to all dependency cases once the office begins receiving Title IV-E funds.

Source: OPPAGA analysis.

The goals of the MLR programs include faster reunification, decreased removals, and increased access to services. Each of the four RCs who are implementing an MLR program reported providing a wide variety of services, including case management and assistance with non-legal issues such as obtaining housing and employment. In July 2022, OPPAGA requested information from each RC about cases assigned an MLR team during Fiscal Year 2021-22, including

- number of cases assigned an MLR team;
- types of staff assigned to work with those cases;
- types of services provided;
- children associated with each case; and
- other information.¹³

¹¹ RC1 staff reported that the MLR program may be assigned to all dependency cases once the office begins receiving Title IV-E funds.

¹² The Certified Recovery Peer Specialist credential is for those who use their personal experience and skills learned in training to help others achieve and maintain recovery and wellness from mental health and/or substance use conditions.

¹³ Other information requested from the RCs included data elements such as begin and end dates of an MLR team assignment, the criteria used to determine the assignment of MLR services, reasons the MLR team assignment ended, number of contacts with the client, and number of total hearings held and number attended by the parent.

OPPAGA received the requested information from the RCs of the First and Third Regions. This information is summarized in the following section, which also presents profiles of the implementation status of each RC's MLR program at the time of OPPAGA's review.

Regional Counsel 1 is in the beginning stages of implementing a multidisciplinary legal representation program

Regional Counsel 1 has begun using a partial multidisciplinary legal representation model wherein social workers and family advocates are assigned to cases along with attorneys; no parent-peer specialists have been hired to date.^{14,15} As of July 2022, RC1 had hired one social worker and three family advocates to assist with cases in the Second Judicial Circuit. During Fiscal Year 2021-22, RC1 provided MLR services in 74 cases with 147 children.¹⁶ While RC1 had not hired any parent-peer specialists at the time of OPPAGA's review, the office plans to do so once it begins receiving Title IV-E funds. The social worker and family advocates are primarily working on cases involving parents with substance abuse and/or mental health issues as well as cases involving domestic violence, with both in-home and out-of-home judicial case plans.

RC1 uses one or more of the following three criteria to determine which cases will receive MLR team assignment:

1. The client wishes to participate in the MLR team, and the client can reunify with their children.
2. The client has no significant ongoing history with the Department of Children and Families that would limit their ability to reunify with their children, OR they are willing to enact significant behavioral change increasing reunification probability.
3. The program director can approve a case if the team's presence results in a shorter time to permanency or case length. Additionally, the parent must be willing to participate.

Most (84%) of RC1 cases were assigned an MLR team based on criteria 1 and 2, and in 16% of cases, the MLR team was assigned based on criterion 3.

Intake/Discharge

When RC1 is appointed to a parent's case, the office evaluates the parent as part of the intake process. The evaluation is meant to gauge the level of the parent's involvement and includes the parent's history (e.g., their own childhood, previous dependency involvement, criminal history, etc.), current involvement in their child's life, and willingness to participate in court-ordered services. Regardless of the parent's history, if the parent is actively involved in their case and willing to participate in court-ordered services, they will be assigned to the MLR program. If a parent is excluded from the MLR program due to a lack of involvement, and the attorney later finds that the parent has become more engaged, the office will re-evaluate the parent for inclusion in the MLR program.

¹⁴ RC1 represents the following counties: Alachua, Baker, Bay, Bradford, Calhoun, Clay, Columbia, Dixie, Duval, Escambia, Franklin, Gadsden, Gilchrist, Gulf, Hamilton, Holmes, Jackson, Jefferson, Lafayette, Leon, Levy, Liberty, Madison, Nassau, Okaloosa, Santa Rosa, Suwannee, Taylor, Union, Wakulla, Walton, and Washington.

¹⁵ RC1 social workers must have at least a bachelor's degree in social work, and family advocates must have a degree related to mental health or social work and experience with dependency cases.

¹⁶ The Second Judicial Circuit is made up of the following counties: Franklin, Gadsden, Jefferson, Leon, Liberty, and Wakulla.

Non-compliant parents (e.g., those not maintaining contact with the MLR team or not completing court-ordered services) may be discharged from the MLR program; however, the parent would still be represented by an attorney in the RC's office.¹⁷ Parents discharged from the program may be reconsidered for reassignment to the program if they become actively involved in their case. As of August 3, 2022, 49 cases had ongoing MLR services and 25 cases had been discharged from the MLR program for reasons including achieving permanency, no contact with the program, client failure to participate, or voluntary surrender. Cases that are automatically excluded from the MLR program include expedited termination of parental rights cases in which there are no court-ordered services, cases involving abandonment, and cases where the parent is not actively involved in their legal case.

Services

MLR staff are available at shelter hearings and provide support to all parents, regardless of whether their cases are ultimately assigned to the MLR program.¹⁸ Parents served by the MLR program are offered emotional support immediately after the shelter hearing. This includes several conversations with the parent support specialist where the parent is given the opportunity to share their thoughts and concerns about their family's situation. The MLR team discusses the services that will help the parent and initiate the reunification process. Throughout the case, the team serves as a liaison with the dependency case manager, the child's guardian ad litem, and service providers.¹⁹ The team works to ensure that everyone involved in the case has the same understanding regarding the parent's status with services and that any barriers the parent is experiencing have been addressed so they can receive their court-ordered services as quickly as possible. As part of this effort, once the parent agrees to participate in the program, the social worker contacts the child protective investigator and/or the dependency case manager to ensure that services have been scheduled. This allows the parent to begin receiving services immediately rather than waiting the typical six to eight weeks for services to be initiated. As long as the parent remains compliant, the MLR team will continue to serve the parent through the reunification process, including during post-reunification court supervision.²⁰

As of August 3, 2022, the number of contacts the social worker and family advocates had with clients on MLR cases in RC1 ranged from 13 to 260, and the number of contacts the attorney had with clients ranged from 1 to 31. The number of hearings for these cases ranged from 2 to 10, and in 58% of the cases, the parent attended all hearings in the case. RC1 provides numerous services through its MLR program, and these fall within nine categories. The most frequently provided types of services in MLR cases include case management, case plan task assistance, and visitation assistance. (See Exhibit 3.)

¹⁷ Not maintaining contact with the MLR team is defined as parents that the MLR team has not been able to reach for 60 days.

¹⁸ When a child is removed from the home, a shelter hearing is held within 24 hours. At the hearing, the judge looks at the evidence and determines if the child can be returned home safely (possibly with required services in the home) or, if not, whether the child should be placed in the care of a relative or non-relative or in licensed foster care for the time being.

