



IV-E Waiver Demonstration Evaluation
Semi-Annual Progress Report 4 SFY07-08

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Executive Summary

Florida's IV-E Waiver was implemented in October 2006 through changes in State contracts with Community-Based Care (CBC) lead agencies. The purpose of the IV-E Waiver evaluation is to determine the effectiveness of expanded child welfare services and supports in improving permanency and safety outcomes for children in or at risk of entering out-of-home placement. Specifically, the evaluation tests the hypotheses that an expanded array of Community-Based Care services available via the flexible use of Title IV-E funds will expedite the achievement of permanency through reunification or adoption, maintain child safety, increase child well-being, and reduce administrative costs associated with providing community-based child welfare services.

The evaluation design and outcome variables were selected for the purpose of examining these aspects of Florida's child welfare system. The evaluation is comprised of the following components: Child Welfare Practice Analysis, Programmatic Outcome Analysis, Cost Analysis, and Implementation Analysis. This report is the fourth in a series of IV-E Waiver Progress Reports and includes data gathered from all lead agencies serving Florida's 67 counties and covers SFY06-07 and SFY07-08, depending on the data source.

The Child Welfare Practice Analysis section of this report contains information on changes in practice related to the IV-E Waiver and continues a series of highlights on innovative practices. Specifically, 15 of the 20 CBC lead agencies reported an expansion of their prevention and diversion service array since the inception of the Waiver. Eleven of the agencies reported an expansion of services in year one, four of those agencies reported additional expansion in year two, and 4 agencies in year two only. Lead agencies often identified family engagement as one of the goals of their prevention and diversion programs with 10 lead agencies reporting the development or expansion of a Family Team Conferencing model since the inception of the Waiver. Eleven CBC lead agencies reported specific strategies aimed at promoting permanency and reducing a child's length of stay in out-of-home care. Some of these strategies focus on providing supports and services to families working toward reunification from out-of-home care. Other developments involve support for relative caregivers and foster parents, as is highlighted in an innovative practice description of the Foster Parent Mentor Program.

The Programmatic Outcome Analysis examined seven indicators of child permanency, safety and well-being. One expectation of the IV-E Waiver is that the number of children entering out-of-home care should decrease due to provision of additional

prevention and diversion services. Although there was variability across lead agencies, ranging from 9.4% to 31.9%, the statewide average for children whose case was opened in 2006-2007 and entered out-of-home care after receiving in-home services (15.7%) was lower than the statewide average for 2005-2006 (23.3%). Therefore, the child welfare system has improved on this permanency indicator. In addition, progress has been made on child safety. When maltreatment within six months after services were terminated was calculated, lead agencies ranged from 0.5% to 2.8%, with a 2006-2007 statewide average of 1.5%. This is a substantial reduction compared to the statewide average for the previous year, which was 3.3%.

Performance on additional permanency indicators was mixed. Specifically, the average proportion of children exiting out-of-home care for reasons of reunification or placement with relatives or guardianship across all lead agencies within 12 months was approximately 44% for the SFY06-07 cohort and 48% for the SFY05-06 cohort. Of note, the median length of stay in out-of-home care for the entry cohort from SFY06-07 was 14 months (for children exiting for reasons of reunification or placement with relatives), with this figure varying from 8.7 months to 24.1 months across lead agencies.

The proportion of children with adoption finalized within 24 months of latest removal was 46% statewide (lead agencies ranged from 23.9% to 68.9% on this indicator) which is 14% higher than the statewide target set at 32% for this indicator. In terms of re-entry into out-of-home care, the statewide average was 9.3% for SFY06-07 compared to 9.5% in SFY05-06, with five lead agencies performing worse than the statewide average by more than two percentage points. The State of Florida standard for re-entry is 9%.

In addition, placement stability was used as a proxy measure of child well-being and defined as the percent of children with no more than two placements within twelve months of the removal date. Lead agencies ranged from 69.1% to 86.6% of children with two or fewer placements. The average across all lead agencies was 78.5%.

The Cost Analysis section of this report explores the relationship between lead agency out-of-home care spending ratio and performance on three child outcome indicators (e.g., entry into OOHC, exiting out-of-home care, and re-entry into out-of-home care). There is statistical evidence that during the first two years of the IV-E Waiver, lead agencies that spent fewer out-of-home care dollars relative to front-end services expenditures have experienced a significant correlation with higher rates of youth exiting out-of-home care to reunification or relative placement within 12 months. This finding suggests that lead agencies that are able to better balance their spending between front-

end and out-of-home care services may be better at achieving permanency for youth in care.

The Cost Analysis section also details qualitative findings on the issue of administrative cost rates. Given the hypothesized gains in administrative efficiency expected to result from the IV-E Waiver, the rate of administrative spending by lead agencies is an issue that has garnered much interest. There were three key themes raised during focus groups: (a) perceptions about actual administrative cost rates vary considerably, (b) what cost components should be included in calculating an administrative cost rate for a lead agency, and (c) how administrative costs from Community-Based Care subcontracts should be considered when a lead agency subcontracts for case management.

The Implementation Analysis section of this report explores the complexities inherent to service system improvements attempted via the IV-E Waiver and the multiple drivers that influence child level outcomes such as length of stay, re-entry, and placement stability. Focus group participants made it clear that these outcomes are influenced by numerous factors including appropriate and timely assessment, data and performance measure issues, family engagement, foster parent recruitment, foster care capacity, and community expectations. In addition to these factors, philosophy of care was discussed throughout the focus groups and was thought to steer organizational processes and practice changes.

Policy Recommendations

Based on findings detailed throughout this report, the following recommendations are made to CBC lead agencies, case management organizations, child protective units, and DCF:

- Lead agencies should continue striving to reduce their rate of out-of-home care spending, as preliminary evidence suggests that lower rates of out-of-home care spending are associated with a higher proportion of out-of-home care youth reunifying or being placed with relatives within 12 months of out-of-home care entry.
- Lead agencies should continue their effort, in partnership with the Department, to clarify the definition and issues surrounding administrative cost rates.
- Parents should be visited more often in addition to their children in out-of-home care. This approach could facilitate more support and communication with

families and serve as a better check on whether the conditions that prompted the child's removal have adequately improved.

- Calculation of placement stability should be reexamined to appropriately address reasons for placement changes.
- Child protective investigations units and lead agencies should continue to develop innovative practices that strengthen the initial assessment and decision-making processes that are made during the investigations phase. These strategies include timely completion of Comprehensive Behavioral Health Assessments, early involvement of CPI supervisors in case assessments, and early resolution of disagreements between CPIs and lead agency case managers regarding key decisions, including the safety assessment and whether or not to remove a child.
- As CBC lead agencies implement innovative strategies to improve permanency, safety, and well-being outcomes for children and families, practice information should be shared with the rest of the CBC child welfare community. For example, Florida's Center for the Advancement of Child Welfare Practice, <http://centerforchildwelfare.org>, is available to assist lead agencies in publishing and disseminating service information in various formats, such as video, program descriptions, and white papers.

Introduction and Overview

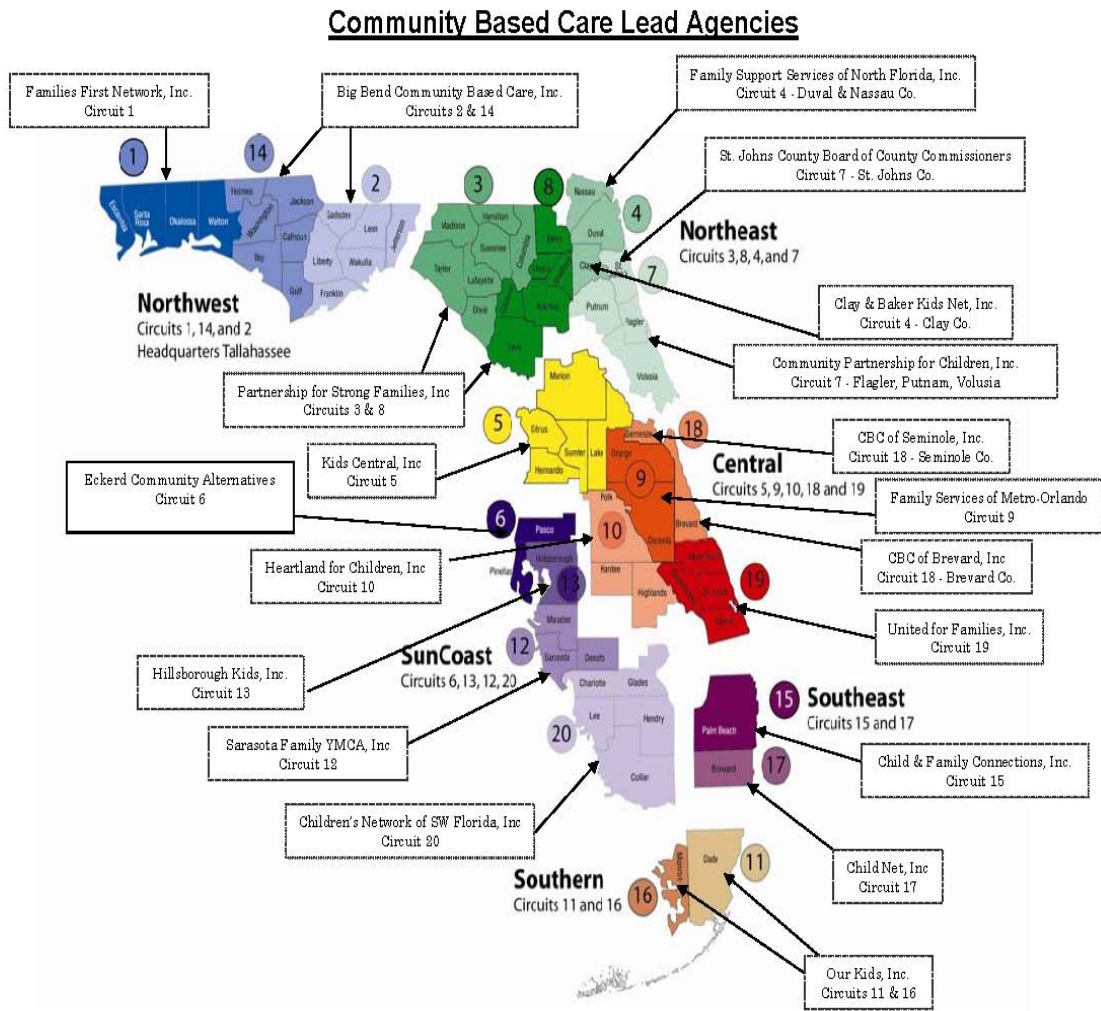
The Florida Department of Children and Families (the Department, DCF) has contracted with the Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida (USF) to develop and conduct an evaluation of Florida's statewide IV-E Waiver Demonstration Project. The Department also contracts with USF to complete an annual evaluation of the Community-Based Care (CBC) initiative, the State's effort to improve the safety, permanency and well-being of at-risk children by developing a locally-driven, outsourced child welfare system. A brief description of the statewide transition to the CBC child welfare model is presented below to provide the context for the Title IV-E Waiver implementation in Florida.

Florida's Child Welfare System

In 1996, the Florida Legislature mandated the outsourcing of child welfare services through the use of a lead agency design. The intent of the statute was to strengthen the commitment and oversight of local communities for caring for children and reunifying families, while increasing the efficiency and accountability of service provision. Currently, all of Florida's 67 counties have transitioned to this model. Lead agency locations are presented below (Figure 1). For each lead agency, the number of children whose cases were open in SFY07-08 and the number of children entering out-of-home care are shown in Table 1.

When percent of children entering out-of-home care of all cases opened during SFY07-08 was examined, a substantial variability across lead agencies was observed, ranging from 25.9% to 61.3%. The statewide average for children who were placed in out-of-home care in 2007-2008 was 40.2%. This variability was hypothesized to be attributed to several factors including lead agency individual practices, organizational structures, cohort compositions, and contextual influences (e.g., median county income, county crime rate). The effect of these factors on the number of children entering out-of-home care will be examined in the future.

Figure 1. Florida's Community-Based Care Lead Agencies



Available online at: http://www.dcf.state.fl.us/cbc/docs/lead_agency_map.pdf

Table 1

Number of Children with Cases Opened and Number Who Entered Out-of-Home Care in SFY07-08 by Lead Agency

Lead Agency & Counties Served	Number of children whose cases were opened in SFY07-08	Number of children entering out-of-home care in SFY07-08	Percent of children entering out-of-home care in SFY07-08
1st Circuit Families First Network (FFN) Escambia, Santa Rosa, Okaloosa, & Walton	4,230	1,537	36.3
2 nd and 14th Circuit Big Bend Community Based Care BBCBC (A) Holmes, Washington, Bay, Jackson, Calhoun, Gadsden, Liberty, Franklin, Leon, Wakulla, Jefferson, & Gulf	3,143	1,215	38.7
2nd Circuit Big Bend Community Based Care BBCBC (B) Madison & Taylor	288	147	51.0
3rd, 8th, and 7th Circuit Partnership for Strong Families (PSF) Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Putnam, Suwannee, Levy, & Union	3,353	1,141	34.0
4th Circuit Family Support Services of North Florida, Inc. (FSS) Duval & Nassau	4,086	1,915	46.9
4th Circuit, 8th Circuit Clay & Baker Kids Net, Inc. (CBKN) Clay & Baker	935	376	40.2
7th Circuit St. Johns County Board of County Commissioners (St. Johns) St. Johns	342	150	43.9
6th Circuit Sarasota Family YMCA, Inc. North (Sarasota YMCA North) Pasco & Pinellas	3,283	2,012	61.3
12th Circuit Sarasota Family YMCA, Inc. South (Sarasota YMCA South) Manatee, De Soto, & Sarasota	1,413	731	51.7

13th Circuit Hillsborough Kids, Inc. (HKI) Hillsborough	3,241	1,667	51.4
18th Circuit Community-Based Care of Seminole, Inc. (CBC of Seminole) Seminole	1,185	420	35.4
9th Circuit Family Services of Metro-Orlando, Inc. (FSMO) Orange & Osceola	4,640	1,279	27.6
18th Circuit Community-Based Care of Brevard (CBC of Brevard) Brevard	2,109	546	25.9
20th District Children's Network of Southwest Florida (Children's Network) Charlotte, Lee, Glades, Hendry, & Collier	2,602	1,039	39.9
15th Circuit Child & Family Connections, Inc. (CFC) Palm Beach	2,524	1,114	44.1
17th Circuit ChildNet, Inc. (ChildNet) Broward	4,264	1,411	33.1
11th Circuit, 16th Circuit Our Kids of Miami-Dade & Monroe, Inc. (Our Kids) Miami-Dade & Monroe	4,988	2,019	40.5
7th Circuit Community Partnership for Children, Inc. (CPC) Volusia & Flagler	1,442	681	47.2
5th Circuit Kids Central, Inc. (KCI) Marion, Citrus, Sumter, Lake, & Hernando	4,130	1,570	38.0
12th Circuit Heartland for Children (HFC) Polk, Hardee, & Highlands	3,756	1,561	41.5
19th District United for Families (UFF) Okeechobee, St. Lucie, Indian River, & Martin	1,930	722	37.4
	N=57,884	N=23,253	40.2

* These totals were calculated before PSF began providing service for Baker County, and Eckerd Community Alternatives became the lead agency for the 6th circuit, Pasco and Pinellas in SFY08-09.

Purpose and Specific Aims of the Evaluation

Florida's IV-E Waiver was implemented in October 2006 through changes in State contracts with the CBC lead agencies. The purpose of the IV-E Waiver evaluation is to determine the effectiveness of expanded child welfare services and supports in improving permanency and safety outcomes for children in or at risk of entering out-of-home placement. Specifically, the evaluation tests the hypotheses that an expanded array of Community-Based Care services available through the flexible use of Title IV-E funds will:

- expedite the achievement of permanency through either reunification or adoption;
- maintain child safety;
- increase child well-being; and
- reduce administrative costs associated with providing community-based child welfare services.

This report includes data gathered from all lead agencies serving all 67 counties and covers SFY06-07 and SFY07-08, depending on the data source.

Conceptual and Methodological Framework

Through the Title IV-E Waivers, states may spend Federal Title IV-E funds for supports and services in addition to foster care maintenance payments that protect children from abuse and neglect, preserve families, and promote permanency (U.S. Department of Health and Human Services, 2005). Florida's demonstration project is hypothesized to impart significant benefits to families and improve child welfare system efficiency and effectiveness through greater use of prevention services and in-home supports offered throughout all stages of contact with families. The evaluation design and outcome variables were selected for the purpose of examining these aspects of Florida's child welfare system. The evaluation is comprised of the following components: Child Welfare Practice Analysis, Programmatic Outcome Analysis, Cost Analysis, and Implementation Analysis.

Each component is described in detail in the distinct sections of this report. In order to most accurately reflect the status of the demonstration project, data are triangulated from various information sources including data sets from Florida Safe Families Network (FSFN), expenditure data from the Florida Accounting and Information Resource (FLAIR), and findings from focus groups, interviews, and surveys.

The evaluation maximizes the strengths of using a longitudinal research design while minimizing intrusiveness for the Community-Based Care (CBC) lead agencies. Whenever feasible, existing data sources are utilized to minimize participant requests. For example, evaluation cohorts were defined and identified using data available in FSFN, the Florida child welfare administrative data system. Longitudinal changes in child welfare outcomes are analyzed by measuring the progress of successive cohorts of children entering the State's child welfare system toward achievement of the demonstration project's primary goals. These cohort analyses can be conducted without the need to request new data from the CBC lead agencies. In addition, the evaluation was designed to be participatory, with input from the DCF, CBC lead agencies, and community partners which is welcomed and requested at all phases of the evaluation.

Background of IV-E Waiver and Evaluation in Other States

Throughout the 1990s, several trends in child welfare services contributed to a growing interest in Waivers that offer flexibility to States and local governments in spending Federal Title IV-E funds while limiting the total IV-E allocations available for services. Specifically, an increased growth in out-of-home placement costs, increasing complexity in the risk profiles and service needs of children and families, and Federal limitations on the use of Title IV-E funds have led to the development of flexible funding Waivers (U.S. Department of Health and Human Services, 2005).

