

Semi -Annual Progress Report  
IV-E Waiver Demonstration Evaluation

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## Executive Summary

This report is the first in a series of semi-annual progress reports on the status and activities related to the evaluation of Florida's IV-E Waiver Demonstration Project. The purpose of the evaluation is to determine the effectiveness of an expanded array of child welfare services and supports in improving permanency and safety outcomes for children in or at risk of entering out-of-home placement. The theory of change currently guiding this evaluation is based on 1) federal and state government expectations of the intended outcomes of the Waiver implementation, and 2) the evaluation team's hypotheses about practice change developed from knowledge of the unique child welfare service arrangements throughout the State. This theory of change posits that:

- 1) Waiver implementation will result in increased flexibility of IV-E funds that have historically been earmarked for out-of-home care services. The new flexibility allows allocation of these funds toward services to prevent or shorten child placements into out-of-home care.
- 2) Consistent with the Community-Based Care model, the new flexibility of funds will be used differently by each lead agency, based on the unique needs of the lead agency and the local community. However, Waiver implementation will lead to changes in or expansion of the existing child welfare service array for many, if not all, of the lead agencies.
- 3) These changes in practice are expected to affect child outcomes, including child permanency, safety, and well-being.
- 4) Over the life of the demonstration project, fewer children will need to enter out-of-home care, resulting in fewer total days in out-of-home care. Therefore, costs associated with out-of-home care will decrease following Waiver implementation, while costs associated with prevention and in-home services will increase, although no new dollars will be spent because of Waiver implementation.

The IV-E Waiver evaluation is comprised of three related components: a process study that analyzes Waiver implementation and child welfare practice, a cost study, and an outcome study. For the first six months of Waiver implementation (10/01/06-3/30/07)

the implementation study focused on identification of barriers and challenges related to Waiver implementation, and refinement of the evaluation's theory of change through focus groups with key stakeholders. Feedback thus far on the theory of change indicates that there is consensus with the core elements but that the final model needs to take into account a need for more resources statewide, inequities in funding, and a need for community education on issues of poverty and its relationship to perceptions about child neglect. Regarding implementation challenges, it appears that Florida is facing the same obstacles that affect the IV-E Waiver process in other states. These barriers including the need for more appropriate placement options for children with developmental disabilities, better education and supervision of child protective investigators, and recruitment and retention of case management staff; and fiscal issues such as resolution of allocation formulas.

For the child welfare practice analysis, the primary activity was to establish a baseline of existing child welfare services such as prevention and diversion strategies, family engagement, and service innovations. The findings presented in this report offer a profile of child welfare practice for each lead agency. It is clear from these profiles that lead agencies are actively identifying activities and strategies that anticipate and prepare for the changes that the Waiver can bring to their systems of care.

The cost study is a longitudinal examination of the relationship between Waiver implementation and changes in the use of child welfare funding sources. This report presents baseline data that provides a basis for future evaluation of the effects of the IV-E Waiver on the use of child welfare funding sources in Florida.

The outcome study is a longitudinal study of the expected changes in child and family outcomes resulting from the Waiver, including reduction of the risk of entering out-of-home care, expediting the achievement of permanency, and a decrease in the likelihood of re-abuse and re-entry into out-of-home care. This report includes baseline data for this tracking of changes in outcomes and consists of two cohorts of children whose first contact with the child welfare system occurred during FY 03-04 and 04-05. Baseline data findings indicate that lead agencies' performance varies considerably on the measured indicators. In addition, lead agencies struggle to do well simultaneously in two domains: child safety and permanency.

## Policy/Implementation Recommendations

- The Department of Children and Families, the Legislature, and lead agencies should work towards the goal of having allocation methodologies for Community-Based care defined in proviso, so that lead agencies would have timely notice regarding their funding allocation for the current and future periods.
- Additional training on the IV-E Waiver should be offered for child protective investigations, Economic Self-Sufficiency (ESS), Fiscal Monitors, and other entities that interact with the child welfare system.
- The Agency for Persons with Disabilities needs to create child-specific services and supports. Children with very costly care needs are on waiting lists and lead agencies are adding to deficits by paying for these services.
- Lead agencies and the Department should offer community-wide outreach and education regarding the related issues of poverty, neglect, and abuse.
- Lead agencies are encouraged to participate in the statewide IV-Waiver workgroups in order to share emerging service innovations and initiatives.
- Lead agencies that identified kinship support services as either unknown, unavailable, or insufficient to meet the needs of the community, should collaborate with kinship service providers and relative caregivers to assess the needs of the community and devise a plan to increase service availability.
- Lead agencies are encouraged to increase the inclusion of biological parents and relative caregivers in the process of identifying community service needs.