¹⁹ A guardian ad litem may be appointed to a dependency case to represent the child's best interest. Guardians ad litem represent the child in all judicial proceedings related to the case, meet with the child on a regular basis, and investigate the circumstances of a child's case before submitting a recommendation to the court as to what they believe is in the child's best interests (e.g., family reunification or adoption).

²⁰ When children are reunified with their parents, the court requires ongoing supervision of the family for six months following reunification.

Exhibit 3

RC1's MLR Program Provided a Variety Services to Parents Involved in Dependency Proceedings in Fiscal Year 2021-22

MLR Services Provided by RC1	Percentage of MLR Cases for Which These Services Were Provided
Additional Case Management Services <ul style="list-style-type: none"> Sent client reminders of case plan task appointments Sent client court hearing information and reminder Assisted in meeting with clients to sign court and provider documents Contacted dependency case manager (DCM) to ensure up-to-date services for clients before hearings Reminded client of other court hearings outside of the dependency system 	100%
Case Plan Task Assistance <ul style="list-style-type: none"> Assisted in having plan of safe care redone due to lapse Assisted in getting case plan referrals in place Contacted service providers for monthly updates Requested case plan task provider records Advocated for getting case plan tasks removed from case plan Advocated for getting a case plan task changed to a more appropriate one 	85%
Visitation Assistance <ul style="list-style-type: none"> Confirmed COVID-19 testing for the client for visitations Advocated for accessible visitation for client Advocated for client when visitations did not occur Worked with attorney to protect visitation rights when appropriate Coordinated with guardian ad litem (GAL) volunteer for observation of parental visits Obtained records from visitation center Obtained bus pass for client 	66%
Parent Preferred Placement/Supervisor <ul style="list-style-type: none"> Collected and sent information for an additional visitation supervisor to DCM <ul style="list-style-type: none"> Followed up with DCM about preferred supervisors Collected and sent information regarding preferred placement for child to child protective investigator/DCM <ul style="list-style-type: none"> Followed up with DCM about preferred placement Advocated on behalf of parents for preferred placement 	65%
Home Study Assistance <ul style="list-style-type: none"> Confirmed utilities for the client for home study purposes Performed virtual home walkthrough Performed physical home walkthrough Provided home study repair updates to DCM Contacted DCM for updates and timeline assurance 	42%
Advocacy for Client's Children <ul style="list-style-type: none"> Advocated for client's children Attended ESSA staffing with client for the client's child(ren) 	28%
Court Party Coordination <ul style="list-style-type: none"> Coordinated between the GAL program and child for lodging for child's surgery Coordinated with domestic violence advocates Documented domestic violence aggression towards parent Documented stalking towards client Coordinated between the GAL program and parent for resources Coordinated between community-based care lead agency's nurse care coordinators and Medicaid for child Communicated with Family Intensive Treatment (FIT) team and attended FIT multidisciplinary team staffings 	22%
Unique Advocacy Regarding Permanency <ul style="list-style-type: none"> Advocated for reunification with voluntary placement Collected child protection team assistance when children were out of the home Assisted in information gathering that resulted in shelter dismissal Gathered information for mediation/shelter review 	14%
Specialized Court Programs Participation <ul style="list-style-type: none"> Early Childhood Court 	8%

Source: OPPAGA analysis of RC1 data for cases to which an MLR team was assigned during Fiscal Year 2021-22.

Goals

RC1's MLR program is designed to help families receive services faster, which the RC believes will help with faster reunifications. The program also intends to provide parents with emotional support and guidance to help them navigate the child welfare system, even when reunification is not possible, and to increase information sharing across child welfare staff, parents, and providers.

Regional Counsel 2 is planning to implement a multidisciplinary legal representation program

Regional Counsel 2 is in the initial stages of planning pilot programs in Lee and Sarasota counties; however, the office is waiting to implement its multidisciplinary legal representation program until it receives Title IV-E funds.²¹ RC2 has hired one social worker who has not yet begun serving on cases; parent-peer specialists have not yet been hired. While in the pilot phase, the MLR team will serve a limited number of out-of-home care cases in each circuit.²² Once fully implemented, the MLR program will serve both in-home and out-of-home cases.

Intake/Discharge

The MLR team will identify eligible families at the time of removal based on specific criteria (e.g., removal reason, number of children involved in the case, the children's placements, and the number of prior DCF removals in which the family has been involved). The program will eventually serve all parents who meet the selection criteria.

Services

Social workers and parent-peer specialists will advise on non-legal issues, serve as conduits for the resolution of legal problems, serve as coaches to improve parents' morale and engagement, and provide information on services. The social worker will serve as the primary liaison between the parent and the service providers as well as the child's case manager. The social worker will assist the parent in obtaining the necessary referrals; follow up with providers to obtain records, reports, and recommendations; and assess client compliance. The social worker will also attend and participate in staffing meetings as an advocate and record keeper for parents. The parent-peer specialist will provide parents with support, guidance, and information on policies and procedures.

Goals

RC2's MLR program is designed to reduce the number of out-of-home care cases, increase the number of successful reunifications within 12 months, and reduce the number of cases involving the termination of parental rights. The program aims to reduce the amount of court time and resources used and increase access to services for families.

²¹ RC2 represents the following counties: Charlotte, Collier, DeSoto, Glades, Hardee, Hendry, Highlands, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota.

²² At the time of OPPAGA's review, RC2 was in the process of assessing what types of cases would be ideal for the pilot programs.

Regional Counsel 3 is in the beginning stages of implementing a multidisciplinary legal representation program

Regional Counsel 3 is in the process of implementing a multidisciplinary legal representation model using both social workers and parent-peer specialists.^{23,24} As of March 2022, RC3 had hired three social workers and two parent-peer specialists to serve on cases in its Miami-Dade County office; however, the office has since put a hiring freeze on the program until it receives Title IV-E funds. In Fiscal Year 2021-22, RC3 provided MLR services in 159 cases with 273 children.²⁵ Of these cases, 71% were assigned a social worker, 40% were assigned a parent-peer specialist, and 11% were assigned both a social worker and parent-peer specialist.

Intake/Discharge

Currently, RC3 assigns parent-peer specialists selectively to new cases for six months at a time unless removing them from the case jeopardizes the case's path to reunification. RC3 assigns parent-peer specialists only to domestic violence, substance abuse, and mental health cases and not to termination of parental rights cases or physical or sexual abuse cases. RC3 assigns social workers, regardless of the age of the case, only to cases involving severe mental health issues, severe substance abuse issues, and/or a minor mother or former foster youth mother and keeps social workers on these cases with no time limitation. RC3 reports that its long-term goal, when the necessary staff can be hired, is to assign a parent-peer specialist and social worker to each case to which it is appointed as counsel.