The recent *Summary of the Title IV-E Child Welfare Waiver Demonstrations* (James Bell Associates, 2008) stated that as of June 2008, 12 states had a total of 13 active Title IV-E Waiver agreements; three Waivers approved in March 2006 were terminated by their States (Virginia, Iowa, and Michigan) before implementation. More specifically, as of June 2008, there were six states approved to participate in flexible funding Waivers: Florida, California, Oregon, Ohio, North Carolina, and Indiana. The States of Indiana, North Carolina, Ohio, and Oregon all received five-year extensions of their waivers; however, North Carolina terminated its extension due to issues regarding cost neutralities (James Bell Associates, 2008). Although all demonstration states are similar in their evaluation requirements, the evaluation designs vary from state to state. For example, North Carolina, Ohio, and Oregon used a comparison group design in their evaluations. Indiana used a matched case comparison design approach, which included a comparison group. California is utilizing a time-series design to analyze historical changes and to observe patterns in outcomes (U.S. Department of Health and Human

Services, 2005). As discussed earlier, FMHI/USF is using a longitudinal research approach similar to California's evaluation design to evaluate Florida's project. The remainder of this report presents the methods, findings, and policy recommendations for each component of the Florida IV- E Waiver evaluation.

Child Welfare Practice Analysis

The goal of the Child Welfare Practice Analysis is to examine the development and use of Community-Based Care lead agency practices that are designed to (a) safely prevent or divert out-of-home placement, (b) engage families in service planning and provision, and (c) increase permanency and reduce lengths of stay in out-of-home care. This analysis will help to determine if the IV-E Waiver Demonstration is meeting the objective of expanding and improving services and supports available to children and families involved in the child welfare system. Changes in practice are examined that are both directly attributable to the funding flexibility provided by the Waiver and indirectly attributable to the Waiver, in that Waiver implementation is considered a catalyst for change. The Child Welfare Practice Analysis consists of two components: Community-Based Care Profiles of Practice and Innovative Practices.

Community-Based Care Profiles of Practice

The purpose of the Community-Based Care (CBC) Profiles of Practice component is to evaluate the impact that the IV-E Waiver Demonstration has had on CBC lead agency practice. The evaluation was guided by the following research questions:

1. Do lead agencies report any changes in child welfare practice that are attributable to IV-E Waiver implementation?
2. What types of practice changes are being reported?

Method

A IV-E Waiver Demonstration Lead Agency Survey was distributed via e-mail in July 2008 to the 20 Community-Based Care (CBC) lead agencies that are responsible for providing child welfare services in Florida. The survey was sent directly to the Chief Executive Officer or comparable administrator who then determined the most appropriate person(s) in the agency to complete the survey. Through the survey process, CBC lead agencies were asked to provide detailed information concerning child welfare practices that had been introduced or expanded since the implementation of the Waiver. Data collected in two prior surveys (December 2006 and July 2007) were provided for lead agency respondents to correct and expand upon as necessary. The information requested on the survey included a description of the strategy, target

population, date of implementation, provider agency, funding source, the availability of the service, and if the strategy is based on an evidence-based or known practice model. The term “strategy” was defined as a specific service/program (e.g., homemaker services), a practice (e.g., family conferencing), or a support (e.g., specialized training for case managers).

All 20 CBC lead agencies submitted a completed survey. A research team member reviewed the survey data to determine if new or expanded strategies and services had been implemented.

Findings

Strategies to Safely Prevent and Divert Children from Out-of-Home Care

Fifteen of the 20 CBC lead agencies reported an expansion of their prevention and diversion service array since the inception of the Waiver. Eleven of the agencies reported an expansion of services in year one, four of those agencies reported additional expansion in year two, and 4 agencies in year two only.

The reported prevention and diversion strategies focus on either improving access to services and supports for families involved in the child welfare system, providing immediate crisis intervention services, or providing intensive in-home services. Practices aimed at improving access to services involve collaboration with Child Protective Investigations (CPI) and community providers. For example, Children’s Network of Southwest Florida (Children’s Network) implemented a Diversion Specialist position that is co-located with DCF CPI to allow for immediate discussion of a family’s needs and available services as a case is opened. The goal is to connect families with services in the community that can safely prevent the need for out-of-home placement. Similarly, Partnership for Strong Families (PSF) is utilizing Diversion Coordinators who work with at-risk families referred by DCF CPI to prevent the family from entering the foster care system. The Diversion Coordinators refer the families to service providers and track their progress to ensure that each family is stabilized within the home environment. As reported in a previous IV-E evaluation report (Vargo et al., 2008), Hillsborough Kids, Inc. (HKI) and Family Services of Metro-Orlando, Inc. (FSMO) have incorporated Resource Coordinators into their prevention systems of care who are co-located and work directly with the Sheriff’s Office or DCF CPI and case managers to identify community resources and supports for families involved in an allegation of abuse or neglect. Both lead agencies implemented Resource Coordinators prior to the IV-E

Waiver; however, they expanded the use of these positions in SFY06-07 and SFY07-08 to increase the availability to families. The Resource Coordinators at FSMO are now co-located with the case management organizations and focus on cases that are being transferred to services from CPI. FSMO created new positions, referred to as Diversion/Prevention Specialists that are assigned to work directly with DCF CPI. HKI expanded its Resource Coordinator program to include a Relative Caregiver Specialist to support relative caregivers and prevent entry into licensed out-of-home care.

Expanded prevention and diversion strategies aimed at providing immediate crisis intervention services include the Mobile Crisis Response Teams reported by PSF and United for Families, Inc. (UFF). Strategies aimed at providing intensive in-home services include the Strengthening Ties and Empowering Parents (STEPS) Diversion Program reported by Family Support Services of North Florida, Inc. (FSS), which offers in-home case management, budgeting, behavior management, parenting education, financial assistance, and referrals to community agencies. Through contracts with community providers, FSMO implemented new services in SFY07-08 that provide direct in-home services to at-risk families. They include the Intensive Crisis Counseling Program (ICCP), the Homemaker Services Program that offers in-home parent education to improve parenting and homemaker skills, and an in-home Family Crisis Management Program for families speaking Creole. Big Bend Community Based Care, Inc. (BBCBC) reported contracting with two community agencies to provide Substance Abuse In-Home Team services throughout their service area. These services utilize a team approach to address substance abuse, parenting, anger management, and relationship issues with families at a low safety risk and with a known substance abuse problem. Heartland for Children (HFC) also reported contracting for new prevention services in SFY07-08 that utilize a team approach. Their Family Intervention Teams are utilized by three community agencies that work with families involved in an abuse or neglect investigation by providing parenting, crisis counseling, budgeting, and financial assistance for basic needs.

Strategies to Engage Families in Service Planning

CBC lead agencies often identified family engagement as one of the goals of the prevention and diversion programs listed above; in addition, several of them have implemented varying forms of the Family Team Conferencing (FTC) model, which has the distinct goal of engaging families in service provision and planning. Ten lead

agencies reported the development or expansion of a Family Team Conferencing model since the inception of the Waiver. Initially, United for Families (UFF) reported that they had implemented Family Group Decision Making (FGDM) in one county. The strategy has since been expanded to include two of the four counties in Circuit 19. The FGDM program has two full-time coordinators whose role is to lead the process and train others to become certified group facilitators. Clay & Baker Kids Net, Inc. (CBKN), Kids Central, Inc. (KCI), and FSMO all reported fully implementing FTC in SFY07-08 as a strategy used at various points in a child welfare case. CBKN utilizes FTC within 14 days of receipt of a case for services, prior to reunification, and any other time that it is considered necessary. KCI has expanded FTC to be available to CPI as a tool to prevent families from entering the child welfare system. It is also available to case managers for Voluntary Protective Services (VPS) cases and in-home, court-ordered cases. In addition, KCI reported using FTC to support families upon reunification, to prevent children from re-entering the system, and to support a family when a case is being closed to family guardianship. FSMO's goal is to utilize the FTC process with families involved in a VPS case. Community-Based Care of Seminole, Inc. has imbedded FTC into their Family Connections prevention program, and primarily the Sheriff's Office CPI makes referrals. Family Connections was featured as an innovative practice and described in detail in a previous Waiver evaluation report (Vargo et al., 2007). PSF expanded the practice of FTC in SFY07-08, which they use to engage families who have children in out-of-home care. Other CBC lead agencies that have reported implementing or expanding the Family Team Conferencing practice include Families First Network (FFN), FSS, St. Johns County, and Community-Based Care of Brevard, Inc.

Also in an effort to engage families, BBCBC reported implementing an Enhanced Parenting in Supervised Visitation program. This service is provided by Life Management Center and utilizes the modeling of parenting skills and coaching during supervised visitation with a parent and child. The goal is to improve the parenting skills of a parent working toward reunification. This service is available to families with children in out-of-home care. The program administers a pre- and post-test to evaluate the effectiveness of the program and to use as dependency court documentation.

Strategies to Reduce a Child's Length of Stay in Out-of-Home Care

Eleven CBC lead agencies reported specific strategies aimed at promoting permanency and reducing a child's length of stay in out-of-home care. Some of these strategies focus on providing supports and services to families working toward reunification from out-of-home care. As stated in a previous evaluation report (Vargo et al., 2007), ChildNet, Inc. (ChildNet) made an agreement with the Children's Service Council of Broward to streamline the provision of services. This resulted in ChildNet focusing its efforts on out-of-home and reunification services and the Children's Service Council focusing on prevention and diversion. ChildNet reported that it has reinvested the prevention funds into what they have called Family Reunification and Strengthening Services and have contracted with four community agencies to provide these services to specific populations. Kids in Distress serves families dealing with domestic violence and substance abuse issues; Henderson Mental Health Center focuses on families dealing with mental health issues; and Minority Development & Empowerment specializes in serving families of Caribbean and Hispanic descent. Children's Home Society is contracted to provide reunification services and supports to families with general needs that do not fall within the above categories.

HKI reported expanding its Family Reunification Services array in SFY07-08 through contracts with its case management organizations. Providers designed the programs unique to their agency and practice. The services include in-home therapeutic interventions for families during reunification and post reunification, and non-clinical supports such as parent training, in-home role modeling and mentoring, budgeting, and assistance navigating the various social and educational service systems available to the family.

Other developments involve support for relative caregivers such as the Relative Caregiver Specialist position implemented by Children's Network to move children from licensed out-of-home care placements to relative caregivers. The Specialist attends shelter hearings and works with children placed in emergency shelters for more than 30 days. Through collaboration with Devereux Kids, HFC implemented the GAP project, a community-based, voluntary resource/training program designed to assist relative and non-relative caregivers during the first 30 days of a child being placed in their home.

Two lead agencies, CBC of Brevard in SFY06-07 and PSF in SFY07-08, reported the implementation of a utilization management system that incorporates the use of the Child and Adolescent Functional Assessment Scale (CAFAS) for all children

in licensed out-of-home placements. According to PSF, the use of the CAFAS and utilization management reviews allow the lead agency to ensure that appropriate individualized services are provided to the children and families served in the child welfare system.

In an effort to achieve permanency for children who are in out-of-home care, KCI and Our Kids of Miami-Dade/Monroe, Inc. (Our Kids) have implemented the practice of Family Finding. This is a strategy developed by Kevin Campbell that utilizes the search techniques of the International Red Cross to locate family members of children in care. A family tree assessment is used to identify all family members who may be a potential source of support or permanency option. The Our Kids program is focused on older children whose parent's rights have been terminated, and the KCI program is focused on utilizing the strategy when a child first enters out-of-home care. Our Kids also reported implementing a Heart Gallery in SFY07-08 to help recruit and match prospective adoptive parents with children in out-of-home care awaiting an adoptive placement. The Heart Gallery is a traveling, museum quality exhibit featuring portraits of children in Miami-Dade's foster care system who are available for adoption. Their focus is on finding families for older children and sibling groups.

Summary

The CBC lead agencies reported that many of the strategies identified above are implemented with the intent of impacting all stages of a family's contact with the child welfare system. Therefore, strategies aimed at prevention and diversion may serve to reduce a child's length of stay when out-of-home care is required to maintain child safety. Similarly, services and strategies intended to engage families in service provision and case planning might have a positive impact on maintaining a child safely in his or her home or reducing the time in out-of-home care.

Lead agency stakeholders also reported that the IV-E Waiver created an atmosphere that allowed for greater creativity and flexibility in spending. Even if an expenditure was allowable prior to the Waiver, the flexibility made it easier to continue to fund or expand a service.

Innovative Practices

The purpose of the Innovative Practices component is to identify and describe innovative and best practices that are being utilized by lead agencies and community

providers in their systems of care. Although the practices selected for this report and previous reports may not be directly attributable to Waiver implementation, they are consistent with the goals of the Waiver and expected to have a positive impact on permanency and safety outcomes for children and families. Furthermore, lead agencies have reported that the funding flexibility of the Waiver will help support innovative practices.

Innovative practices described in previous reports (Vargo et al., 2007; Vargo et al., 2008) include:

- Family Finding – a strategy used to improve family connections and permanency for children in out-of-home care,
- Family Connections – a Family Team Conferencing prevention program,
- Peaceful Paths – a domestic violence prevention program, and
- Resource Specialists – a collaborative prevention/diversion strategy.

Method

Using the data collected through the CBC lead agency survey process, one innovative practice was selected for inclusion in this report. The lead agency representatives were then asked to provide additional information about the selected practice. For the purpose of this evaluation, an innovative practice was defined as one that is unique to the particular service area or not a common practice throughout the state. In addition, the practice can be clearly described by the lead agency in terms of protocol, model of practice (if based on a standardized or known model), funding, target population, staff requirements and training, implementation strategies, and evaluation methods used to measure impact.

Limitations

The findings in this section are based on CBC lead agency staff self-reports. Other than direct communications with program staff and lead agency documentation, the data have not been verified or evaluated through other sources.

Findings

Foster Parent Mentor Program - United for Families

In an effort to develop a support system for new foster parents, United for Families reported implementing a Foster Parent Mentor Program in July 2006. Although the program began prior to the Waiver, the lead agency reported that this program was created partially based on the expectation of the IV-E Waiver's flexibility of funding. Through improved support to foster parents, the lead agency has attempted to improve placement stability for children in out-of-home care and increase foster parent recruitment and retention rates.

United for Families has contracted with four licensed foster parents in Circuit 19 to serve as mentors for newly licensed foster parents. Each mentor is assigned to one of the four counties in the service area; however, the mentors are able to assist over county lines as needed. The mentors were required to complete 30 hours of pre-service training through the Model Approach to Partnerships in Parenting (MAPP) curriculum (Child Welfare Institute, 1987). In addition, the mentors completed Parenting Tools for Positive Behavior Change, a 30-hour positive parenting class. This curriculum is a statewide model facilitated by the Behavior Analysis Services Program through the University of South Florida and the Florida Department of Children and Families and taught by a Certified Behavior Analyst. After completing the required training, the mentors are responsible for continuing their education by attending monthly foster parent meetings, foster parent conferences, and in-service trainings provided by UFF on a quarterly basis.

The procedures of the program require that the mentors contact newly licensed foster parents within seven days of becoming licensed. During this contact, the mentor informs the new foster parent of the mentor service they provide and information on the Foster Parent Association meetings, resources in the community, and verifies that the new parent has received all necessary paperwork from the child protective investigator or case manager such as a custody letter, birth certificate, and immunization records. One of the mentors also serves as a co-facilitator, along with a certified trainer, for the ongoing MAPP training classes. The foster parent mentors are paid \$500 per month by the lead agency through a combination of state, local, and county-based funding sources.

United for Families reported that through the Mentor Program they have successfully retained 93% of their newly licensed foster parents after a year in the

program and that placement disruptions have decreased by 66% since the program was implemented.

Subsequent IV-E Waiver Demonstration Reports completed by FMHI-USF will evaluate the impact of this practice and the practices identified in previous reports by analyzing the relevant indicators of prevention, permanency, and safety over time. In addition, qualitative data will be collected and analyzed to assess the benefits of innovative practices.

Policy Recommendation

It is recommended that as CBC lead agencies implement innovative strategies to improve permanency, safety, and well-being outcomes for children and families that this practice information be shared with the rest of the CBC child welfare community. For example, Florida's Center for the Advancement of Child Welfare Practice, <http://centerforchildwelfare.org>, is available to assist lead agencies in publishing and disseminating service information in various formats, such as video, program descriptions, and white papers.

Next Steps

Future evaluation activities of the Child Welfare Practice Analysis will include the Community-Based Care Profiles of Practice component and the ongoing examination of the expansion of CBC lead agency practices that are being implemented in response to the IV-E Waiver Demonstration. The Innovative Practices component will focus on identifying innovative and evidence-based practices and provide follow-up evaluation of the status and impact of previously identified practices. Furthermore, the research team continues data collection for the Family Assessment and Services component. This component examines whether needs assessments were conducted for children and families, the extent to which these assessments lead to appropriate services and supports, the level of family participation in case planning and decision-making, and the level of family satisfaction with services. Three distinct data collection activities are included: case file reviews, parent interviews, and case management focus groups. Data collection has been completed for one selected study area and the team will begin data collection for an additional study area. Data from both areas will be analyzed and the findings will be included in the March 2009 evaluation report.

Programmatic Outcome Analysis

The goal of the Programmatic Outcome Analysis is to examine the effect of IV-E Waiver implementation on lead agency performance and outcomes for children, based on administrative data analysis. Although there are multiple factors influencing lead agency performance and children's outcomes, certain positive changes are expected to occur as a result of specific practices and policies. In particular, as a result of increased preventive efforts in the child protection system that are expected to take place after IV-E Waiver implementation, the number of children entering out-of-home care and the number of children re-entering out-of-home care should decrease. Although the rate of maltreatment recurrence after a case is closed may increase, the number of children experiencing recurrence of maltreatment after a case is closed should decrease. Similarly, although the proportion of children exiting out-of-home care may decrease, the number of children with a timely exit into permanency should increase. To examine these changes, specific indicators were selected and calculated in collaboration with the Florida Department of Children and Families. The following indicators were examined:

- proportion of children whose cases were opened and who entered out-of-home care within 12 months after receiving in-home services,
- proportion of children who entered out-of-home care and were discharged for reasons of reunification or placement with relatives within 12 months,
- median length of stay for children entering out-of-home care and were discharged for reasons of reunification or placement with relatives,
- proportion of children exiting out-of-home care within 24 months of the latest removal with adoption finalized,
- re-entry into out-of-home care within 12 months of exit,
- proportion of children who were maltreated within six months after termination of services, and
- proportion of children with no more than 2 placements within 12 months of removal date.