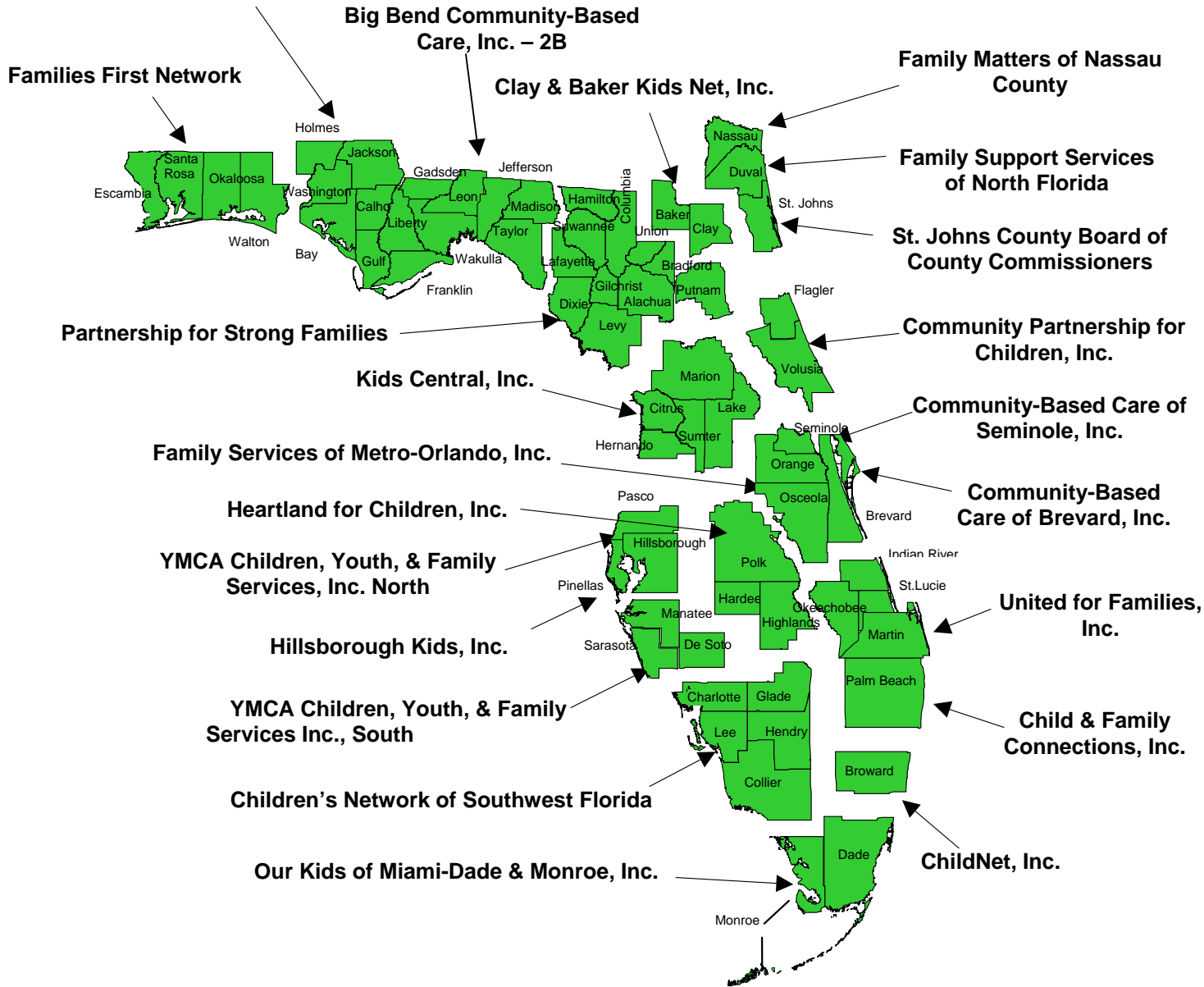
## Introduction and Overview

The Florida Department of Children and Families (the Department) has contracted with the Louis de la Parte Florida Mental Health Institute at the University of South Florida (USF) to develop and conduct an evaluation of Florida's statewide IV-E Waiver Demonstration Project. The Department currently 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 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, with 20 lead agencies throughout the state holding 22 contracts with the Department to provide child welfare services. Lead agency locations are presented in Figure 1, and the counties and number of children served by each lead agency in FY05-06 are presented in Table 1.