The only reason a parent would be terminated from the program is if the parent refuses services after continuous attempts at engagement. As of August 19, 2022, 129 (81%) of the cases to which RC3 had assigned an MLR team were still open, and 30 (19%) had been discharged from MLR. Reasons for MLR discharge reported in RC3 data include that the client did not engage or refused services, the program was unable to contact the client, a termination of parental rights petition was filed, and a conflict arose and the program withdrew. Because almost all of RC3's MLR services started in Calendar Year 2022, there has been insufficient time for the achievement of many positive outcomes.

Services

The social worker provides direct client support as part of the legal defense team. The position is designed to support the client's rights and enhance the legal positions asserted on the client's behalf. The social worker conducts client assessments, meets with clients in the community, works with the Department of Children and Families to promote case plans that are tailored to the parent's needs, monitors and assists with the parent's progress throughout the case, and advocates for the parent in a variety of settings. The parent-peer specialist supports clients seeking reunification by teaching them how to navigate the behavioral health and child welfare systems. The parent-peer specialist uses their personal experience to act as the bridge between the parent and the social worker, attorney, and

²³ RC3 represents Miami-Dade and Monroe counties.

²⁴ The forensic social worker must have knowledge of the dependency court system and local resources, as well as experience working with and knowledge of issues such as substance abuse, mental illness, domestic violence, and trauma.

²⁵ RC3's case totals include a 16 cases with MLR services starting in July 2022.

service providers. The parent-peer specialist also attends case planning, permanency, and DCF multidisciplinary team meetings, and court hearings to provide support for the clients.

During Fiscal Year 2021-22, the number of contacts made per MLR case in RC3 ranged from 0 to 79. It is not clear from the data provided by RC3 which team member made each contact (e.g., social worker or parent-peer specialist). Information on referrals and services was provided for 108 (68%) cases. Among these cases, the most frequent types of services included case management (64%), attending hearings and staffings (29%), housing assistance (13%), and referrals to community providers (13%). Several other types of services and referrals were provided in a few cases, including general support (5%), food assistance (4%), and education assistance (3%). The number of hearings for each case ranged from 0 to 33, and the parent attended all hearings in the case in 76 (59%) cases with at least one hearing reported. RC3 also provided information on client progress and outcomes for 55 (35%) cases. Of these cases, outcomes for 39 (71%) cases reported that the client engaged in or completed all services or had outcomes such as finding employment or housing, while 11 (20%) cases reported less successful client outcomes, such as non-compliance with services, relapses, homelessness, and lack of contact.

Goals

RC3's MLR program is designed to use a holistic approach to assist and support parents with their overall wellness and eliminate barriers to reunification.

Regional Counsel 4 is planning to expand its multidisciplinary legal representation program

Regional Counsel 4 began its MLR program in 2013, hiring two staff members (one social worker credentialed with a master's degree in social work and one family advocate credentialed with a master's degree in marriage and family therapy) and developing formal policies and procedures; the office reported that it shared the policies and procedures with the other RCs.^{26,27} At the time of OPPAGA's review, the program had seven staff across six counties: five forensic social workers, one family advocate, and one parent-peer specialist.²⁸ To maximize resources, the parent-peer specialist is not staffed on cases that have a social worker assigned. RC4 plans to expand its multidisciplinary legal representation program once it receives Title IV-E funds.

Intake/Discharge

Not every dependency case on which RC4 is appointed receives a social worker. If an attorney wants a social worker assigned to a case, they make a request to the director of the MLR program. The request is evaluated by the director of the MLR program who decides if it would be a good fit depending on the level of support the client has and their level of need. While MLR staffings are determined on a case-by-case basis, RC4 has determined that MLR teams can be particularly effective for certain types of cases, such as cases with pregnant clients, very young clients who have recently left foster care themselves, clients with substance abuse and/or mental health issues, and clients experiencing domestic violence. The on-staff parent-peer specialist, who has personal experience with substance abuse and recovery, is assigned to clients experiencing substance abuse issues. Additionally, social

²⁶ RC4 represents the following counties: Broward, Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie.

²⁷ RC4 refers to its MLR program as its Social Services Unit.

²⁸ The forensic social workers are master's level social workers.

workers may assist clients at the shelter hearings and can self-refer to the client's case if they think the client would be a good candidate for assistance.

Services

Social workers employed by RC4 work with parents on a variety of issues, including trauma, substance abuse, and domestic violence, and provide referrals to community services (both those included in the case plan and additional services needed). The social workers consult with the attorneys on how to proceed on a case in a way that is best for the parent(s) and that allows their wishes to be heard; communicate with case managers and providers; and help the court understand the client's situation. The parent-peer specialist is a supportive role provided by someone who has had a similar experience.

Goals

The primary goal of the program is to represent parents in a manner that seeks to achieve their preferred outcome, which is usually reunification. Additionally, RC4 would like to expand the use of its MLR program to include pre-petition representation, wherein the program could assist parents during the child protective investigation and possibly prevent the child from being removed from the home.²⁹ For example, if the family was experiencing housing instability or a mental health issue that resulted in a child protective investigation, the parent would be able to contact the RC and receive services and supports before the child is removed.

Regional Counsel 5 is not planning to implement a multidisciplinary legal representation program

Staff from Regional Counsel 5 reported to OPPAGA that the office is not planning to implement a multidisciplinary legal representation program as described in s. 39.4092, *Florida Statutes*.³⁰ However, as of February 2022, the office had hired one social worker and two forensic family advocates to provide assistance in various types of cases, with one of the forensic family advocates assigned to dependency cases.³¹ RC5 staff also reported that they had not hired any parent-peer specialists and discussed the difficulties in finding individuals to serve in this role. The staff noted that the issue is further complicated by the RC's large geographic span, which would require the hiring of at least four parent-peer specialists to cover each circuit.

²⁹ Pre-petition representation of parents involved in dependency proceedings is in use in a number of states and jurisdictions, including Detroit, Michigan, Iowa, King and Snohomish counties in Washington, New Jersey, and Oklahoma.

³⁰ RC5 represents the following counties: Brevard, Citrus, Flagler, Hernando, Lake, Marion, Orange, Osceola, Putnam, Seminole, St. Johns, Sumter, and Volusia.