Method

The overall design for the evaluation of Florida's IV-E Waiver demonstration project consists of a longitudinal comparison and examination of successive annual cohorts. Specifically, five successive cohorts of children whose first contact with the child welfare system occurred prior to the Waiver (i.e., baseline cohorts) and during each year

of Waiver implementation will be followed from the time of first child welfare contact (regardless of placement status) until the end of the project. The five cohorts will be comprised of children whose first contact with the child welfare system occurs during SFY04-05, 05-06, 06-07, 07-08, and 08-09, respectively. State fiscal years 2004-2005 and 2005-2006 cohorts serve as baseline data for the calculation of all indicators except for the proportion of the children with adoption finalized. These fiscal years were chosen as baseline cohorts because they were the last two years before IV–E Waiver implementation began. SFY03-04 was added as a baseline cohort for those indicators that required 24 months follow-up (e.g., proportion of children with adoption finalized within a 24 month period).

For this report, only SFY06-07 cohorts were examined for indicators that required 12 months follow-up and SFY05-06 cohorts were used for indicators that required 24 months follow-up (i.e., proportion of children exiting out-of-home care into adoption). No statistical comparison between cohorts was conducted for this report due to the state’s transition from HomeSafenet (HSn) to Florida Safe Families Network (FSFN) and the subsequent challenges related to the calculation of analogous indicators across the two systems. The longitudinal comparison of successive annual cohorts will be conducted for all outcomes in the next IV-E Waiver evaluation report.

The outcome measures described above were calculated for every lead agency and statewide. The number of cases and proportion for each lead agency for each measure can be found in Appendix A. When the average across lead agencies was calculated, cases with missing county information were excluded. The calculations of the indicators were based on entry cohorts when the proportion of children exiting out-of-home care, median length of stay of children entering out-of-home care, proportion of children exiting into adoption within 24 months, and proportion of children with no more than two placements within a specified time were analyzed. The term “proportion” was used rather than “percent” to differentiate between the calculation of a standard percent and “percent” obtained from Life Tables produced by Event History Analysis¹. Exit cohorts were used when re-entry into out-of-home care and recurrence of maltreatment within six months after the case was closed were examined.

¹ Event history analysis is a statistical procedure that allows for analyzing data collected over time as well as for utilizing information about cases where the event of interest did not occur during data collection (e.g., children who did not exit out-of-home care during the 12-month period). This technique allows for calculation of the probability of an event occurring at different time points (e.g., in 12 months after entering out-of-home care).

Sources of Data

The primary source of data for the quantitative child protection indicators used in this report was Florida Safe Families Network (FSFN). The secondary data source was the Child Welfare Information System for the State of Florida until June 2007 – HomeSafenet (HSn). These data sets were merged based on HSn person sequence number in cases where this number was provided and based on child social security number, last name, first name, date of birth, and gender in cases where HSn person sequence number was unavailable.

Data Analysis

Because the goal for this report was to calculate performance indicators based on the latest available information, the data used included SFY05-06 through SFY07-08. The last date of data collection was June 30, 2008. Statistical analyses consisted of Life Tables – a type of event history or survival analysis², and Cox regression analyses (Cox, 1972)³.

Limitations

A few limitations should be noted. First, this study was limited by the use of measures of lead agency performance that related mostly to child safety and permanency outcomes. Only one indicator of child well-being – placement stability was calculated. No other measures of well-being were examined. Second, the study design did not include a cross-sectional comparison group (e.g., counties where IV–E Waiver was not implemented), because no such group exists due to statewide implementation of the Waiver. Finally, no statistical longitudinal analysis was conducted. This will begin with the next IV-E Waiver Progress Report.

²Survival analysis, referred to here as event history analysis, is a statistical procedure that allows for analyzing data collected over time as well as for utilizing information about cases where the event of interest did not occur during data collection (e.g., children who did not exit out-of-home care during the 12-month period). This technique allows for calculation of the probability of an event occurring at different time points (e.g., in 12 months after entering out-of-home care).

³ A type of event history analysis that allows for inclusion of predictor variables or factors that were hypothesized to affect the outcomes.

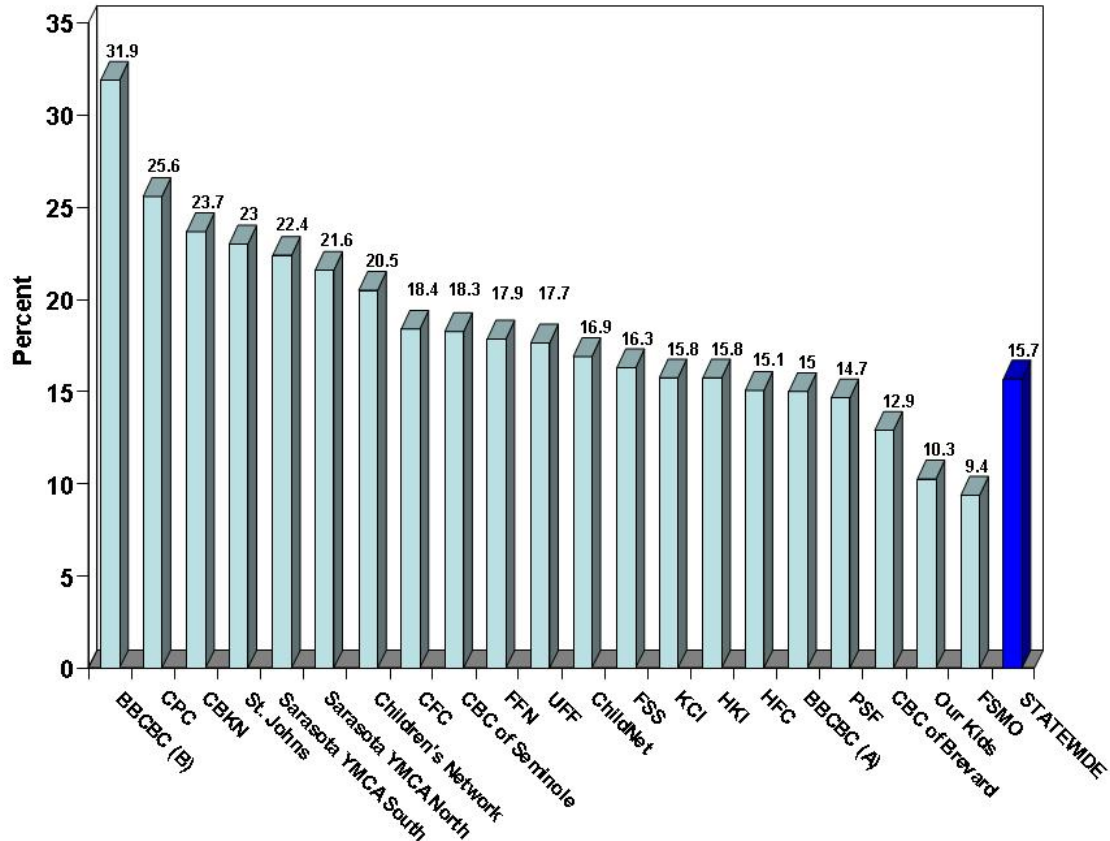
Findings

Measure 1.

Proportion of Children Whose Cases Were Opened in SFY06-07 and who Entered Out-of-Home Care Within 12 Months After Receiving In-Home Services

This indicator relates to the effectiveness of the child welfare system in maintaining child permanency and the ability of lead agencies to provide effective prevention services. The proportion of children who entered out-of-home care after receiving in-home services was based on a SFY06-07 entry cohort (i.e., includes all children whose case was opened during SFY06-07; see detailed description of the indicator in Appendix B, Measure 1). Entry into out-of-home care after receiving in-home services was defined as a removal of 5 days or longer following the date when the case was opened in HSn or the first date of living arrangements in FSN. The proportions of children entering out-of-home care after initially receiving in-home services for each lead agency are shown in Figure 2.

Figure 2. Proportion of Children Whose Cases Were Opened in SFY06-07 and who Entered Out-of-Home Care Within 12 Months After Receiving In-Home Services



Note. BBCBC (A) and BBCBC (B) were used for purposes of data analysis and in order to distinguish these two service areas.

The lead agencies are listed in descending order according to the proportion of children entering out-of-home care. As shown in Figure 2, the proportion of children entering out-of-home care within 12 months after their case was opened ranged from 9.4% for FSMO to 31.9% for BBCBC (B). CPC and Clay & Baker had the highest proportion of children after BBCBC (B) placed in out-of-home care after being served at home. In contrast, Our Kids and CBC of Brevard had the next lowest proportions of children, after FSMO (10.3% and 12.9%, respectively). The statewide proportion of children placed in out-of-home care after being served at home was 15.7%, which is a decrease compared to the previous fiscal year, although no formal statistical test was performed (see Appendix A, Table 1). For the SFY05-06 cohort the statewide average

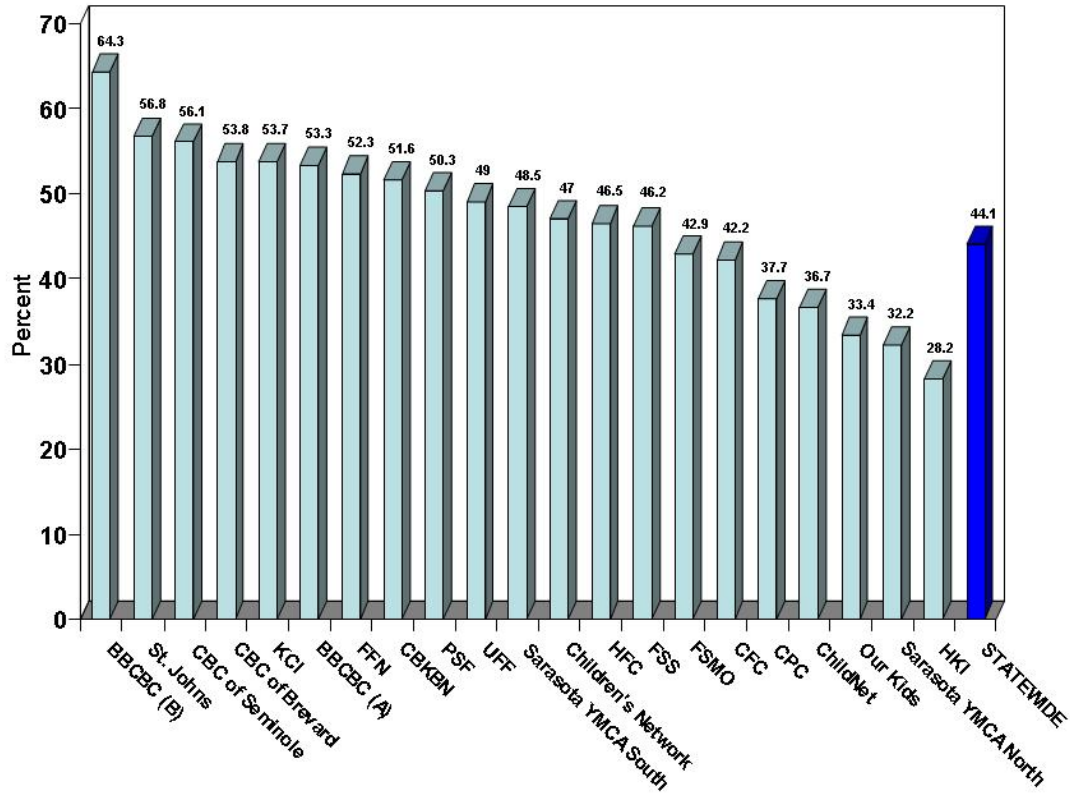
proportion of children placed in out-of-home care after being served at home was 23.3%. No statewide target exists for this indicator.

Measure 2.

Proportion of Children who Entered Out-of-Home Care in SFY06-07 and Were Discharged for Reasons of Reunification or Placement With Relatives Within 12 Months

The proportion of children who entered out-of-home care and were discharged for reunification or placement with relatives within 12 months after entry was calculated for the SFY06-07 entry cohort. The following reasons for discharge were included in the calculation of this indicator if a case was opened in HSn: (a) long-term custody to relatives, (b) guardianship to relatives, and (c) reunification with parents or original caregivers. Due to changes in coding in FSFN the following three reasons were included in the calculation of this indicator when cases opened in FSFN: “Reunification with parents or primary caretakers,” “Living with other relatives,” and “Guardianship.” (see detailed description of this indicator in Appendix B, Measure 2).

Figure 3. Proportion of Children who Entered Out-of-Home Care in SFY06-07 and Were Discharged for Reasons of Reunification or Placement With Relatives Within 12 Months by Lead Agency



Note. BBCBC (A) and BBCBC (B) were used for purposes of data analysis and in order to distinguish these two service areas.

Figure 3 shows the proportion of children exiting out-of-home care for reasons of reunification or placement with relatives or guardianship within 12 months by lead agency based on the SFY06-07 cohort. As illustrated in Figure 3, BBCBC (B) and St. Johns had the highest proportion of children exiting out-of-home care within 12 months (64.3% and 56.8%, respectively). Sarasota YMCA North and HKI had the lowest proportion of children exiting out-of-home care for reasons of reunification or placement with relatives or guardianship (32.2% and 28.2%, respectively). The average statewide proportion of children exiting out-of-home care for reasons of reunification or placement with relatives or guardianship within 12 months was approximately 44% (see Appendix A, Table 2). This proportion is slightly lower than the proportion of children exiting out-of-

home care for reasons of reunification or placement with relatives within 12 months based on the SFY05-06 cohort (i.e., 47%) although no formal statistical test was performed. No statewide target is available for this measure.

Measure 3.

Median Length of Stay of Children who Entered Out-of-Home Care in SFY06-07 and Exited for Reasons of Reunification or Placement With Relatives

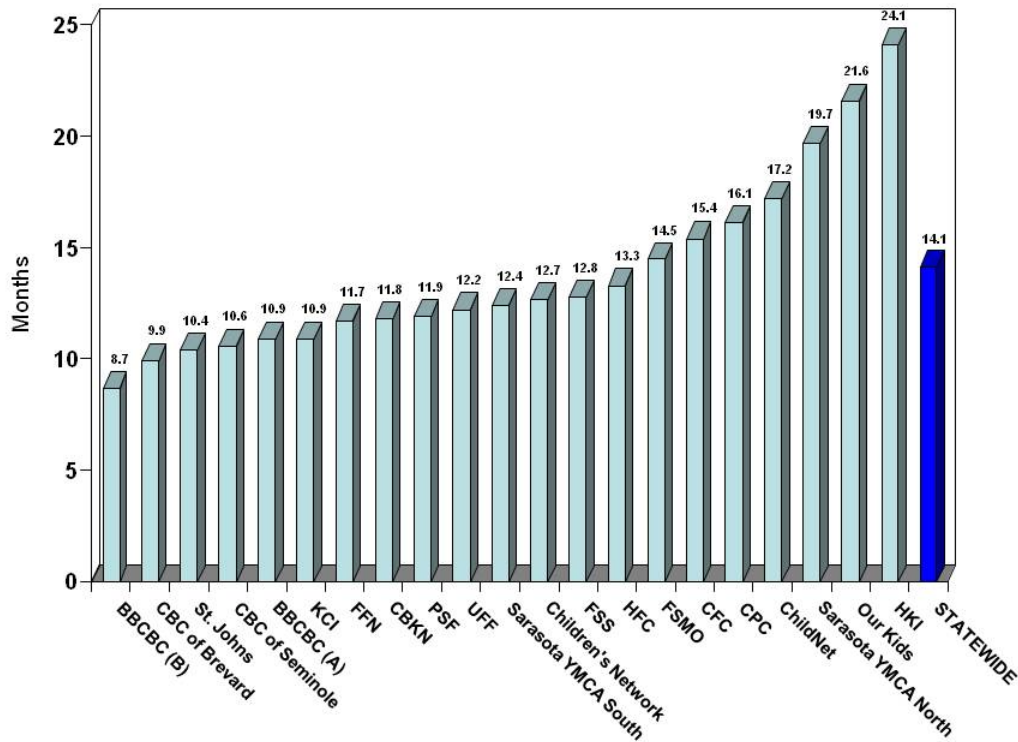
The median length of stay (LOS) in out-of-home care or an out-of-home care episode for children who exited for reasons of reunification or placement with relatives was also calculated based on an SFY06-07 entry cohort (see detailed description of this indicator in Appendix B, Measure 3). Figure 4 shows the median length of stay in out-of-home care based on SFY06-07 cohort. There is no Department standard for this indicator.

Median length of stay was calculated using Event History Analysis⁴. This analysis calculates median length of stay or median length of time until an event of interest (e.g., exit from out-of-home care) occurs at the point when 50% of participants (e.g., children) experience the event. Because most lead agencies had fewer than 50% of children exiting for reasons of reunification or placement with relatives within 12 months, the numbers shown in Figure 4 were estimates produced by Event History Analysis.

The lead agencies were listed in ascending order according to their median length of stay. As shown in Figure 4, children who entered out-of-home care in BBCBC (B) and CBC of Brevard had the shortest median length of stay (approximately 9 and 10 months, respectively) while the median length of stay for children who entered out-of-home care and were served by HKI and Our Kids exceeded 20 months (see Appendix A, Table 3). For children who entered out-of-home care in SFY06-07 and exited for reasons of reunification or placement with relatives, the statewide median length of stay was 14 months, which is the point when approximately 50% of children are estimated to be discharged.

⁴ Event history analysis is a statistical procedure that allows for analyzing data collected over time as well as for utilizing information about cases where the event of interest did not occur during data collection (e.g., children who did not exit out-of-home care during the 12-month period). This technique allows for calculation of the probability of an event occurring at different time points (e.g., in 12 months after entering out-of-home care).