³¹ The social worker is a master's level social worker. The forensic family advocates work in the social work side of cases but do not have social work degrees; one is a licensed marriage and family therapist.

CHARACTERISTICS OF CHILDREN OF PARENTS SERVED AND NOT SERVED BY MULTIDISCIPLINARY LEGAL REPRESENTATION PROGRAMS

The 2021 multidisciplinary legal representation legislation requires each regional counsel that chooses to implement an MLR program to submit an annual report to OPPAGA by October 1, 2022, and annually thereafter through October 1, 2025. The report must use uniform data on each unique child of parents served by the MLR program for each of the following measures:

- reasons the family became involved in the dependency system;
- length of time it takes to achieve a permanency goal for children whose parents are served by the program;
- frequency of each type of permanency goal achieved by children whose parents are served by the program;
- rate of subsequent abuse or neglect which results in the removal of children whose parents are served by the program; and
- any other relevant factors that tend to show the impact of the use of such MLR model programs on the outcomes for children in the dependency system.³²

The statute requires OPPAGA to collect and compile this data and compare the outcomes of the children of those served by MLR programs to those who were not served by such programs. One of OPPAGA's first steps in this review was to interview staff from all five RCs to understand the offices' abilities to provide OPPAGA with the data needed to analyze the statutorily required child welfare measures. OPPAGA determined from these discussions that it would not be able to obtain all needed information on child welfare history to complete the required analyses by solely relying on information provided by the RCs through aggregated reports as specified in statute.³³ To meet its statutory requirement, OPPAGA developed a process to obtain the data in a consistent format across RCs that would also streamline the data reporting processes. OPPAGA shared this process with the five RC offices and requested feedback from the offices throughout the course of this review. OPPAGA's data collection and analysis process for this review included the following steps.

1. Request and obtain information from all RCs implementing an MLR program on the children of parents served by the program in Fiscal Year 2021-22, including each child's name, date of birth, Department of Children and Families' Florida Safe Families Network (FSFN) unique identification number, and other information.
2. Request and obtain child welfare information from DCF's FSFN system on all children in dependency during Fiscal Year 2021-22.
3. Match information on children served by MLR programs using data provided by each RC to their child welfare history information in data provided by DCF to create data sets for two

³² While statute states that each region that has established a model program must agree on the additional factors and how to collect data on such additional factors for the annual report, the RCs did not identify or report any additional factors to OPPAGA.

³³ Staff from several RC offices reported a lack of access to and familiarity with DCF's Families Safe First Network data, which is necessary for OPPAGA's statutorily required analyses.

populations: 1) children of parents served by MLR programs and 2) children of parents not served by MLR programs.

4. Analyze and understand characteristics of the population of children of parents served by MLR in Fiscal Year 2021-22 and compare to Fiscal Year 2021-22 child welfare episodes of children of parents not served by MLR to determine if populations are comparable; for example, examine whether each population has about the same proportion of in-home versus out-of-home care children.
5. When the Fiscal Year 2021-22 child welfare episodes across the two comparison populations are determined to be dissimilar, apply criteria to the population of children not served by MLR to make the population more comparable to the MLR population.³⁴
6. Calculate descriptive statistics on demographics, child welfare history, and reasons for entering the dependency system for the populations of children of parents served and not served by MLR programs.

To determine how children whose parents were served by MLR teams compare to children in the child welfare system whose parents were not served by MLR teams, OPPAGA reviewed child characteristics using the steps outlined above. OPPAGA received information on children of parents served by MLR teams from RC1 and RC3 and information from DCF on all children with dependency cases in these regions during Fiscal Year 2021-22. Because this is the first year of program implementation for the two regions that submitted data to OPPAGA, the population served is relatively small, which limits the measures OPPAGA can analyze.

OPPAGA was able to calculate statistics for demographic characteristics, child welfare history, and characteristics of the most recent in-home or out-of-home episode for the children of parents served and not served by the MLR programs in RC1 and RC3 during Fiscal Year 2021-22.³⁵ To make the populations of children of parents served and not served by the program as comparable as possible for analysis purposes, OPPAGA limited the population of children of parents not served by MLR to those who had similar years in which service began and to a population with a similar proportion of in-home care to out-of-home care children.³⁶ OPPAGA anticipates that in Fiscal Year 2022-23, more data will be available on children of parents served by MLR programs, which will allow a more rigorous comparison analysis of child welfare outcomes of children of parents served and not served by the MLR programs across RCs.

³⁴ For example, similar proportions of recent removals were selected from the population not served by an MLR program to prevent child characteristics between served and not served from being inherently biased by the time and type of removal episode.

³⁵ Due to missing identification information in each region's data submission, our analysis of characteristics is not the complete listing of children served, but is limited to those who could be matched to DCF data (RC1 N= 140, RC3 N=196).

³⁶ OPPAGA calculated the distribution of entries into care and the proportions of the population of in-home versus out-of-home care for children of parents served by MLR in each region. OPPAGA then selected a similar base population of children of parents not served by MLR from the whole population of Regions 1 and 3 to serve as the base population for analysis of prior child welfare histories and basic demographic characteristics. This approach was based on a best approximation to make the two populations as comparable as possible and prepares OPPAGA for a more rigorous comparison analysis in next year's review.

Characteristics of children of parents served and not served by Regional Counsel 1's multidisciplinary legal representation program

Due to Regional Counsel 1's multidisciplinary legal representation program being in the very early stages of implementation, OPPAGA could not perform outcome analysis comparisons for the measures specified in statute. OPPAGA analyzed data on demographic characteristics, child welfare history, and reasons for entry into care for children of parents served and not served by RC1's MLR program. In RC1 during Fiscal Year 2021-22, MLR services were provided to parents in the Second Judicial Circuit only, therefore this analysis is limited to those counties (Franklin, Gadsden, Jefferson, Leon, Liberty, and Wakulla). This geographic area is referred to throughout the remainder of this report as Region 1.

Children of parents served by RC1's MLR program had different demographic characteristics from foster care children in Region 1 whose parents were not served by the program. The percentage of very young children (ages 0 through 6) was higher for children of parents served by MLR versus those not served, and the percentage of teens (ages 14 through 17) was lower than those not served. The percentage of children of parents served by the MLR program who are Black was higher than those who were not served by the program. (See Exhibit 4.)

Exhibit 4

Demographic Characteristics of Children of Parents Served by RC1's MLR Program Were Different Than Those of Parents Not Served by the MLR Program in Fiscal Year 2021-22

Demographic Characteristic of Children in Dependency	Percentage of Children of Parents Served by the RC1 MLR Program	Percentage of Children of Parents Not Served by the RC1 MLR Program
Age		
0-6	74%	51%
7-13	22%	29%
14-17	4%	20%
Race		
Black	58%	47%
White	36%	40%
Other	6%	13%
Sex		
Female	54%	57%
Male	46%	43%

Source: OPPAGA analysis of RC1 and Department of Children and Families data.

A larger percentage of children of parents served by RC1's MLR program had prior in-home episodes, while a smaller percentage had prior out-of-home care episodes. The average numbers of prior in-home and out-of-home episodes were similar between the two groups. Additionally, a larger percentage of children whose parents were not served by the MLR program had prior verified maltreatment allegations than those whose parents were served by the MLR program. (See Exhibit 5.)

Exhibit 5

Children of Parents Served by RC1's MLR Program Had Higher Percentages of Prior In-Home Care and Lower Percentages of Prior Verified Maltreatments Than Children Whose Parents Were Not Served by the MLR Program

Characteristic of Child Welfare History	Percentage of Children of Parents Served by the RC1 MLR Program	Percentage of Children of Parents Not Served by the RC1 MLR Program
Percentage with prior in-home care	50%	41%
Average number of prior in-home care episodes ¹	1.2	1.5
Percentage with prior out-of-home care	5%	34%
Average number of prior out-of-home care episodes ²	1.9	1.2
Percentage with prior verified maltreatments ³	28%	41%
Average number of prior verified investigations ⁴	1.4	1.7

¹ Of those with prior in-home care.

² Of those with prior out-of-home care.

³ Limited to maltreatments in investigations where the child was the alleged victim.

⁴ Of those with prior verified maltreatments.

Source: OPPAGA analysis of RC1 and Department of Children and Families data.

To address the first measure specified in the statute (i.e., the reasons the family became involved in the dependency system), OPPAGA analyzed Department of Children and Families and RC1 data to determine the reasons children of parents served and not served by the MLR program entered care. Reasons for entering care are defined as the alleged maltreatments found in the investigations associated with a child's in-home or out-of-home care service received concurrently with the parents' receipt of MLR services. When compared to children of parents not served by MLR, OPPAGA's analyses show some differences between the two populations. For example, children whose parents were served by the MLR program had higher percentages of maltreatment allegations involving substance abuse, neglect, domestic violence, and sexual abuse, and lower percentages involving environmental hazards. (See Exhibit 6.)

Exhibit 6

The Alleged Maltreatments Associated With DCF's Fiscal Year 2021-22 Services and RC1's MLR Services Varied Between Children of Parents Served and Not Served by the MLR Program¹

Maltreatment Type	Percentage of Children of Parents Served by the RC1 MLR Program	Percentage of Children of Parents Not Served by the RC1 MLR Program
Substance abuse	45%	35%
Neglect	47%	40%
Domestic violence	47%	36%
Physical abuse	16%	15%
Environmental hazards	16%	24%
Sexual abuse	9%	2%
Mental injury	6%	5%

¹ Because each child may have more than one maltreatment type identified, percentages will sum to greater than 100%.

Source: OPPAGA analysis of RC1 and Department of Children and Families data.

Characteristics of children of parents served and not served by Regional Counsel 3's multidisciplinary legal representation program

Due to Regional Counsel 3's multidisciplinary legal representation program being in the very early stages of implementation, OPPAGA could not perform outcome analysis comparisons for the measures specified in statute. OPPAGA analyzed data on demographic characteristics, child welfare history, and reasons for entry into care for children of parents served and not served by RC3's MLR program. In RC3 during Fiscal Year 2021-22, MLR services were provided to parents in Miami-Dade County only; therefore this analysis is limited to that county. This geographic area is referred to throughout the remainder of the report as Region 3.

Children of parents served by RC3's MLR program had somewhat similar demographic characteristics to foster care children in Region 3 whose parents were not served by the MLR program. The percentage of very young children, ages 0 through 6, was higher for children of parents served by MLR versus those not served, and the percentage of teens, ages 14 through 17, was lower than those not served. Percentages of children served and not served were comparable for race and sex. (See Exhibit 7.)

Exhibit 7

Demographic Characteristics of Children of Parents Served by RC3's MLR Program Were Somewhat Similar to Those of Parents Not Served by the MLR Program in Fiscal Year 2021-22

Demographic Characteristic of Children in Dependency	Percentage of Children of Parents Served by the RC3 MLR Program	Percentage of Children of Parents Not Served by the RC3 MLR Program
Age		
0-6	65%	50%
7-13	26%	30%
14-17	10%	20%
Race		
Black	47%	47%
White	44%	45%
Other	8%	8%
Sex		
Female	50%	50%
Male	51%	50%

Source: OPPAGA analysis of RC3 and Department of Children and Families data.

A similar percentage of children of parents served by RC3's MLR program had prior in-home care episodes, while the percentage of children who had prior out-of-home episodes was slightly lower. Children whose parents were not served by MLR had a similar percentage and average number of prior maltreatments than those whose parents were served by the MLR program. (See Exhibit 8.)

Exhibit 8

Children of Parents Served by the RC3 MLR Program Had a Similar Percentage of Prior In-Home Care and Verified Maltreatments and a Lower Percentage of Prior Out-of-Home Care Than Children Whose Parents Were Not Served by the MLR Program

Characteristic of Child Welfare History	Percentage of Children of Parents Served by the RC3 MLR Program	Percentage of Children of Parents Not Served by the RC3 MLR Program
Percentage with prior in-home care	27%	28%
Average number of prior in-home care episodes ¹	1.3	1.6
Percentage with prior out-of-home care	16%	20%
Average number of prior out-of-home care episodes ²	1.2	1.3
Percentage with prior verified maltreatments ³	27%	29%
Average number of prior verified investigations ⁴	1.3	1.5

¹ Of those with prior in-home care.

² Of those with prior out-of-home care.

³ Limited to maltreatments in investigations where the child was the alleged victim.

⁴ Of those with prior verified maltreatments.

Source: OPPAGA analysis of RC3 and Department of Children and Families data.

To address the first measure specified in the statute (i.e., the reasons the family became involved in the dependency system), OPPAGA analyzed Department of Children and Families and RC3 data to determine the reasons children of parents served and not served by the MLR program entered into care. Reasons for entering care are defined as the alleged maltreatments found in the investigations associated with a child's in-home or out-of-home care service received concurrently with the parents' receipt of MLR services. When compared to children of parents not served by MLR, OPPAGA's analyses show some differences between the two populations. For example, children whose parents were served by RC3's MLR program had higher percentages of maltreatment allegations involving substance abuse, and domestic violence, and lower percentages involving neglect, physical abuse, and abandonment. (See Exhibit 9.)