Figure 4. Median Length of Stay of Children who Entered Out-of-Home Care in SFY06-07 and Exited for Reasons of Reunification or Placement with Relatives by Lead Agency



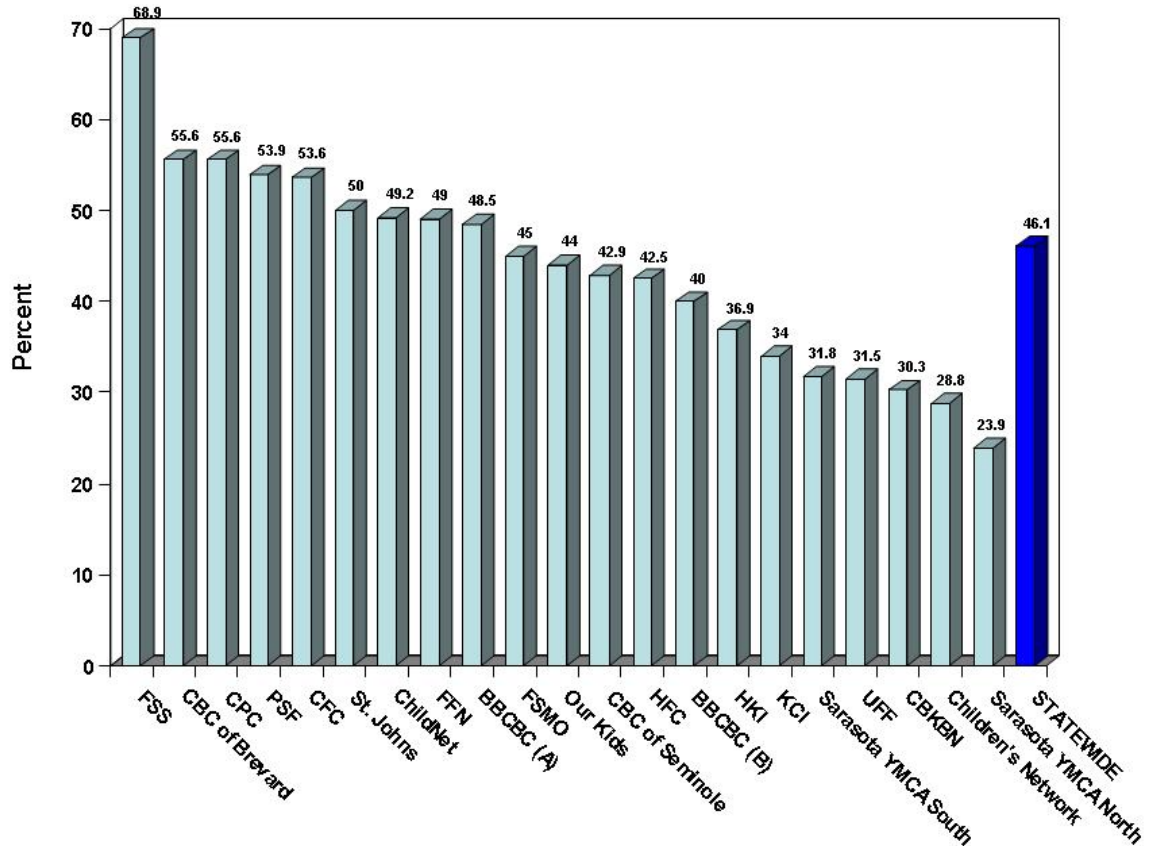
Note. BBCBC (A) and BBCBC (B) were used for purposes of data analysis and in order to distinguish these two services areas.

Measure 4.

Proportion of Children With Adoption Finalized Within 24 Months of the Latest Removal of all Children who Exited Out-of-Home Care and Were Adopted in SFY07-08 by Lead Agency

The calculation of this indicator was based on exit cohorts of children whose adoption was finalized (i.e., children who exited their first out-of-home care episode during SFY07-08 because of adoption). Children who exited from out-of-home care with adoption finalized and who were removed 24 or fewer months before they were discharged from out-of-home care were included in the numerator (see detailed description of this indicator in Appendix B, Measure 4).

Figure 5. Proportion of Children With Adoption Finalized Within 24 Months of the Latest Removal of all Children who Exited Out-of-Home Care and Were Adopted in SFY07-08 by Lead Agency



As illustrated in Figure 5, there is considerable variation across lead agencies in the percentage of children with adoptions finalized within 24 months after the latest removal. The highest percent of adoptions finalized within 24 months was in FSS (68.9%) and CBC of Brevard (55.6%). Sarasota YMCA North and Children's Network had the lowest percentages of adoption within 24 months of the latest removal (23.9% and 28.8%, respectively). The statewide average was 46%, which is 14% higher than the statewide target (see Appendix A, Table 4).

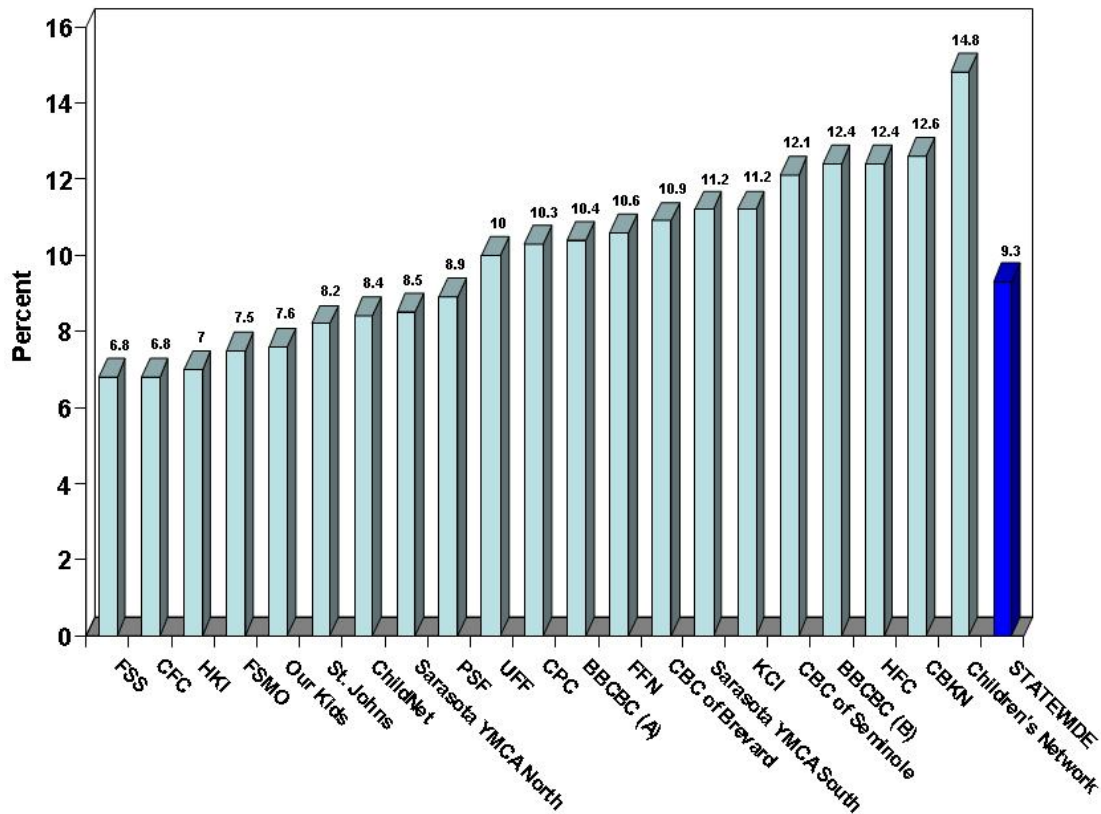
Measure 5.

Re-entry into Out-of-Home Care Within 12 Months of Exit

The calculation of this indicator was based on exit cohorts of children (i.e., children who exited their first out-of-home care episode during SFY06-07 or who had a

discharge date during this fiscal year). Only children who exited out-of-home care for reasons of reunification or placement with relatives during SFY06-07 were included in the analysis. These children were followed for 12 months to determine if they re-entered out-of-home care (see detailed description of this indicator in Appendix A, Measure 5). Re-entry was identified if the child (a) had a subsequent removal date or (b) had two different removal dates and a discharge date for the first removal. Children were determined to be the same if they had the same HSn, or FSFN number, or the same social security number, or the same date of birth, last name, first name, and gender.

Figure 6. Proportion of Children Who Exited Out-of-Home Care for Reasons of Reunification or Placement with Relatives During SFY06-07 and Re-entered Within 12 Months by Lead Agency



Note. BBCBC (A) and BBCBC (B) were used for purposes of data analysis and in order to distinguish these two service areas.

Figure 6 shows the proportion of children reunified or placed with relatives during SFY06-07 who subsequently re-entered out-of-home care within 12 months after exit. The lead agencies are listed in ascending order according to the proportion re-entered. As demonstrated in Figure 6, Children's Network had the highest (15%) proportion of children that re-entered out-of-home care after exit in SFY06-07. FSS, CFC, and HKI had the lowest proportion of children re-entering out-of-home care after exiting in SFY06-07 (approximately 7%). The statewide average was 9.3%, with five lead agencies performing worse than the statewide average by more than two percentage points (see Appendix A, Table 5). The statewide target for this indicator is 9.5%. The statewide re-entry rate for children exiting out-of-home care in SFY06-07 (9.3%) was slightly lower.

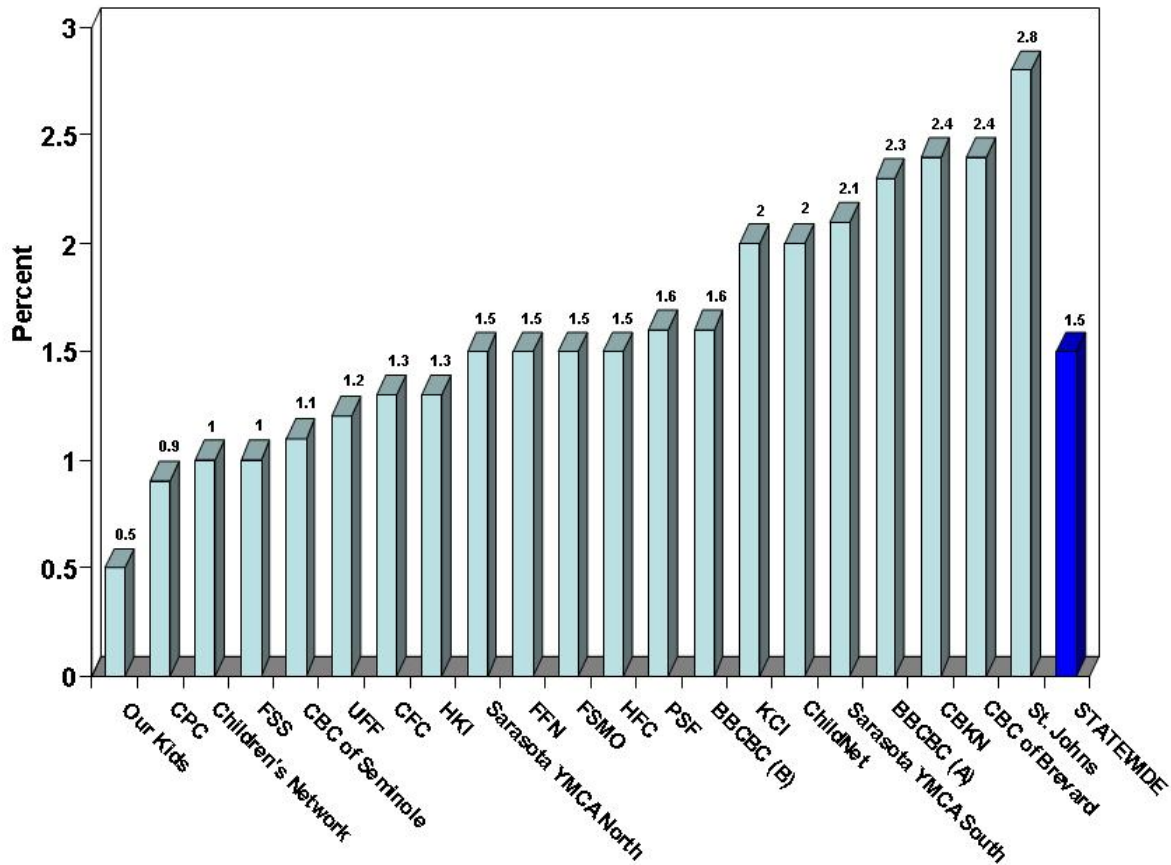
Measure 6.

Maltreatment Within 6 Months After Services Were Terminated

The calculation of this indicator was based on exit cohorts of children: children whose cases were closed during SFY06-07 or who had a "Dependent end date" during SFY06-07 in HSn and the last date for services in FSN. These children were followed for six months to determine if they were subsequently reported as being maltreated. Only cases with some indication of maltreatment or with verified maltreatment were included in the analysis (see detailed description of this indicator in Appendix B, Measure 6).

Figure 7 shows the proportion of children with a substantiated report or indication of maltreatment within six months after their services were terminated. The lead agencies were listed in ascending order according to the proportion of children who experienced maltreatment within six months after they stopped receiving services. The highest proportion of children who experienced maltreatment within six months after their cases were closed was in St. Johns (2.8%). The lowest proportion of children with a substantiated report or some indication of maltreatment within six months after their cases were closed was in Our Kids (0.5%). The statewide proportion of children being maltreated within 6 months after termination of services was 1.5%. This is a substantial reduction compared to the proportion for the previous year, which was 3%, although no formal statistical test was performed (see Appendix A, Table 6).

Figure 7. Proportion of Children Whose Cases Were Closed in SFY06-07 and who Were Maltreated Within 6 Months After Services Were Terminated



Note. BBCBC (A) and BBCBC (B) were used for purposes of data analysis and in order to distinguish these two service areas.

Measure 7.

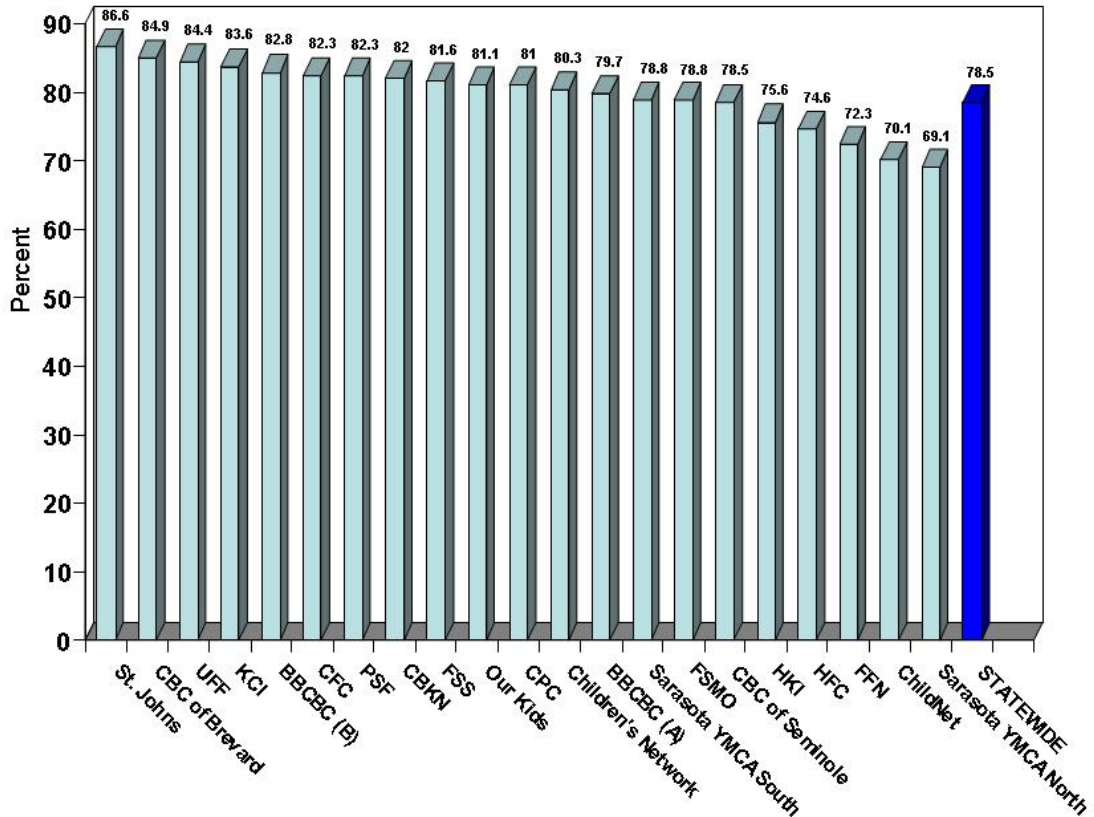
Proportion of Children With no More Than 2 Placements During SFY07-08⁵

The calculation of this indicator was based on an entry cohort: children who were removed from home and entered out-of-home care in SFY07-08. The number of placements was calculated within 12 or fewer months of the latest removal⁶. The percent of children who had two or fewer placements during SFY07-08 after they entered out-of-home care was calculated for each lead agency and for the state (see detailed description of this indicator in Appendix B, Measure 7).

⁵ All placements were counted.

⁶ Not all children were followed for 12 months due to data limitations.

Figure 8. Proportion of Children With no More Than 2 Placements Within 12 Months of Removal During SFY07-08



Note. BBCBC (A) and BBCBC (B) were used for purposes of data analysis and in order to distinguish these two service areas.

Figure 8 shows the percentage of children with two or fewer placements after entry into out-of-home care. The highest percentages of children with two or fewer placements after entry into out-of-home care were observed in St. Johns (86.6%) and CBC of Brevard (84.9%) lead agencies. In contrast, the lowest percentages of children with two or fewer placements were observed in Sarasota YMCA North (69.1%) and ChildNet (70.1%) lead agencies (see Appendix A, Table 7). The statewide average was 78.5%.

Summary

Overall, there is a trend indicating an improvement in lead agency performance in two measures: there was a substantial reduction (by 7.6%) of children who entered out-of-home care after receiving in-home services and a reduction in the proportion of children who were maltreated within six months after services were terminated (see Table 2). The reduction in the proportion of children who entered out of home care after receiving services is consistent with the practice analysis findings, which show that the majority of CBC lead agencies have expanded their array of prevention and diversion services available to children and families that are involved in an allegation of abuse or neglect. Based on these two measures, it appeared that these preventive efforts aimed at providing supports and services to the families and keeping children safely at home have been successful.