Exhibit 9

The Alleged Maltreatments Associated With DCF's Fiscal Year 2021-22 Services and RC3's MLR Services Varied Between Children of Parents Served and Those Not Served by the MLR Program¹

Maltreatment Type	Percentage of Children of Parents Served by the RC3 MLR Program	Percentage of Children of Parents Not Served by the RC3 MLR Program
Substance abuse	54%	30%
Neglect	40%	44%
Domestic violence	30%	22%
Physical abuse	13%	24%
Environmental hazards	14%	13%
Sexual abuse	4%	4%
Abandonment	4%	8%

¹ Because each child may have more than one maltreatment type identified, percentages will sum to greater than 100%.

Source: OPPAGA analysis of RC3 and Department of Children and Families data.

OPTIONS

It is important to note that multidisciplinary legal representation programs are very new and still in the implementation process. Therefore, there is not enough data to make reliable outcome comparisons for parents in dependency proceedings served by MLR programs and those not receiving MLR services. However, in its first year of reviewing MLR programs, OPPAGA identified challenges with program implementation and with the reporting process necessary to conduct OPPAGA's statutorily required outcomes analyses. OPPAGA found that the regional counsels who are implementing a program have experienced challenges with the full implementation of the statutory three-person team; however, RCs reported that there can still be positive impacts on a case from a two-person MLR team. Additionally, to meet its statutory charge, OPPAGA identified a multi-step data request and analysis process. This process involved requesting information sooner than the annual statutory deadline of October 1 from the RCs that have chosen to implement an MLR program and requesting child welfare data directly from the Department of Children and Families. Based on these findings, OPPAGA presents the following options for the Legislature's consideration.

The Legislature could consider modifying the statute that defines MLR teams. Section 39.4092(1)(a) and (3)(b), *Florida Statutes*, defines an MLR program as a specialized team that includes an attorney, a forensic social worker, and a parent-peer specialist. OPPAGA's review of the RCs' MLR programs found that while all MLR programs have hired social workers to assist attorneys on dependency cases, two of the four programs have not hired parent-peer specialists, with one RC's office expressing difficulty finding these staff members. While the American Bar Association and the Administration on Children, Youth, and Families recommend that attorneys representing parents involved in dependency proceedings use a multidisciplinary approach, neither are prescriptive as to the professionals who should make up these teams beyond a social worker.

To address the difficulty in finding parents who have been involved in dependency proceedings and who are also willing and able to work with other parents going through this process, the Legislature could consider narrowing the definition of an MLR program to require only an attorney and a social worker, or broadening the definition to allow for other professionals to serve in lieu of a parent-peer specialist. Other professionals who could serve on these teams include therapists, those who have served as relative or non-relative caregivers for children in foster care, and former foster youth who are now adults.

The Legislature could consider modifying the statute that directs OPPAGA to review MLR programs. Section 39.4092, *Florida Statutes*, requires each RC who establishes an MLR program to submit an annual report containing specific aggregated results to OPPAGA by October 1st. For OPPAGA to meet its statutory charge of compiling these results and conducting an analysis comparing the children of parents served by the MLR programs to those whose parents were not served by the programs, OPPAGA has determined that it needs to request and obtain non-aggregated data prior to October 1st of each year. Further, as the RCs continue to expand MLR programs in coming years, the amount of time required to analyze the outcomes of those served by the programs may also increase.

To address these future data collection and analysis needs, the Legislature could consider removing the requirement that the RCs submit aggregated reports to OPPAGA.

AGENCY RESPONSE

In accordance with the provisions of s. 11.51(2), *Florida Statutes*, a draft of OPPAGA's report was submitted to the five Offices of Criminal Conflict and Civil Regional Counsel. The offices' written responses have been reproduced in Appendix A.

APPENDIX A

Agency Responses



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CANDICE K. BROWER
REGIONAL COUNSEL



Richard G. Currey,
Chief Assistant Regional Counsel

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November 23, 2022

Ms. PK Jameson
Office of Program Policy Analysis and Government Accountability (OPPAGA)
111 West Madison Street
Room 312, Claude Pepper Building
Tallahassee, FL 32399-1475

Dear Ms. Jameson:

Thank you for this opportunity to respond to OPPAGA's "Review of Multidisciplinary Legal Representation of Parents in Dependency Proceedings." Please consider this the Office of Criminal Conflict and Civil Regional Counsel, 1st Region's (OCCRC1) official response in accordance with S. 11.51(2), Florida Statutes.

As indicated in the review, multidisciplinary legal representation (MLR) is known to be a preferred type of representation for parents involved in Dependency cases and Florida Statutes were amended to encourage this representation. Early reports of our own implementation of MLR are very promising but the failure of the Department of Children and Families to disburse the federal funding will prohibit the further expansion or any meaningful outcome analysis either internally or by OPPAGA. Despite the agreement reached regarding the distribution of the funding (Title IVe), there has been no indication that the funds will be distributed. (For example, most recently DCF required the removal of almost all of dependency dedicated attorneys from the list of allowable reimbursements because of an apparent misinterpretation of the more experienced dependency attorneys' duties). Until this hurdle is overcome, OCCRC1 unfortunately cannot fully utilize this most beneficial type of legal representation throughout the region.

While MLR cannot be expanded, the success of it in the one locale it has started (Tallahassee and surrounding areas) has allowed OCCRC1 to learn how to most effectively utilize the program when and if the funding is received. We fully agree with and support OPPAGA's recommendations especially those regarding modifying the statute and narrowing the definition of MLR teams.

Thank you again for this opportunity to respond to the review of MLR.

Sincerely,

Candice K. Brower
Regional Counsel, 1st Region

Defending you, protecting your family, preserving your rights.



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November 28, 2022.

PK Jameson
Coordinator
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Dear Ms. Jameson,

RC3 has received the preliminary draft of OPPAGA's report *Review of Multidisciplinary Legal Representation of Parents in Dependency Proceedings*.

RC3's response to the reports is as follows:

On Page 6, OPPAGA Report states:

While RC3 plans to staff its MLR team to all of the office's appointed dependency cases, the other three RCs are prioritizing cases that meet specific criteria, including cases involving substance abuse and/or mental health issues or young parents who were recently in foster care.

It is RC3's long term goal to have the ability to assign a Peer Parent AND Social Worker to each case we are appointed on as counsel. However, since we have not been able to hire the staff necessary to achieve this goal, we are prioritizing cases for assignment as follows: RC3 assigns Peer Parent Advocates (PPA) selectively to new cases and only allowing them to work on the cases for six months at a time unless removing them jeopardizes the case's path to reunification because the case is at a critical juncture. RC3 assigns PPAs only to domestic violence, substance abuse and mental health cases. RC3 does not assign them to Termination of Parental Rights cases, or physical or sexual abuse cases.

RC3 assigns Forensic Social Workers (FSW) (regardless of the age of the case) only to severe mental health, severe substance abuse and minor mother or former foster youth mother cases. RC3 keeps FSWs on cases with no time limitation.

On Page 11 OPPAGA report states:

The parent-peer specialist supports clients seeking reunification by teaching them how to navigate the behavioral health and child welfare systems. The parent-peer specialist acts as the bridge between the parent and the social worker, attorney, and service providers. The parent-peer specialist also attends case planning, permanency, and DCF multidisciplinary team meetings, and court hearings to provide support for the clients

RC3 would like you to add that the PPAs most important function is that they provide the parents with their lived-in experience in the child welfare arena. This creates trust and motivation for the clients unlike any other service given to the parent in the system.

On Page 12 OPPAGA reports states:

There are no screening criteria that would exclude parents from being served by the MLR program.

RC3 SSU does prioritize/screen cases using specific criteria such as mental health, substance abuse, minor parents, Domestic violence, etc. for a PPA or FSW to be assigned.

On Page 13 OPPAGA report states:

RC3 staff did not discuss the goals of its MLR program

RC3's goal is to use a holistic approach to assist and supports parents with their overall wellness and eliminate barriers to reunification.

On Page 20 OPPAGA report suggested:

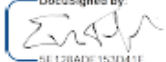
The Legislature could consider modifying the statute that defines MLR teams. Section 39.4092(1)(a) and (3)(b), Florida Statutes, defines an MLR program as a specialized team that includes an attorney, a forensic social worker, and a parent-peer specialist. OPPAGA's review of the RCs' MLR programs found that while all MLR programs have hired social workers to assist attorneys on dependency cases, two of the four programs have not hired parent-peer specialists, with one RC's office expressing difficulty finding these staff members. While the American Bar Association and the Administration on Children, Youth, and Families recommend that attorneys representing parents involved in dependency proceedings use a multidisciplinary approach, neither are prescriptive as to the professionals who should make up these teams beyond a social worker. To address the difficulty in finding parents who have been involved in dependency proceedings and who are also willing and able to work with other parents going through this process, the Legislature could consider narrowing the definition of an MLR program to require only an attorney and a social worker or broadening the definition to allow for other professionals to serve in lieu of a parent-peer specialist. Other professionals who could serve on these teams include therapists, those who have served as relative or non-relative caregivers for children in foster care, and former foster youth who are now adults

Narrowing the definition of the MLR team to only include a social worker and attorney is a major concern, as PPAs are an indispensable part of the team needed to truly achieve success at reunification. Neither the attorney nor the FSW provides lived in experience to the parents. They never had their children removed through the child welfare system. They never had to attend and complete many services to achieve reunification. The trust, the motivation and the positive role model given to parents by parent peers cannot be eradicated from the statutes simply because some regions are experiencing hardship in finding peers. Instead, parents who have been successfully reunited with their children and had their case closed need to be recruited to become peers statewide. That is how we are accomplishing it in RC3. We monitor our clients that are successful and then we contact them and talk to them about becoming peers so they can work for us or another stakeholder one day. We also spearheaded a Reunification Celebration Event every June with all stakeholders involved to acknowledge parents who successfully achieved reunification. In Miami, the child welfare system doesn't simply celebrate adoptions. We celebrate reunifications and hand the parents' certificates of recognition and commend them on their hard work. From this list of yearly nominees, we contact each parent to offer them the idea of becoming a paid peer in the system. We are willing to collaborate with other RCS and stakeholders in other regions to teach them how to accomplish this so that they too can have parent peers in their regions.

Broadening the definition of the MLR Team to include other professionals would not succeed either because no "other professional" could provide the golden "lived in experience" that a peer parent provides as part of the MLR team.

If you have any questions or comments, please contact Jorge Sanchez via email at (jsanchez@rc3fl.com)

Sincerely,

DocuSigned by:


SE128AD0F152D41F
Eugene F. Zenobi

Regional Counsel

EFZ/jis

OPPAGA Comments to RC3 Response

The final report includes edits on pages i, 6, and 11 addressing comments in RC3's response letter.

**STATE OF FLORIDA
OFFICE OF CRIMINAL CONFLICT
AND CIVIL REGIONAL COUNSEL
FOURTH DISTRICT**



**ANTONY P. RYAN,
REGIONAL COUNSEL**

Palm Beach County Broward County Indian River County Martin County Okeechobee County St. Lucie County

November 29, 2022

PK Jameson, Esq., Coordinator
Office of Program Policy Analysis and Government Accountability (OPPAGA)
111 West Madison Street, Room 312
Tallahassee, FL 32399

Re: Multidisciplinary Legal Representation for Parents in Child Welfare/Dependency Proceedings

Dear Ms. Jameson:

RC4 is proud to be the forerunner in Florida for incorporating multidisciplinary representation into the legal representation this agency provides to indigent parents in dependency and termination of parental rights proceedings, and we were pleased to see much of what we had reported and circulated to Legislative members and staff (in an executive summary of our social services program) prior to session in 2021 codified as a part of the "Legislative Findings" of section 39.4092, one of the many amendments made to Chapter 39 that year. (Indeed, we were pleased to see our program cited in the bill analysis for HB 7039/SB 96).

RC4 wholeheartedly embraces the multidisciplinary approach and would offer every parent we represent multidisciplinary service if it had the resources (*i.e.*, funding for enough social services staff members) to do so. Thus, we intend to utilize federal IV-E partial reimbursement funding, when it becomes available, to expand our social services unit. At the same time, RC4 will continue to seek direct funding, through the LBR process, from the Legislature to expand its program as the IV-E funding stream has yet to be generated and as the IV-E funds, when established, will allow only a partial expansion of the program.