Table 2

Summary of the Programmatic Outcomes

Examined Indicators	SFY05-06⁷	SFY06-07⁸	State Standard
Proportion of Children Whose Cases Were Opened and who Entered Out-of-Home Care Within 12 Months After Receiving In-Home Services	23.3%	15.7%	N/A
Proportion of Children who Entered Out-of-Home Care and Were Discharged for Reasons of Reunification and Placement With Relatives Within 12 Months	48%	44.1%	N/A
Median Length of Stay of Children who Entered Out-of-Home Care and Exited for Reasons of Reunification and Placement With Relatives	--	14 months ⁹	N/A
Re-entry into Out-of-Home Care	9.5%	9.3%	9.0%
Maltreatment Within 6 Months After Services Were Terminated	3.3%	1.5%	N/A
Percent of Children With no More Than 2 Placements During SFY07-08	N/A	78.5%	N/A
Examined Indicators		SFY07-08	State Standard
Percent of Children With Adoption Finalized Within 24 months of the Latest Removal of all Children Exited in SFY07-08 and Adopted	N/A	46.1%	32%

⁷ The proportions shown in this table refer to the average across lead agencies.

⁸ The proportions shown in this table refer to the average across lead agencies.

⁹ For SFY05-06 the median length of stay was 12 months but it was calculated for children who entered out-of-home care and exited for **any** permanency reason.

The proportion of children exiting out-of-home care for reasons of reunification or placement with relatives or guardianship decreased slightly (by 4%); however, the percent of children with adoption finalized within 24 months of all adopted children exited out-of-home care is higher than the statewide target. Similarly, the re-entry rate in SFY06-07 did not change compared to SFY05-06 and the statewide average is very close to the state target. In conclusion, the results of quantitative analyses indicated that there is an improvement in the area of prevention (i.e., fewer children entering out-of-home care) and safety (i.e., fewer children experience recurrence of maltreatment within six months after services were terminated).

Cost Analysis

As reported in the previous Florida Waiver demonstration report (Vargo et al., 2008), there were substantial decreases in the ratio of dollars spent on out-of-home care (OOHC) services compared to dollars spent on prevention, family preservation, and in-home services (also referred to here as “front-end” services) from the year before the IV-E waiver to the first year of the waiver. Statewide, this ratio dropped from 7.96 in SFY05-06 to 4.55 in SFY06-07, a decrease of 42.8%. With the second year of the waiver recently completed, it will be important to determine whether this relative decrease in OOHC spending has continued. Another interesting issue related to this finding is the extent to which lower relative expenditures for out-of-home care are statistically associated with child outcomes. In this section, SFY07-08 data will be incorporated to analyze (1) the change in OOHC spending compared to front-end service spending from Year 1 to Year 2 of the waiver, and (2) the relationship between the lead agency OOHC spending ratio and performance on three child outcome indicators. Specifically, it was hypothesized that a lower OOHC spending ratio would be associated with (a) a *lower* proportion of new child welfare cases entering OOHC within 12 months of entering the child welfare system, (b) a *higher* proportion of OOHC youth reunifying or being placed with relatives within 12 months of OOHC entry, and (c) a *lower* proportion of youth reunified or placed with relatives re-entering OOHC within 12 months after OOHC exit.

Method

Lead agency expenditures for SFY06-07 and SFY07-08 were analyzed for the 19 lead agencies that had service contracts, representing 21 CBC service contracts¹⁰. Using the same methods employed in the previous Florida Waiver demonstration report (Vargo et al., 2008), SFY06-07 and SFY07-08 expenditure data were extracted from the Florida Accounting Information Resource (FLAIR)¹¹. FLAIR data were combined with expenditure data from DCF Office of Revenue Management in order to capture expenditure adjustments that were not recorded in FLAIR. Lead agency expenditures for licensed out-of-home care and prevention/family preservation/in-home services were

¹⁰ The 19 lead agencies represent 21 services contracts (the Sarasota YMCA had 2 contracts for separate service areas in the SunCoast Region, and BBCBC had 2 contracts for separate service areas in the area formerly known as District 2).

¹¹ Expenses that were incurred during a fiscal year and certified forward were included if paid by September 30 following that fiscal year.

determined by using appropriate combinations of budget entity (BE) and other cost accumulator (OCA) codes.

Lead agency performance data were drawn from HomeSafenet. Three performance indicators, all of which were developed and reported in the previous Florida Waiver demonstration report (Vargo et al., 2008), were used in this analysis: (a) the proportion of new child welfare cases that entered OOHC within 12 months of entering the child welfare system, (b) the proportion of OOHC youth that were reunified or placed with relatives within 12 months of OOHC entry, and (c) the proportion of youth reunified or placed with relatives that re-entered OOHC within 12 months after OOHC exit. Each of these indicators was calculated using cases from SFY06-07 and following those cases for up to 12 months. Lead agency performance on these three indicators can be found in Figures 2, 3, and 6, respectively in the Programmatic Outcome Analysis section of this report (pages 25, 27, and 31).

The relationship between lead agency spending ratio and each performance indicator was analyzed using correlation analysis.¹² The purpose of this analysis was to determine whether there was a statistical association between spending ratio and lead agency performance on indicators that could potentially be impacted by larger relative spending on front-end services.

Findings

Statewide, lead agencies spent \$3.89 on out-of-home care services for every dollar spent on front-end services during SFY07-08 (Appendix C, Figure 1). This ratio reflects a 15% decline from SFY06-07, when lead agencies spent \$4.55 on out-of-home care services for every dollar spent on front-end services. The SFY07-08 ratio of out-of-home care spending to each dollar spent on front-end services ranged widely across CBCs, from a low of \$1.11 to a high of \$10.13. Fourteen of the 21 CBCs succeeded at reducing their OOHC spending ratio from SFY06-07 to SFY07-08.

One of the three performance indicators was significantly correlated with OOHC spending ratio (Table 3) during both SFY06-07 and SFY07-08. A lower OOHC spending ratio was significantly associated with a higher proportion of youth reunifying or

¹² Box plots, histograms, and normal probability plots were used to assess whether the distribution of these variables met the normality assumption necessary for using Pearson's product moment correlation (r). Although these methods demonstrated that the normality assumptions were met, we conducted sensitivity analysis using nonparametric correlation methods (Spearman's rho and Kendall's tau). Because these nonparametric methods yielded similar results, we are only reporting Pearson correlation results.

achieving relative placement within 12 months of entering OOHC during both years. OOHC spending ratio was not significantly correlated with rate of OOHC entry within 12 months or rate of OOHC re-entry within 12 months during either year.

Table 3

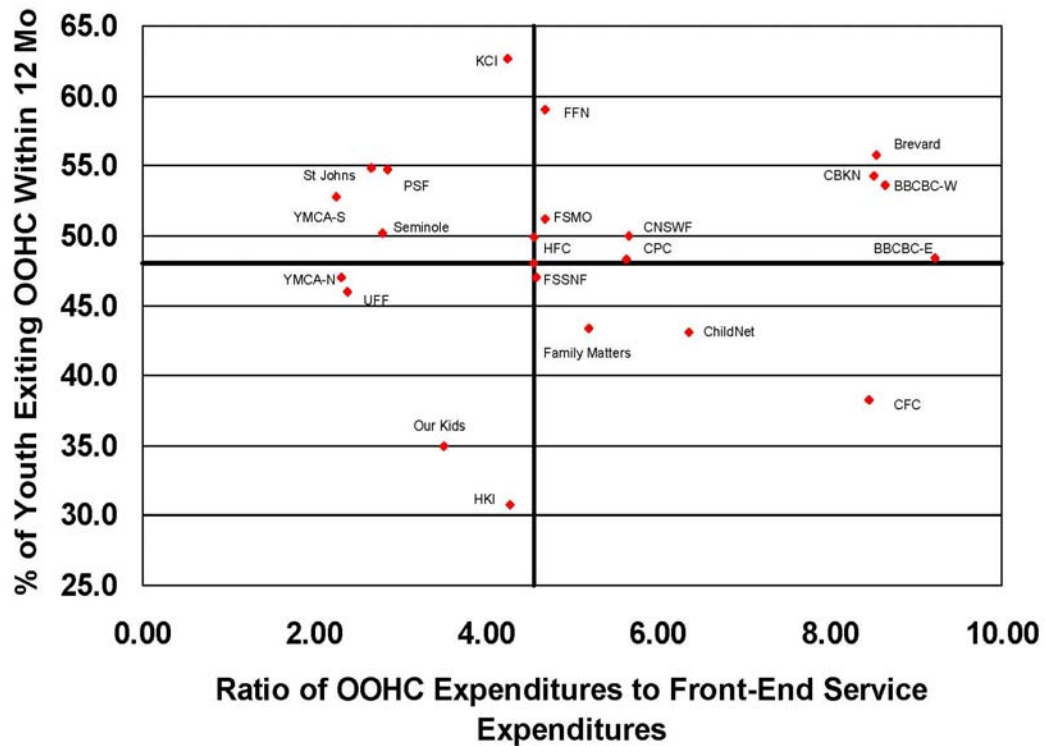
Correlation of Performance Indicators with Ratio of Out-of-Home Care Expenditures to Front-End Service Expenditures

PERFORMANCE INDICATOR	SFY06-07	SFY07-08
OOHC Entry within 12 months	.35	.22
Reunification/Relative Placement within 12 months	-.45*	-.61**
OOHC Re-entry within 12 months	-.36	-.22

* $p < .05$, ** $p < .01$; Correlation coefficients range from 0 (no correlation) to 1 (“perfect” correlation)

The combination of a lower ratio of OOHC expenditures to front-end service expenditures with a higher rate of youth exiting OOHC to reunification or relative placements within 12 months (i.e., the northwest quadrant on Figure 9) represents a favorable combination of spending and outcomes. Five CBCs (CBC of Seminole, KCI, PSF, St. Johns, and Sarasota YMCA-South) achieved this combination during SFY06-07. Four of those five CBCs maintained this performance in SFY07-08 (Figure 10), with only YMCA-South experiencing a decline in performance. Lead agencies that moved into the northwest quadrant during SFY07-08 include BBCBC (both A and B), CBC of Brevard, and FFN.

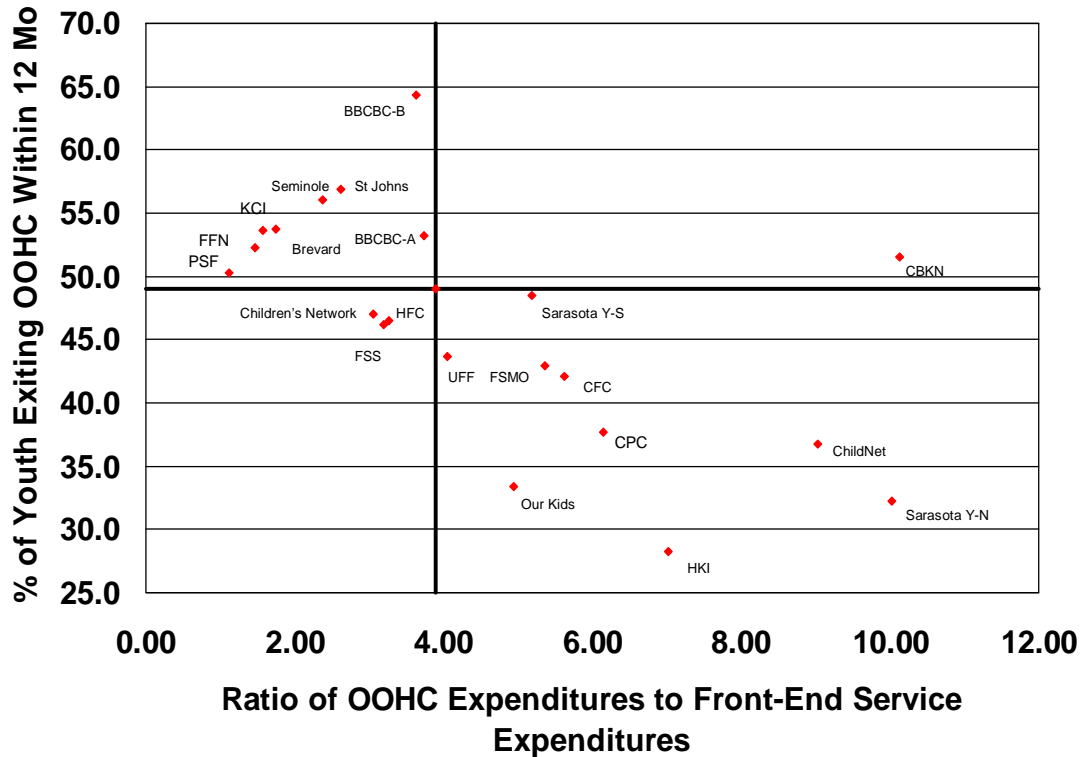
Figure 9. Comparison of Out-of-Home Care Performance to Spending Ratio, SFY06-07



Having both a high ratio of OOHC expenditures to front-end service expenditures and a low rate of youth exiting OOHC to reunification or relative placements within 12 months (i.e., being in the southeast quadrant) represents a less favorable combination of spending and outcomes. Three CBCs (ChildNet, CFC, and Family Matters¹³) experienced this combination during SFY06-07. Several lead agencies moved into the low performing quadrant during SFY07-08, including CFC, ChildNet, CPC, FSMO, HKI, Our Kids, Sarasota YMCA-North, and UFF.

¹³ The Family Matters contract for Nassau County was taken over by FSS in SFY07-08.

Figure 10. Comparison of Out-of-Home Care Performance to Spending Ratio, SFY07-08



Limitations

A statistically significant correlation does not imply a causal relationship between variables. The significant correlation found between spending ratio and proportion of youth exiting OOHC within 12 months may be caused by other factors not included in this analysis. The small sample size (n=21) means that spending ratio may appear to be related to performance on the other two outcomes, but we are unable to rule out the possibility that those relationships are due to chance. Also, the results are cross-sectional, based upon two years of data and do not imply that relative reductions in OOHC spending are associated with changes in performance indicators.

Conclusions and Next Steps

There is statistical evidence that during the first two years of the IV-E Waiver, spending fewer OOHC dollars relative to front-end services expenditures was significantly correlated with higher rates of youth exiting OOHC to reunification or relative placement within 12 months. There are several potential explanations for this finding. CBCs with relatively smaller numbers of youth in OOHC would likely have lower OOHC expenditures, and a smaller agency-wide caseload may be easier to manage, leading to higher rates of timely reunification or relative placement. Lower OOHC expenditures may reflect a greater proportion of youth in the CBC's caseload being in less restrictive placements, which are less expensive, and youth in less restrictive placements may be more likely to achieve timely reunification or relative placement. Similarly, lower OOHC expenditures may also reflect lower per diem costs for OOHC provided in more rural areas of the state. Another explanation is that prevention dollars are being spent for families of "deep end" children to help prepare and accelerate reunification. If this is true, we would expect higher relative spending on prevention services to be associated with lower OOHC entry rates within 12 months. The analysis indicates that this relationship holds but does not achieve statistical significance. These findings warrant further analysis.

In general, these findings suggest that CBCs that are able to better balance their spending between front-end and OOHC care services may be better at achieving permanency for youth in custody. In the next report of this evaluation, this analysis will be extended to a second year to assess whether changes in spending ratio are correlated with changes in performance indicators.

Administrative Cost Rate

Administrative costs rates were discussed in the focus groups with lead agency CEOs and staff from DCF in the Implementation Analysis. Given the hypothesized gains in administrative efficiency expected to result from the IV-E Waiver, the rate of administrative spending¹⁴ by CBCs is an issue that has garnered much interest among DCF and CBC stakeholders. There were three key themes raised during the focus groups in response to our question about administrative cost rate: (a) perceptions about actual administrative cost rates vary considerably, (b) what cost components should be

¹⁴ For the purposes of this report, we will apply a commonly used organizing framework for administrative cost (Thorpe, 1992). In this framework, indirect and overhead costs are included as components of administrative cost. We will refer to all of these costs collectively as administrative costs.

included in calculating an administrative cost rate for a lead agency, and (c) how administrative costs from CBC subcontracts should be considered when a lead agency subcontracts for case management.

Considerable variation exists among the administrative cost rates reported by CBCs, and there is limited evidence that DCF circuit administrators perceive higher administrative cost rates among the CBCs in their Circuit than the levels reported by lead agency administrators. The five CBC fiscal stakeholder participants reported administrative cost rates of 3.7% to 9% for SFY06-07, with four of the five reporting an administrative cost rate of 7% or lower. The DCF circuit administrators interviewed, whose Circuits include two of the five CBCs interviewed, indicated that they believed that the administrative cost rates for CBCs in their Circuits were closer to 10%.

All CBC and DCF stakeholders agreed that the lack of clarity and agreement about what constitutes an administrative cost is a major source of uncertainty and disagreement about actual and appropriate administrative cost levels for lead agencies. Some of the CBC stakeholders interviewed have been participating in a CBC workgroup tasked with developing uniform definitions for administrative expenses. A key issue raised by many stakeholders is the need to distinguish and appropriately categorize traditional administrative functions (e.g., accounting) from non-direct service functions that support direct services to children and families (e.g., quality assurance, IT support for case managers, database management). One CBC stakeholder proposed that DCF should require lead agencies to separately report traditional administrative cost and costs associated with support for direct services.

Some stakeholders also raised concerns about how, primarily for CBCs that subcontract case management, administrative costs associated with those subcontracts are being considered in the definition of administrative cost. Although subcontractor administrative costs are not currently being counted as part of a lead agency's administrative cost rate, these stakeholders indicated that a subcontractor's administrative cost rate should be included.

In conclusion, DCF and CBC stakeholders remain interested in issues pertaining to an appropriate administrative cost rate for lead agency contracts. Although there is a lack of clarity around the definition of administrative cost rate, the CBCs have been working together to try and clarify this definition. Additional data will be required in order to quantitatively ascertain whether the Waiver has actually led to increased administrative cost efficiency.

Policy Recommendations

- CBCs should continue striving to reduce their rate of OOHC spending, as preliminary evidence suggests that lower rates of OOHC spending are associated with a higher proportion of OOHC youth reunifying or being placed with relatives within 12 months of OOHC entry.
- CBCs should continue their effort, in partnership with the Department, to clarify the definition and issues surrounding administrative cost rate.

Implementation Analysis

The goal of the Implementation Analysis is to examine and track the planning process in Years 1 and 2 of the IV-E Waiver implementation, in addition to assessing the eventual impacts of the Waiver on Florida's child welfare system, including key entities such as Community-Based Care lead agencies, provider networks, child protection units, local communities, and the Department of Children and Families. One hypothesis of the evaluation team is that until these complex relationships are fully understood and addressed, it will be difficult for the Waiver to produce significant outcomes for children in care, specifically reduction of out-of-home care and re-entry rates. Emergent themes and complex issues were introduced to stakeholders during Year 2 to solicit their perspectives and opinions as they directly relate to each issue. Participants also were asked to discuss their views on how philosophy of care relates to each issue.