We thank Dr. Racevskis and the staff of OPPAGA's Health and Human Services Policy Area for the attention they gave to this subject in drafting the *Review of Multidisciplinary Legal Representation of Parents in Dependency Proceedings* report and for the multiple opportunities for RC4 to offer background information, including the written feedback we provided via memorandum dated November 25, 2022. I am including in this letter -- set forth below -- the points made in RC4's memo with respect to the "Options" section of OPPAGA's report so that our full explanation is made a part of this response. In short, we support amending 39.4092 to a) amend or eliminate the overly defined and mandatory form of the section's "multidisciplinary legal representation model program," and b) to alleviate the mandatory data collection and reporting requirements as being premature at this time and

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RC4's Agency Response Letter

as being problematic with respect to our concerns for fairness across comparison groups and as to client confidentiality.

As stated in our written memo, if the mandatory data reporting requirements of 39.4092 were eliminated, we at RC4 would nonetheless be willing to hold further discussions with OPPAGA to collaborate on crafting measures and a methodology by which the multidisciplinary programs of the RCs could be analyzed in the future, as the RCs continue to expand their programs over time. Moreover, RC4 supports amending the statute to make it clear that funding for multidisciplinary representation is also available to cases wherein individual attorneys (not employed by the RCs) represent parents when appointed from the court registry lists.

Finally, with respect to expansion of multidisciplinary representation, RC4 intends to renew its efforts to amend section 27.511 (which sets out the duties of the RCs) to give the RCs express, statutory authority to provide preventive, pre-petition representation when parents are under investigation by the Department of Children and Families (DCF), earlier in time to when the possibility first arises of children being removed from the custody of their parents. The multidisciplinary representation the RCs have to offer parents can help stabilize vulnerable families and can, in some cases, keep families intact and keep children from being separated from their parents and being placed in foster care. Permitting the RCs to extend multidisciplinary representation to the prevention stage would be consistent with emerging national best practices and in keeping with the present purposes, intent, and principles of Chapter 39, including section 39.001(1)(b)(4)(f):

“To preserve and strengthen the child’s family ties whenever possible, removing the child from parental custody only when his or her welfare cannot be adequately safeguarded without such removal.”

To that end, attached is a legislative bill analysis prepared by RC4 in support of SB 1812 filed in the 2021 session which would accomplish giving the RCs express authority to further extend multidisciplinary representation and allow the RCs to have a more formal role to help keep families safely intact in those cases where the separation of children from their parents and removal to foster care can be safely avoided.

Thank you, again, for the work of Dr. Racevskis’ team on this subject and the important work OPPAGA’s performs in this policy area.

Sincerely,

/s/ *A P Ryan*

Antony P. Ryan, Esq.
Regional Counsel/Director “RC4”
Office of Criminal Conflict and Civil Regional Counsel, 4th DCA Region

Attachment: 2021 RC4 Agency Legislative Bill Analysis, SB1812

On file with OPPAGA



RC4's Agency Response Letter

RC4's Written Feedback to the Report's "Options" Section

- With respect to the suggestion in the first option of broadening the definition of an MLR team to allow for other professionals or persons with special lived experiences to be a part of a multidisciplinary team, it is important to note that attorney-client confidentiality & privilege are fundamental to multidisciplinary representation. While other types of professionals or persons (besides social workers and parent-peer specialists) could be helpful to a lawyer in representing a parent in dependency case, they must operate within the attorney-client relationship and must maintain client confidentiality and work product privilege.
- The option of removing the requirement that the RCs submit aggregated reports to OPPAGA is appropriate and warranted based on the reasoning in the report. Mandating that the RCs collect and report is also problematic in the following respects
 - Confidentiality: As explained above, the confidentiality of multidisciplinary representation is fundamental. Confidentiality does not exist between parents and the various professionals with whom they interact in the child welfare and dependency systems with the exception of the attorney-parent relationship. It is the confidentiality of that relationship which multidisciplinary representation builds on. Hence, confidentiality is carefully explained to parents offered multidisciplinary representation by RC4 and, in fact, it is integral to the formal, written Informed Consent RC4 obtains from parents who are offered and who accept multidisciplinary services. The following is an excerpt from RC4's Informed Consent document:

The Forensic Social Worker's (FSW) or Forensic Family Advocate's (FFA) role as an agent of attorneys, including attorney/client privilege:

The Forensic Social Worker (FSW) and Forensic Family Advocate (FFA), which are part of RC4's Social Services Unit, are considered part of your (the client's) legal team. Any communications between the Forensic Social Worker or Forensic Family Advocate and you (the client), therefore, are privileged communications and the Forensic Social Worker or Forensic Family Advocate cannot disclose any client communications or information to outside parties unless you (the client) provide express consent and waive such privilege. The exception to this is where mandated reporting of abuse or neglect is required by Florida Statute or in situations where you (the client) or others are at imminent risk of harm.

Thus, retroactive collection of information about a parent's case and family to OPPAGA or any other entity is contrary to the manner in which the services were explained to past or existing clients.

- Comparison groups: As RC4 explained our Teams meetings, another problematic issue in collecting and reporting data with the aim of evaluating program effectiveness is an inherent unfairness in comparing one set of RC4 clients to another. Since program inception, we at RC4 have been concerned that about the ethics of comparing results obtained for parents who were offered multidisciplinary representation to parents at



RC4's Agency Response Letter

RC4 who were not offered the same opportunity. Those concerns have led us to report the success of our model, to date, in terms of case-by-base results.

Those concerns were not present in the study (referred to in our discussions and which we previously circulated to the Legislature) out of New York City published in "The Children and Youth Services Review." There, *data from agencies in which every client* was offered multidisciplinary representation was compared to clients outside of those agencies who did not have the opportunity to even be offered multidisciplinary representation at all. The existing representation system in New York allowed for a study to be done without this ethical obstacle. When we learned of the study, we were pleased to share it as it confirmed results we had seen on a case-by-case basis.

- Outcome measurements: As we also began to discuss in our Teams meetings, RC4 has concerns about the measurements by which multidisciplinary models would be evaluated. There are too many concerns to succinctly list and explain, but a chief, underlying concern is a lack of correlation between the internal decision for RC4 to assign multidisciplinary representation to a client and external, measurable data points or outcomes. For example, the statutory section calls for the reasons the family became involved in the dependency system as a data point, but those reasons may not be why (or not all of the reasons why) a client was offered multidisciplinary representation. As another example, race could be a data point which may wish to be analyzed (as it was examined in the report), but RC4 does not assign multidisciplinary representation on the basis of race.

Moreover, it is critically fundamental to RC4's program, as we discussed and was also mentioned above, to offer the best possible support to indigent parents in child welfare and dependency cases as they comprise a very unique population. The positive experiential *qualitative* impact the multidisciplinary dynamic offers to clients is an important end-in-itself, but that experience is not one easily measured with traditional data points.

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