Method

Year 2 focus groups were conducted with key leadership staff from Florida's lead agencies and Regional Directors from DCF on a statewide basis. As of July 2008, 12 focus groups were completed. Findings from these focus groups are included in this report. The following research questions guided the evaluation activities of this component:

1. What are some of the important issues around key data trends such as:
 - The relationship between length of stay and re-entry into out-of-home care,
 - Challenges with placement stability,
 - Ensuring family involvement in planning meetings,
 - Retention of case management services versus contracting out case management services,
 - Informing CPI staff of new services and resources for families, and
 - Ensuring appropriate assessment prior to removal of a child.

2. Does philosophy of care impact trends in the data? If so, how?

These issues were presented to stakeholders via focus groups in order to obtain a richer, qualitative understanding of the drivers behind trends seen in the data findings reported earlier, including the programmatic outcomes and the cost analysis. Content

analysis of focus group transcripts was used. Content analysis involved reviewing and coding qualitative data to identify common themes and trends. The primary goal of content analysis is to condense a large amount of qualitative data into a list of variables that can be examined for correlations, patterns and themes. Additionally, emergent themes will be used to inform more structured survey development, which may involve refinement of the Organizational Excellence Survey to be used in Years 3-5 of the Waiver evaluation.

Findings

Length of Stay and Re-entry into Out-of-Home Care

Although the IV-E Waiver has expanded the available array of services used to positively impact safety and permanency outcomes for children and families, it also has been found that children with shorter lengths of stay often re-enter out-of-home care at higher rates (Vargo et al., 2007), and placement stability remains a challenge for some lead agencies as reported earlier. Findings from previous IV-E reports indicated that the Waiver exists in a complex environment with multiple drivers that influence outcomes, specifically length of stay, re-entry, and placement stability. To learn more about these drivers and the complexities of the environment, stakeholders participating in focus groups were asked to discuss the relationship between the median length of stay for children in out-of-home care and the re-entry rate, along with the facilitators and barriers of placement stability. Focus group participants made it clear that these outcomes are influenced by numerous factors including data and performance measures issues, family engagement, foster parent recruitment, foster care capacity, and community expectations. In addition to these factors, philosophy of care was discussed throughout the focus groups and was thought to steer organizational processes and practice changes.

Philosophy of Care

Philosophy of care, especially as it relates to family preservation and reunification, plays an important role in the length of stay and placement stability. Numerous stakeholders discussed how philosophy of care critically affects length of stay and detailed the way that the larger community plays an important role. Specifically, participants explained that the philosophies of stakeholders from the larger community affect decision making, including the judicial system, guardian ad litem's office, district

attorneys, and protective investigations. For example, in places where the prevailing philosophy is to terminate parental rights at increasing rates, there has been a large increase in children available for adoptions. This increase at times affects the system of care by overwhelming the adoption units and increasing the lengths of stay of children eligible for adoption. In other communities, stakeholders are encouraging case managers to identify family strengths at the time of reunification and create a connection for families and informal supports. Stakeholders were hopeful that this particular philosophy will improve reunification outcomes for children and families.

Data and Performance Measures

Stakeholders emphasized the importance of data and its influence on these outcomes for children in the child welfare system. Three topic areas emerged involving data: (a) the value of data accuracy and its importance in driving practice and decision making, (b) the utilization of data for measuring contract performance, and (c) modifying level of care counting as placement moves.

Many stakeholders reported that data systems contain inaccurate data, which has implications for placement stability and the re-entry rates into out-of-home care. When participants were asked to speak to the facilitators and barriers to achieving placement stability, they identified inaccurate data as a barrier to fully understanding placement stability and suggested that lead agencies may be performing better than is reflected in the data. As one participant explained, “so many of the placement changes were really data entry errors between the PI’s entering things twice...so once that is cleaned up, then we will really understand where we are with that.”

Another theme was valuing the importance of accurate data to drive practice to achieve better outcomes including placement stability. For example, a lead agency used data to identify what subgroup of children was moving around the most, and learned that they were not focusing on the correct population of children. They found that, contrary to their earlier beliefs, children between four and ten years of age were more likely to change placements as compared to teenagers. In another situation data were used to examine reunification processes, the type of services that the families were receiving, and the frequency of contact. This analysis found that in some instances the case plans were not adequately addressing the needs of the family.

With regard to using data to measure performance at the local, state, and federal levels, some focus group participants expressed concerns that there is a rush to move

children out of the system in order to achieve “the 12 month benchmark”. Some CEOs said that they feel the pressure, but were not going to close cases prematurely to meet the performance measures. As a result, their performance standards may not meet statewide performance measurement targets.

Most stakeholders indicated that they felt there was a policy issue with regard to one performance measure, placement stability. Specifically, they felt that this indicator does not accurately measure placement stability because, “every change is defined as a bad change”, including increasing or decreasing a level of care when it is clinically appropriate. It was recommended that the indicator be changed to delineate differences in types of placement.

Although many participants acknowledged the challenges with data systems, many also reported progress in this area and are now implementing internal data systems and paying close attention to the existing data to ensure its accuracy. Again, it was emphasized that accurate data is needed to drive practice and when done correctly, it can be used effectively to improve outcomes for children.

Engaging Families and Linking Families to Community Supports

Focus group participants related length of stay to the timing of family engagement and the quality of services. The earlier the family is engaged, the earlier they can start their case plan, and the shorter length of stay the children will undergo. In addition, participants noted that once the case plan has been completed, community supports need to be in place to ensure a successful reunification.

Foster Home Recruitment, Retention and Capacity

Another theme that emerged in the focus groups was that foster home recruitment and foster parent retention and capacity are critical to achieving placement stability. For example, one participant noted, “To really get the right kid in the right placement at the right time, you got to have a bank of resources of 15 or 20 or 30 or 40 empty homes that you pick and choose from, and we don’t have them. We have got four.” It was stated throughout the focus groups that although the foster home capacity issue has improved slightly, it still presents a barrier to placement stability. Additional barriers that were identified when discussing placement stability included the difficulty of retaining foster parents, and finding homes for large sibling groups. Specifically, it was said that, “when 25% of foster homes are overcrowded, it is not possible to achieve placement stability”.

In an effort to address the difficult task of retaining foster parents, one stakeholder suggested that professionalizing foster parenting may be a viable option. The development of a more professional foster parent role includes higher pay for foster families, additional training and supervision for parents, and increased access to more resources.

Community Expectations

Another theme was unrealistic expectations held by those involved in the child welfare system. It was stated that foster care is like it was “40 years ago” and it has “eroded in decay for 50 years” and that it will take years to see a system wide change. Moreover, it was said that “there are so many issues that splinter into placement stability”, and that “if a child has been in the system for 14 years, then it will not be possible to secure placement stability in three months.”

Parent Participation

Lead agency CEOs and staff, as well as DCF Regional Directors, were asked to discuss the facilitators and barriers to engaging biological families in formal planning meetings in order to decrease out-of-home placements and re-entry into out-of-home care. Respondents did not focus on barriers, but rather talked about lessons learned and strategies they had recently implemented or were considering implementing. Responses were clustered into three themes: getting parents involved as early in the life of the case as possible; moving parents and youth into the role of decision makers on not just their case, but on changes to the local system of care; and the need for increased visitation and assessment of parents prior to reunification.

Early Engagement

Several lead agencies mentioned recent attempts to engage families very early on at formal meetings such as the Early Services Intervention (ESI) and diversion staffings. “Collaboration and partnership at the early stages of investigation to move forward with service delivery; I think that is key.” Other suggestions included the importance of inviting parents to case planning meetings and to ensure that representatives from as many relevant sources of support are present. In this way, agencies such as the Department of Health or a domestic violence shelter can determine what, if any, relevant services they can provide the family on the spot and

then everyone can witness the family's response and have an increased level of comfort that only direct contact can bring. Other lead agencies spoke of lessons learned regarding engaging families. It was said that having parents, investigators, and lead agency staff at the table together helped delineate the different role of CPI versus lead agency such that lead agencies could be seen not as the "bad guys" but as the entity that was brought in to help the family. Other stakeholders stressed the importance of planning community meetings in the evenings when more parents are off of work and can attend. Finally, to increase parent attendance lead agencies should consider providing transportation to and from the meeting, food, and child care during the meeting.

Families as Decision Makers

Lead agencies are trying or considering some different approaches to soliciting family feedback on evolving their local systems of care. For example, as new grants are written and new service initiatives implemented, lead agencies are including parents and youth as part of the team. Some agencies have youth boards that have been active, particularly around issues of independent living. In these cases, lead agencies are considering how they might better support such groups (e.g., linking them to national affiliates for increased support and advocacy development). The suggestion was also made that a former foster youth be given a spot on the lead agency Board of Directors. Stakeholders explained, "We have a couple of kids who offer as much feedback as the business guy that sits there in the fancy suit and will be as helpful to us as anybody, so I think it is critical." Further, it was said that, "I like having the kids around because it is a good reminder to all of us why we are here."

Increasing Visitations to Parents Before Reunification

Another idea put forth by lead agency and DCF stakeholders when discussing re-entry into care post-reunification was the need for child welfare case managers to spend more time with parents prior to reunification. One participant offered the following, "Once the kid is taken into care we are very, very good at going out and making monthly contact with the child, but we are not nearly as good at going out and making contact with the parent unless the parent happens to be on a visit with the child and we kill two birds with one stone, but we don't go to the parents' home, which is where we are going to put that child back, and so we miss that assessment piece." If parents were visited

more often in addition to their children in out-of-home care, this could facilitate more support and communication with families and serve as a better check on whether the conditions that prompted the child's removal have really changed.

Contracting Out Versus Retention of Case Management Services

A consistent area of interest and debate related to the privatization of child welfare services is whether lead agencies should serve primarily as an Administrative Services Organization (ASO) contracting out case management functions as the majority of lead agencies in Florida do, or whether they should retain some service provision – such as the provision of case management services. Stakeholders were asked about the advantages and disadvantages for lead agencies retaining case management versus subcontracting out this service. Consistent with the theme of flexibility inherent to Community-Based Care, there were no views that advocated for one right way of doing business, but rather careful assessments regarding both approaches.

Advantages of Contracting Out Case Management Services

The benefits of contracting out case management services expressed by stakeholders included a shared financial responsibility, a feeling of community ownership of child welfare problems and successes, the diversion of personnel issues from lead agencies to case management organizations, and shared accountability for child level outcomes.

The current economic climate in Florida has been a challenge for agencies serving the child welfare population. Budget cuts over the past year have put added stress on lead agencies. While a lead agency that provides case management services has to make cuts to its own budget, a lead agency that contracts with one or more case management organizations can spread the budget cuts out so that the financial impact is diffused. This also works better in cases where lead agencies hold contracts with case management organizations that are often larger organizations than the lead agency itself. “They are normally bigger organizations than you are as a lead agency, so you just kind of pass that stuff on, you have less to worry about,” said one stakeholder, “It makes a big difference when you go to worry about health insurance premiums going up annually and cost of living adjustments.” Another sentiment expressed was “the state continues to fund us without any kind of escalator clause in these contracts and expects us to keep doing it every year for the same price.” For this reason it was thought to be an

advantage to lead agencies if case management organizations had to absorb some of the funding cuts rather than have the lead agency solely face this economic burden.

The second most often mentioned advantage to contracting out case management services is facilitating an increased sense of community ownership of the local child welfare system. In this way, local providers that may have existed in specific geographic areas long before the move to privatize child welfare remain included in the formal resource safety net that is used to help children and families. One respondent explained, "I believe the more agencies we have involved, the more accountability that we share, the more ownership we share, the stronger the dependency system will be. I personally think it is a stronger system with diverse accountability and responsibility to get as many parts of our community engaged and involved in caring about kids who are abused or neglected."

Another issue that has historically plagued the field of child welfare is the retention of case managers. Some stakeholders stressed that lead agencies that contract out case management services do not have the same turnover rates in their personnel as lead agencies that do not attempt to keep the case management function within their organization. One respondent explained, "that is another big pro why people don't want it in-house, they don't want to deal with the HR issues, constant hiring, the constant turnover". One competing argument expressed, however, is that for lead agencies that are at the point of re-procuring or have been through a re-procurement process of their case management organizations, these lead agencies may decide to end contracts and employ new or different case management organizations. If case management organizations are replaced, the concern was expressed that case managers would change for a large number of children in the system and break any consistency in case management that existed. In contrast, if case management services are retained by the lead agency this type of sweeping change in personnel is less likely to occur.

There were mixed views regarding whether or not contracting out for case management services led to shared accountability. Some stakeholders viewed lead agencies that contracted out as closer to the monitoring role played by the Department. "It is much easier to armchair quarterback than it is to be the quarterback and you got more time to react or you are not ultimately the one that made the decision, you are criticizing someone else's decision. It is very similar to the role that DCF plays with the lead agency. They are not doing it anymore, so they can sit over there and say, but why

didn't you do this, this, and this?" However, other stakeholders viewed contracting out as a step away from the problems the Department has faced in the past: "DCF had a big bulls eye on their chest. If something went wrong, you knew exactly who to blame. We have the Sheriff's Office, the lead agency, case management organizations and on and on and on and we make up the dependency system and we share ownership and accountability." Interestingly, a DCF stakeholder reported a slightly different view: from their perspective, if something goes wrong with a child, the lead agency is still responsible for the case management contract.

Disadvantages of Contracting Out Case Management Services

The disadvantages of contracting out case management services expressed by stakeholders included duplication of administrative costs, an 'us versus them' dynamic, additional complexity of the organizational structure, and conflicts in the organizational identities and operating procedures of lead agencies and case management organizations.

The most commonly cited disadvantage to contracting out case management services was the duplication of administrative overhead. One stakeholder clarified, "DCF has an HR Department and IT Department, the lead agency has an HR and IT Department, and the CMO has an HR and IT Department – we all have those administrative services at each layer." There was a feeling expressed that historical inequities in funding may have impacted or influenced to some degree the development of lead agency provider networks. More specifically, resource availability affects whether or not a position or positions could be financed at the lead agency to oversee case management contracts in addition to the direction of resources to the case management organizations to oversee the delivery of case management services. One respondent clarified, "It is working well in the places that have a bigger piece of the pie, who have got the money."

Another potential disadvantage to contracting with another agency for case management services is that the agency may not be as immediately forthcoming regarding emerging service level problems due to an 'us versus them' dynamic with the lead agency. In contrast, if a lead agency conducts case management 'in-house', staff may feel more comfortable alerting their supervisor to emerging problems, which can then be solved before they create a larger problem for a child, family, or the service system. One respondent explained that, "My fear is that if I have a subcontracted

agency, they are not going to give me the frank true story so we can really work on the issue. They will give me the political, 'we've got it covered' and they don't and it becomes a scare later from an operations standpoint."

Third, even if agencies are openly sharing problems with the lead agency, the very act of subcontracting adds another layer of complexity to the organizational structure of the service system. One respondent stated, "I would never want it contracted out because it is one more headache to get to the person to talk to that needs the help or has an issue; I would not want it and I have been on both sides." Additionally, it was expressed that when case management services are retained and staff are co-located, problems are solved more easily because everyone can meet in one room in person and quickly develop a solution before a problem becomes a crisis. "We talk to whoever needs to be involved and resolve it. It doesn't go into days of well, so and so needs to get back to you and so on."

As previously mentioned, there are some case management organizations located in Florida that are larger than some lead agencies and that contract with more than one lead agency at a time. When this occurs, employees of the case management organizations may be following more than one set of operating procedures depending on what child they are serving and this can obviously get quickly complicated. A respondent detailed, "I think from an employee standpoint it is very difficult given the fact that there is such oversight in this business. These case managers often have two masters." Further complicating the picture is the reverse situation that coincides with the first issue: lead agencies often contract with two, three or more case management organizations with different policies and procedures of their own. One stakeholder stated, "The more case management agencies you have involved, the harder it gets."

In summary, there are both advantages and disadvantages to contracting out case management services and to say that one way is right or wrong does not fit our qualitative data, nor does it fit with the hallmark of flexibility in local system design inherent to Community-Based Care. While several lead agencies came into being or business when CBC came to Florida, others stepped forward from the existing service array and had case management experience. This historical dynamic, along with local philosophies of care and values, as well as funding issues have all shaped to some degree, each lead agencies' decision to contract out or retain case management services.

Assessment

Another area explored during the focus groups related to child safety was the assessment process that CPIs and CBC case managers use to ensure that the most vulnerable children are identified and removed from the home when it is necessary. The timeliness of various steps in the assessment process so that a “right” decision can be made upfront was a theme that emerged in several focus groups. For example, timely completion of Comprehensive Behavioral Health Assessments (CBHA) is critical so that these assessments can be used in case planning and placement decisions. One strategy for earlier completion of the CBHA is to guarantee that assessors be paid promptly, even if the child has not yet been declared Medicaid eligible. Another tool under development by one lead agency is an electronic version of the CBHA. The version that is being beta tested would facilitate the compilation and analysis of CBHA data on child and family demographics and service needs. A related comment was the importance of using data to assess the effectiveness of any new assessment process, early intervention or diversion program.

Another timing-related strategy is the early involvement of CPI supervisors in case assessments: “We live or we die by what our supervisors do.” For example, it is helpful to have supervisors do “up front” clinical reviews of cases with the case managers. One lead agency is reportedly attempting to develop CMO fiscal incentives for contacts between supervisors and case managers. It was suggested that similar strategies are needed with CPI supervisors, especially with new investigators. Another comment related to supervisors is the variation among supervisors in their assessment “philosophies”, especially regarding safety assessment and the decision whether or not to remove children, and the need to develop standardized assessment protocols.

One reported challenge related to the assessment process is disagreements between CPIs and CBC case managers regarding key decisions, such as the safety assessment and the decision about whether to remove a child. When disagreements occur and decisions need to be reversed, documentation about why the current assessment is different and different decisions need to be made is crucial during judicial proceedings.

The use of mediation “too soon” in the assessment process can be a deterrent to good decision-making because the family’s status and functioning is not yet fully understood. The practice recommendation in one focus group was to use mediation very close to but prior to the adjudication (i.e., 30-45 days after the case is opened) rather

than when the child is in a shelter setting so that a comprehensive assessment including the CBHA can be completed as well as the development of a relationship between the family and the case manager. Another advantage of using mediation pre-arraignment is that it encourages early development of a case plan. As one respondent noted, “as soon as you start working on your case plan, you are going to reduce length of stay.”

Lead agencies doing mediation also stressed that the timing is critical to family engagement. One agency stressed that mediation conducted with a family pre-shelter was in the best interest of most families. The logic behind this is that families can start their case plan earlier and hopefully have their children returned faster.

A new approach reported by respondents in three focus groups was the use of assessment centers, a facility where all children who are removed from their family are taken for 72 hours and perhaps longer if appropriate placement options cannot be found. The advantages of assessment centers as reported by the stakeholders include: a comprehensive medical screening can be completed, information gathering and assessment can take place that can be used immediately for case planning, added time to do matching and find the “right” placement for a child. Currently one barrier reported by stakeholders, is that the assessment center is a move for the child and “counted as a move” in the calculation of placement stability rates. One challenge is that assessment centers cannot be effective and could end up ‘warehousing kids’ without the availability of an array of placement options and community resources.

There is clearly some controversy regarding the use of assessment centers. In one focus group a respondent was not in favor of assessment centers and expressed a preference for a “virtual assessment” where the assessment takes place within the child’s current living situation by qualified assessors who would observe and interview the child in that setting. Another lead agency has decided against an assessment center and instead has opened a shelter on a campus with many services. The intent is that full assessments will be completed within three days and an appropriate placement will be identified.

Empowerment and support, rather than blaming, of both child protective investigators and case managers in high profile death cases and in their use of professional judgments also was identified in three focus groups as a factor in assessment. For example, the ability of CPIs to immediately close a case that is “patently unfounded” without undue paperwork would lower their caseload and allow more time and energy spent on more complex situations. A related concern was that

case managers will be prescribed to use checklists, act quickly, and move forward with a child removal because that is the “safest” thing from a system perspective rather than taking the time to comprehensively assess and observe a family. Another type of support that is offered to CPIs is a cross functional risk protocol that ensures multi-level reviews of decisions regarding high risk families.

CPIs and Resource Identification

A related question in the focus groups dealt with how child protective investigators (CPI) find out about new services and resources. One theme that emerged regarding this question is the importance of strong relationships between the lead agency and the child protective investigation entity. Several characteristics of such a relationship were identified including a shared set of values (e.g., a commitment to both prevention and child protection), frequent and regular meetings at the leadership level, joint efforts to implement new approaches such as Alternate Response Systems or the presence of parents at ESI meetings, and the immediate identification and resolution of problems.

Another theme was “collaboration and partnership at the early stages of investigation.” One example is the presence of representatives of community resources as well as formal service providers at diversion staffings. When community resource representatives are actively participating in these staffings it is sometimes possible to prevent the formal transition of a family to a lead agency. One lead agency reported actively involving CPIs, the District Attorney’s office and the Circuit Administrator in the creation of their diversion strategy in order to ensure that their voices were represented and integrated into the design.

Another strategy for partnership promotion is the co-location of lead agency staff, contracted partners and community partners, community mental health providers, early intervention programs and kinship providers with Child Protective Investigation units. Referred to in one location as Resource Row, an important role of the co-located staff is to share decision-making, offer “on the spot” and “face to face” consultation with CPIs regarding safety assessments and appropriate service options. At times when there are complex family situations and/or a relatively new CPI, the clinical staff accompanies CPIs when they do investigative home visits. A final opportunity for resource identification is the participation of CPI staff in community planning groups such as Children’s Cabinets and Community Alliances.

Challenges were also discussed related to the identification of resources, including high turnover rates of CPI staff and/or CBC case managers and the large volume of cases in urban areas. A related challenge is perceptions of lead agency staff regarding CPI's and vice-versa. These perceptions are sometimes tied to a misunderstanding about the respective roles of CPIs and CBC case managers or a lack of trust regarding the competence of the other staff. For example, CPIs may be less likely to remove a child if they trust the competence of the CMO case managers who will be working with families when a child is not removed.

Policy Recommendations

- Community-Based Care Boards of Directors should include at least one parent and/or former foster youth as an active board member.
- Caregivers should be visited more often in addition to their children in out-of-home care. This approach could facilitate more support and communication with families and serve as a better check on whether the conditions that prompted the child's removal have adequately improved.
- Calculation of placement stability should be re-examined to appropriately address reasons for placement changes.
- Child protective investigations units and lead agencies should continue to develop innovative practices that strengthen the initial assessment and decision-making processes that are made during the investigations phase. These strategies include timely completion of Comprehensive Behavioral Health Assessments, early involvement of CPI supervisor in case assessments and early resolution of disagreements between CPIs and lead agency case managers regarding key decisions, including the safety assessment and whether or not to remove a child.

Summary and Discussion

This semi-annual progress report on Florida's IV-E Waiver continues to track strategies used by lead agencies and child protective investigation units to engage families in service planning, safely prevent and divert children from out-of-home care, and reduce lengths of stay in out-of-home care. The report also continues to analyze and report on a set of outcome and cost indicators using administrative datasets. Finally, the report includes preliminary findings from a series of focus groups with leadership from lead agencies and the Department on perplexing findings and issues related to implementation of Community-Based Care and the IV-E Waiver.

Fifteen of the 20 CBC lead agencies reported an expansion of their prevention and diversion service array since the inception of the Waiver. The reported strategies focus on either improving access to services and supports for families involved in the child welfare system, providing immediate crisis intervention services, or providing intensive in-home services. One of the identified goals of the new approaches is family engagement. As such, 10 lead agencies have implemented or expanded varying forms of the Family Team Conferencing (FTC) model, which has the distinct goal of engaging families in service provision and planning.

Eleven CBC lead agencies reported specific strategies aimed at promoting permanency and reducing a child's length of stay in out-of-home care. Some of these strategies focus on providing supports and services to families working toward reunification from out-of-home care. The report also describes an innovative practice by one lead agency to improve placement stability and increase foster parent recruitment and retention through offering improved supports for new foster parents, including mentoring by more experienced foster parents. The lead agency reported that through the mentor program they have successfully retained 93% of their newly licensed foster parents after one year in the program, and placement disruptions have decreased by 66% since the program was implemented.

Overall, the results from the Programmatic Outcome Analysis were positive. Compared to the previous fiscal year, there was a substantial reduction (by 7.6%) of the number of children who entered out-of-home care after receiving in-home services. Furthermore, the proportion of children who were maltreated within six months after services were terminated substantially decreased compared to the previous year. It is possible that both of these positive findings may be related to the intensive in-home services and family engagement strategies that lead agencies have implemented since

the introduction of the IV-E waiver. When permanency measures such as discharge from out-of-home care and length of stay were examined, performance was relatively flat and no substantive change compared to the previous year was observed.

The Cost Analysis section of the report examined the extent to which lower expenditures for out-of-home care relative to front-end services expenditures are related to child outcomes, including a higher proportion of youth exiting out of home care to reunification or relative care placements. In SFY07-08 lead agencies spent 15% less on out-of-home care services for every dollar spent on front-end services in comparison with the previous fiscal year. For this indicator, data showed that during the first full two years of the IV-E Waiver, spending fewer dollars on out-of-home care relative to front-end services expenditures was significantly correlated with higher rates of youth exiting out-of-home care to reunification or relative placement within 12 months. This finding suggests that lead agencies that are able to better balance their spending between front-end and out-of-home care services may be better at achieving permanency for youth in custody.

Finally, the report identified a number of themes that emerged from an initial set of focus groups with lead agency and Department leadership on key issues and challenges. For example, the timeliness of various steps in the assessment process so that a “right” decision can be made upfront regarding child safety was a theme that emerged in several focus groups. Specifically, timely completion of Comprehensive Behavioral Health Assessments (CBHA) is critical so that these assessments can be used in case planning and placement decisions. Other timing-related strategies are the use of assessment centers and the early involvement of CPI supervisors in case assessments.

A related question in the focus groups dealt with how child protective investigators (CPI) find out about new services and resources. One theme that emerged regarding this question is the importance of strong relationships between the lead agency and the child protective investigation entity. Several characteristics of such a relationship were identified including a shared set of values (e.g., a commitment to both prevention and child protection), frequent and regular meetings at the leadership level, joint efforts to implement new approaches such as Alternate Response Systems or the presence of parents at ESI meetings, and the immediate identification and resolution of problems. Another theme was “collaboration and partnership at the early stages of investigation.” Assessment is an ongoing process that is shared by child protective investigations and

the lead agencies; effectiveness can only be achieved by collaborative and shared ownership of performance and outcomes.

Regarding the relationship between the median length of stay in out-of-home care and the re-entry rate, focus group participants made it clear that these outcomes are influenced by numerous factors including data and performance measures issues, family engagement, foster parent recruitment, foster care capacity, and community expectations. In addition to these factors, philosophy of care was discussed throughout the focus groups and was believed to steer organizational processes and practice changes. Until these complex relationships and environmental factors are fully understood and addressed, it will be difficult for the Waiver to produce significant outcomes for children in care, specifically reducing re-entry and median lengths of stay.

Focus group participants also related length of stay for children to the timing of family engagement and the quality of services. It was suggested that the earlier the family is engaged, the earlier they can start their case plan, and the shorter the length of stay in out-of-home care for the child. Respondents did not focus on barriers, but rather talked about lessons learned and strategies they had recently implemented. Responses were clustered into three themes: getting parents actively involved in case planning involved as early in the life of the case as possible; the need for increased visitation and assessment of parents prior to reunification; and moving parents and youth into the role of decision makers on not just their case, but on system-level changes to the local system of care.

Stakeholders were also asked about the advantages and disadvantages for lead agencies retaining case management versus subcontracting out this service. Consistent with the theme of flexibility inherent to Community-Based Care, there were no views that advocated for one right way of doing business, but rather careful assessments regarding both approaches. The benefits of contracting out case management services expressed by stakeholders included a shared financial responsibility, a feeling of community ownership of child welfare problems and successes, the diversion of personnel issues from lead agencies to case management organizations, and shared accountability for child level outcomes. The reported disadvantages of contracting out case management services included duplication of administrative costs, an 'us versus them' dynamic, additional complexity of the organizational structure, and conflicts in the organizational identities and operating procedures of lead agencies and case management organizations.

The next IV-E Waiver progress report will continue to examine the development of innovative practices by lead agencies in the areas of early intervention and prevention, engagement of families in service planning, and reduction in lengths of stay in out-of-home care. The Child Welfare Practice Analysis will include a Family Assessment and Services component, using case file reviews, parent interviews and case manager focus groups to examine practice in two Circuits. Longitudinal analyses and comparisons of successive annual cohorts of children on critical permanency and safety indicators will be conducted. Finally, the Cost Analyses component will continue to examine the relationship between how lead agencies use fiscal resources and child and family outcomes.

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Appendix A

Lead Agency Tables

Table 1.

Number of Cases and Proportion of Children Whose Cases Were Opened in SFY06-07 and who Entered Out-of-Home Care Within 12 Months After Receiving In-Home Services by Lead Agency

Lead Agencies	Number of cases	Percent
Family Services of Metro-Orlando	4,604	9.36
Our Kids	4,960	10.28
CBC of Brevard	2,097	12.92
Partnership for Strong Families	3,308	14.65
Big Bend Community-Based Care A	3,126	15.02
Heartland for Children	3,719	15.05
Hillsborough Kids	3,220	15.83
Kids Central	4,087	15.84
Family Support Services of North Florida	4,064	16.33
ChildNet	4,250	16.89
United for Families	1,908	17.65
Families First Network	4,202	17.89
CBC of Seminole	1,176	18.26
Child & Family Connections	2,503	18.36
Children's Network	2,580	20.53
Sarasota YMCA North	3,272	21.57
Sarasota YMCA South	1,391	22.41
St. Johns	342	23.03
Clay & Baker	927	23.69
Community Partnership for Children	1,427	25.62
Big Bend Community-Based Care B	279	31.92
Statewide	30,836	15.70

Table 2.

Number of Cases and Proportion of Children who Entered Out-of-Home Care in SFY06-07 and Were Discharged for Reasons of Reunification or Placement With Relatives Within 12 Months by Lead Agency

Lead Agencies	Number of cases	Proportion
Big Bend Community-Based Care B	147	64.34
St. Johns	150	56.84
CBC of Seminole, Inc.	420	56.06
CBC of Brevard	546	53.79
Kids Central, Inc.	1,570	53.65
Big Bend Community-Based Care A	1,215	53.26
Family First Network	1,537	52.31
Clay & Baker Kids Net, Inc.	376	51.55
Partnership for Strong Families	1,141	50.31
United for Families	722	49.01
Sarasota Family YMCA, Inc. South	731	48.51
Children's Network of Southwest Florida	1,039	46.99
Heartland for Children	1,561	46.54
Family Support Services of North Florida	1,915	46.21
Family Services of Metro-Orlando, Inc.	1,279	42.90
Child & Family Connections, Inc.	1,114	42.15
Community Partnership for Children	681	37.73
ChildNet, Inc.	1,411	36.70
Our Kids of Miami-Dade & Monroe, Inc.	2,019	33.36
Sarasota Family YMCA, Inc. North	2,012	32.23
Hillsborough Kids, Inc.	1,667	28.22
Statewide	23,253	44.06

Table 3.

Number of Cases and Median Length of Stay of Children who Entered Out-of-Home Care in SFY06-07 and Exited for Reasons of Reunification or Placement With Relatives by Lead Agency

Lead Agencies	Number of cases	Months
Big Bend Community-Based Care B	147	8.70
CBC of Brevard	546	9.90
St. Johns	150	10.40
CBC of Seminole, Inc.	420	10.60
Big Bend Community-Based Care A	1,415	10.90
Kids Central, Inc.	1,570	10.90
Family First Network	1,537	11.70
Clay & Baker Kids Net, Inc.	376	11.80
Partnership for Strong Families	1,147	11.90
United for Families	722	12.20
Sarasota Family YMCA, Inc. South	731	12.40
Children's Network of Southwest Florida	1,039	12.70
Family Support Services of North Florida	1,515	12.80
Heartland for Children	1,561	13.30
Family Services of Metro-Orlando, Inc.	1,279	14.50
Child & Family Connections, Inc.	1,114	15.40
Community Partnership for Children	681	16.10
ChildNet, Inc.	1,411	17.20
Sarasota Family YMCA, Inc. North	2,012	19.70
Our Kids of Miami-Dade & Monroe, Inc.	2,019	21.60
Hillsborough Kids, Inc.	1,667	24.10
Statewide	23,059	14.10

Table 4.

Number of Cases and Proportion of Children Exiting Out-of-Home Care Within 24 Months of the Latest Removal with Adoption Finalized in SFY07-08 by Lead Agency

Lead Agencies	Number of Cases	Proportion
Family Support Services of North Florida	582	68.9
Community Partnership for Children	153	55.6
CBC of Brevard	81	55.6
Partnership for Strong Families	167	53.9
Child & Family Connections, Inc.	198	53.6
St. Johns	14	50.0
ChildNet, Inc.	238	49.2
Family First Network	198	49.0
Big Bend Community-Based Care A	167	48.5
Family Services of Metro-Orlando, Inc.	200	45.0
Our Kids of Miami-Dade & Monroe, Inc.	361	44.0
CBC of Seminole, Inc.	49	42.9
Heartland for Children	200	42.5
Big Bend Community-Based Care B	5	40.0
Hillsborough Kids, Inc.	458	36.9
Kids Central, Inc.	191	34.0
Sarasota Family YMCA, Inc. South	129	31.8
United for Families	89	31.5
Clay & Baker Kids Net, Inc.	33	30.3
Children's Network of Southwest Florida	80	28.8
Sarasota Family YMCA, Inc. North	285	23.9
Statewide	2,089	46.1

Table 5.

Number of Cases and Proportion of Children Who Exited Out-of-Home Care for Reasons of Reunification or Placement with Relatives During SFY06-07 and Re-entered Within 12 Months by Lead Agency

Lead Agencies	Number of cases	Proportion
Family Support Services of North Florida	1,924	6.81
Child & Family Connections, Inc.	1,111	6.84
Hillsborough Kids, Inc.	1,989	7.04
Family Services of Metro-Orlando, Inc.	1,407	7.54
Our Kids of Miami-Dade & Monroe, Inc.	1,968	7.63
St. Johns County Board of County	184	8.16
ChildNet, Inc.	1,363	8.44
Sarasota Family YMCA, Inc. North	1,870	8.45
Partnership for Strong Families	1,029	8.94
United for Families	772	9.98
Community Partnership for Children	787	10.30
Big Bend Community-Based Care A	1,285	10.36
Family First Network	1,674	10.58
CBC of Brevard	641	10.93
Sarasota Family YMCA, Inc. South	678	11.21
Kids Central, Inc.	1,817	11.23
CBC of Seminole, Inc.	356	12.08
Big Bend Community-Based Care B	129	12.41
Heartland for Children	1,642	12.43
Clay & Baker Kids Net, Inc.	309	12.63
Children's Network of Southwest Florida	833	14.77
Statewide	23,768	9.27

Table 6.

Number of Cases and Proportion of Children Whose Cases Were Closed in SFY06-07 and who Were Maltreated Within 6 Months After Services Were Terminated by Lead Agency

Lead Agencies	Number of cases	Proportion
Our Kids of Miami-Dade & Monroe, Inc.	2,781	0.47
Community Partnership for Children	980	0.92
Children's Network of Southwest Florida	1,142	0.96
Family Support Services of North Florida	2,141	1.03
CBC of Seminole, Inc.	647	1.09
United for Families	1,433	1.19
Hillsborough Kids, Inc.	2,524	1.27
Child & Family Connections, Inc.	1,421	1.27
Sarasota Family YMCA, Inc. North	2,289	1.45
Family First Network	2,562	1.45
Family Services of Metro-Orlando, Inc.	3,391	1.45
Heartland for Children	2,435	1.52
Partnership for Strong Families	1,871	1.61
Big Bend Community-Based Care B	124	1.62
ChildNet, Inc.	3,444	1.95
Kids Central, Inc.	3,337	1.95
Sarasota Family YMCA, Inc. South	726	2.07
Big Bend Community-Based Care A	1,885	2.34
Clay & Baker Kids Net, Inc.	423	2.37
CBC of Brevard	1,562	2.37
St. Johns	216	2.78
Statewide	37,464	1.53

Table 7.

Number of Cases and Proportion of Children With 2 or Less Placements During SFY07-08 by Lead Agency

Lead Agencies	Number of cases	Proportion
St. Johns	127	86.6
CBC of Brevard	497	84.9
United for Families	544	84.4
Kids Central, Inc.	1,202	83.6
Big Bend Community-Based Care B	58	82.8
Child & Family Connections, Inc.	640	82.3
Partnership for Strong Families	790	82.3
Clay & Baker Kids Net, Inc.	278	82.0
Family Support Services of North Florida	1,232	81.6
Our Kids of Miami-Dade & Monroe, Inc.	1,343	81.1
Community Partnership for Children	659	81.0
Children's Network of Southwest Florida	974	80.3
Big Bend Community-Based Care A	916	79.7
Sarasota Family YMCA, Inc. South	624	78.8
Family Services of Metro-Orlando, Inc.	888	78.8
CBC of Seminole, Inc.	298	78.5
Hillsborough Kids, Inc.	1,068	75.6
Heartland for Children	779	74.6
Family First Network	1,055	72.3
ChildNet, Inc.	933	70.1
Sarasota Family YMCA, Inc. North	1,258	69.1
Statewide	16,163	78.5

Appendix B.

Measure Algorithms

Measure 1. The Proportion Children Whose Cases Were Opened in FY06-07 and who Entered Out-of-Home Care Within 12 Months

Methodology

Definitions	Children whose case was opened was defined based on the dependent begin date in HS _n or on the first day of services as indicated in FSFN.
Algorithm	This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. ¹⁵ In this instance, because every child had 12 months follow-up data this measure is identical to a percent. The numerator is the subset of the number of children in the denominator who initially received in-home services and were subsequently removed from their primary caregivers and placed into out-of-home care during the 12 month period following the date when the case was open. The denominator is the number of children whose cases were open during a given fiscal year.
Data Sources	Data were extracted from the HS _n and FSFN.

¹⁵ Event history analysis is a statistical procedure that allows for analyzing data collected over time as well as for utilizing information about cases where the event of interest did not occur during data collection (e.g., children who did not have second maltreatment during the 12-month period). This technique allows for calculation of the probability of an event occurring at different time points, such as in 12 months after the first maltreatment incident (Allison, 1984). This technique was chosen over a percent because (a) it represents the state of art for analyzing longitudinal data, (b) it allows to efficiently dealing with complex data, and (c) it allows estimating the probability of an event to occur beyond the study period.

Measure 2. Proportion of Children who Entered Out-of-Home Care in FY06-07 and Were Discharged for Reasons of Reunification and Placement With Relatives Within 12 Months

Methodology

Definitions	<p>“Out-of-home care” means care for children in an active removal episode (between removal date and discharge date), regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care.</p> <p>“Reunification” means the return of a child who has been removed to the removal parent or other primary caretaker;</p> <p>“Placement with relatives” means long-term custody to relatives, or guardianship to relatives as indicated in HSn or “Living with other relatives” as indicated in FSN.</p>
Algorithm	<p>This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. ¹⁶In this instance, because every child had 12 months follow-up data this measure is identical to a percent where the numerator is the number of children who were discharged from out-of-home care for reasons of reunification or placement with relatives. The denominator is all children who entered out-of-home care at any time during a specific fiscal year (as indicated by the removal date in HSn or FSN).</p>
Data Sources	<p>Data were extracted from the HSn and FSN.</p>

Measure 3. Median Length of Stay of Children who Entered Out-of-Home Care in FY06-07 and Exited for Reasons of Reunification and Placement With Relatives

Methodology

Definitions	<p>“Out-of-home care” means care for children in an active removal episode (between removal date and discharge date), regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care.</p>
Algorithm	<p>This measure is presented in number of months. An estimate of the median number of months spent in out-of-home care is generated by Life Tables, which is a type of Event History Analysis. ¹ This measure reports the number of months at which half of the children are estimated to have exited out-of-home care for reasons of reunification or placement with relatives.</p>
Data Sources	<p>Data were extracted from the HSn and FSN.</p>

¹⁶ Event history analysis is a statistical procedure that allows for analyzing data collected over time as well as for utilizing information about cases where the event of interest did not occur during data collection (e.g., children who did not have second maltreatment during the 12-month period). This technique allows for calculation of the probability of an event occurring at different time points, such as in 12 months after the first maltreatment incident (Allison, 1984). This technique was chosen over a percent because (a) it represents the state of art for analyzing longitudinal data, (b) it allows to efficiently dealing with complex data, and (c) it allows estimating the probability of an event to occur beyond the study period.

Measure 4. Proportion of Children With Adoption Finalized Within 24 Months of the Latest Removal of all Children That Exited in SFY07-08 and Adopted

Methodology

Definitions	<p>“Out-of-home care” means care for children in an active removal episode (between removal date and discharge date), regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care.</p> <p>“Adoption” means adoption finalized, that is when the Court enters the verbal order finalizing the adoption</p>
Algorithm	<p>This measure is expressed a percent. The denominator is all children who exited out-of-home care at any time during a specific fiscal year and were adopted (as indicated by the discharge date in HSn or in FSFN). The numerator is the number of children who exited out-of-home care at any time during a specific fiscal year and were adopted within 24 months of the latest removal.</p>
Data Sources	<p>Data were extracted from the HSn and FSFN.</p>

Measure 5. Proportion of Children Re-entering Out-of-Home Care Within 12 Months After Exit in FY06-07 for Reasons of Reunification or Placement Relatives

Methodology

Definitions	<p>“Out-of-home care” means care for children in an active removal episode (between removal date and discharge date), regardless of placement type or custodian, including those in licensed board-paid foster care and kinship (relative and non-relative) care.</p>
Algorithm	<p>This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis.¹ In this instance, because every child had 12 months follow-up data this measure is identical to a percent where the numerator is the number of children who entered out-of-home care within 12 months after exit for permanency reasons only. Only children who exited out-of-home care for reasons of reunification and placement with relatives were included in the analysis. The denominator is all children who had a Discharge Date in HSn or FSFN during a specified fiscal year (i.e., exit cohorts) and who were discharged for reasons of either reunification or placement with relatives. The measure is based on children who exited their first episode of out-of-home care. The numerator is the number of children who were discharged and had a subsequent removal within 12 months of a prior removal.</p>
Data Sources	<p>Data were extracted from the HSn and FSFN.</p>

Measure 6. Maltreatment Within 6 Months After Services Were Terminated

Methodology

Definitions	Abuse and neglect are defined by Chapter 39, F.S. and include both actual harm and threatened harm.
Algorithm	This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. ¹ In this instance, because every child had 6 months follow-up data this measure is identical to a percent where the numerator is the number of children whose cases were closed and who had findings of "verified" or "some indicators" of maltreatment within 6 months after services terminated (i.e., after the dependent end date). The denominator is the number of children whose case whose cases were close during a specific fiscal year
Data Sources	Data were extracted from the HS _n and FSFN.

Measure 7. Percent of Children with no More Than 2 Placements During SFY06-07

Methodology

Definitions	"Placements" means specific placement settings during a removal episode. "Removal date" means the date a child is removed from the home, the beginning of a removal episode, which can include one or more placement settings
Algorithm	This measure is a percentage, calculated by taking the number of children in care less than 12 months with more than two placement settings (numerator) and dividing it by the number of children in care less than 12 months, regardless of the number of placement settings (denominator).
Data Sources	Data were extracted from FSFN.

Appendix C.
 Cost Analysis Figures

Figure 1. Ratio of Out-of-Home Care Expenditures to Prevention/Family Preservation/
 In-home Expenditures, SFY06-07

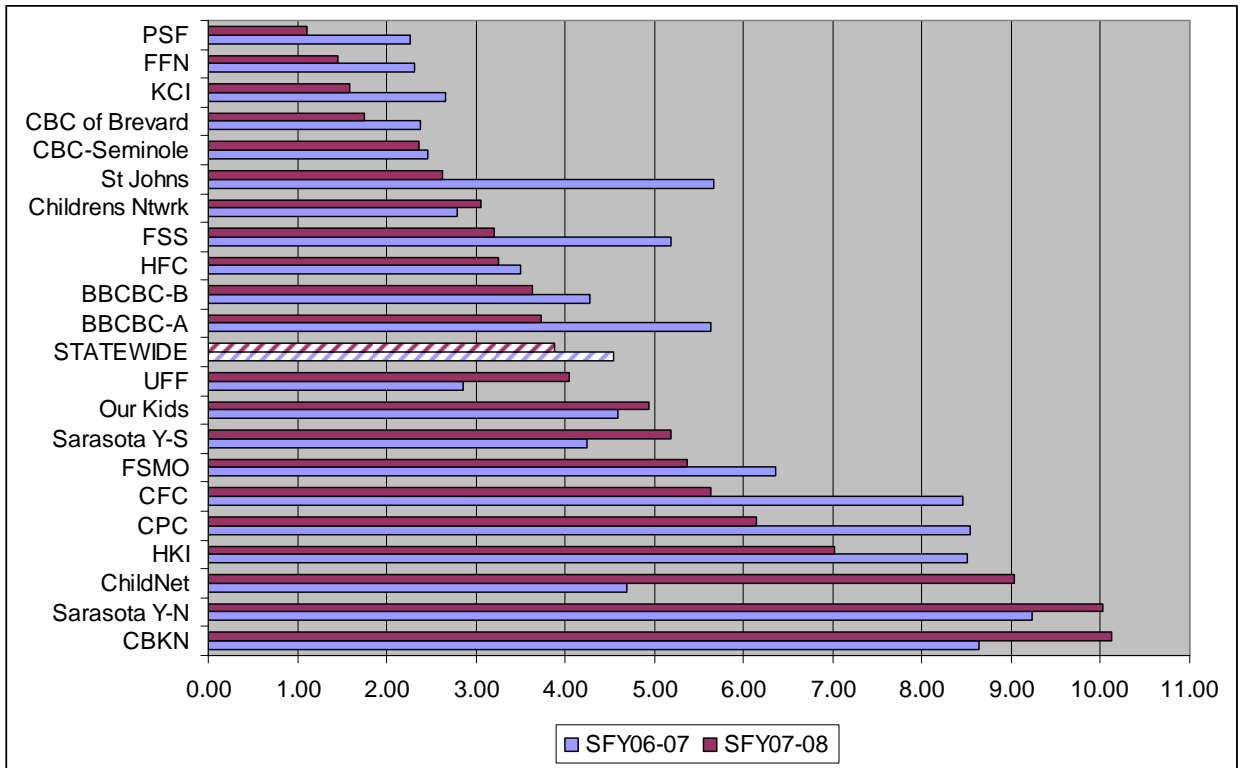


Figure 2. Proportion of Children Whose Case Was Opened in SFY05-06 and who Entered Out-of-Home Care Within 12 Months of Case Opening

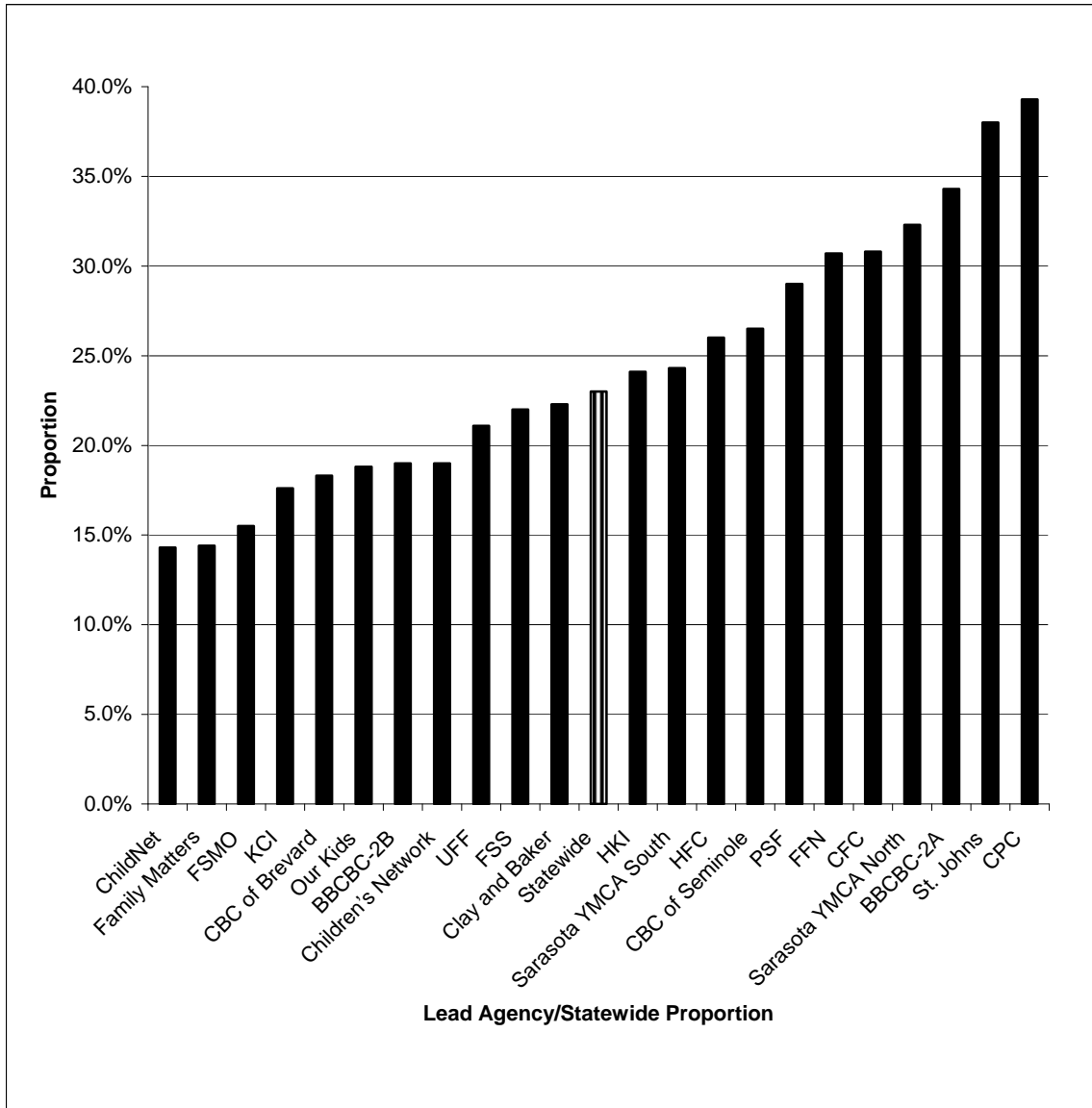


Figure 3. Proportion of Children who Entered Out-of-Home Care in SFY05-06 and Were Discharged for Reasons of Reunification or Placement With Relatives Within 12 Months of Out-of-Home Care Entry

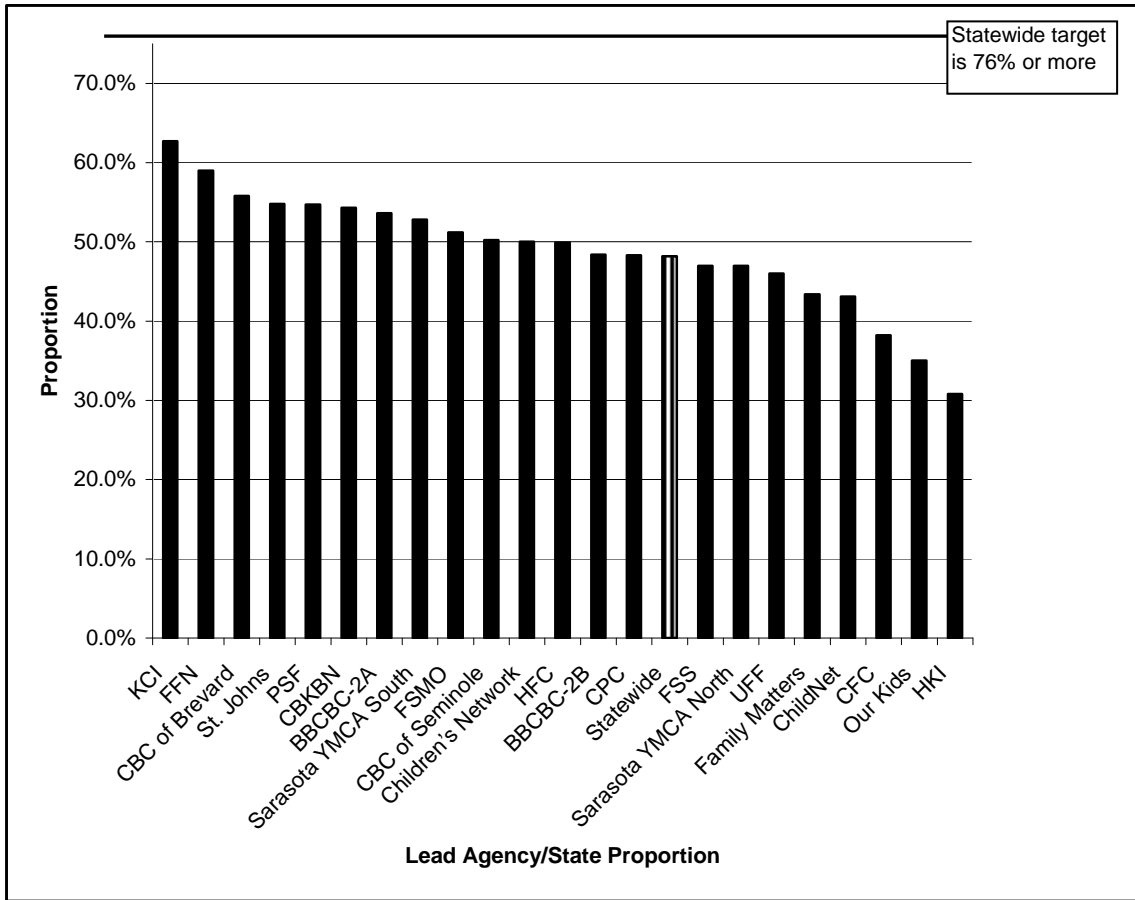


Figure 4. Proportion of Children who Exited Out-of-Home Care During SFY05-06 Due to Reunification or Placement With Relatives That Re-entered Out-of-Home Care Within 12 Months of Out-of-Home Care Exit