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



Available online at: <http://www.dcf.state.fl.us/cbc/docs/cbcstatusmap.pdf>

Table 1. Community-Based Care Lead Agencies by District

District	Lead Agency & Counties Served	Number of Youth served FY05-06 <i>Unduplicated Count</i>
District 1	<b>Families First Network (FFN)</b> <i>Escambia, Santa Rosa, Okaloosa, &amp; Walton</i>	5,229
District 2A & 2B	<b>Big Bend Community Based Care 2A (BBCBC-2A)</b> <i>Holmes, Washington, Bay, Jackson, Calhoun, &amp; Gulf,</i>	2,348
	<b>Big Bend Community Based Care 2B (BBCBC-2B)</b> <i>Gadsden, Liberty, Franklin, Leon, Wakulla, Jefferson, Madison, &amp; Taylor</i>	1,873
District 3	<b>Partnership for Strong Families (PSF)</b> <i>Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Putnam, Suwannee, Levy, &amp; Union</i>	3,638
District 4	<b>Family Support Services of North Florida, Inc. (FSS)</b> <i>Duval</i>	4,901
	<b>Nassau County Board of County Commissioners (Family Matters)</b> <i>Nassau</i>	358
	<b>St. Johns County Board of County Commissioners (St. Johns)</b> <i>St. Johns</i>	552
	<b>Clay &amp; Baker Kids Net, Inc. (CBKN)</b> <i>Clay &amp; Baker</i>	966
SunCoast Region	<b>Sarasota Family YMCA, Inc. North (Sarasota YMCA North)</b> <i>Pasco &amp; Pinellas</i>	6,422
	<b>Sarasota Family YMCA, Inc. South (Sarasota YMCA South)</b> <i>Manatee, De Soto, &amp; Sarasota</i>	1,860
	<b>Hillsborough Kids, Inc. (HKI)</b> <i>Hillsborough</i>	7,437
District 7	<b>Community Based Care of Seminole, Inc. (CBC of Seminole)</b> <i>Seminole</i>	1,276
	<b>Family Services of Metro-Orlando, Inc. (FSMO)</b> <i>Orange &amp; Osceola</i>	6,555
	<b>Community-Based Care of Brevard (CBC of Brevard)</b> <i>Brevard</i>	2,566
District 8	<b>Children's Network of Southwest Florida (Children's Network)</b> <i>Charlotte, Lee, Glades, Hendry, &amp; Collier</i>	2,602
District 9	<b>Child &amp; Family Connections, Inc. (CFC)</b> <i>Palm Beach</i>	3,469
District 10	<b>ChildNet, Inc. (ChildNet)</b> <i>Broward</i>	6,414
District 11	<b>Our Kids of Miami-Dade &amp; Monroe, Inc. (Our Kids)</b> <i>Miami-Dade &amp; Monroe</i>	7,228
District 12	<b>Community Partnership for Children, Inc. (CPC)</b> <i>Volusia &amp; Flagler</i>	2,460
District 13	<b>Kids Central, Inc. (KCI)</b> <i>Marion, Citrus, Sumter, Lake, &amp; Hernando</i>	8,088
District 14	<b>Heartland for Children (HFC)</b> <i>Polk, Hardee, &amp; Highlands</i>	5,687
District 15	<b>United for Families (UFF)</b> <i>Okeechobee, St. Lucie, Indian River, &amp; Martin</i>	3,433

Florida's IV-E Waiver for funding flexibility was implemented in October 2006 through changes in State contracts with the CBC lead agencies. The CBC evaluation, required by ss. 409.1671(4) (a), F.S., was competitively procured by FMHI/USF in accordance with the requirements of Florida Statutes, and runs through June 30, 2009, with the option for a three-year renewal. As the requirements of the IV-E Waiver evaluation so closely mirror the requirements of the CBC evaluation, this contract was amended to include the requirements of the Title IV-E Waiver evaluation.

#### *Purpose and Specific Aims of the Evaluation*

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 will test 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 20 lead agencies serving all 67 counties. The period covered for this report includes Fiscal Years 2003-2007.

#### *Conceptual and Methodological Framework*

Through the Title IV-E Waivers, states may spend Federal Title IV-E funds for supports and services other than 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 three related components:

- A Process study (Implementation Analysis & Child Welfare Practice Analysis)
- A Cost study and
- Outcome study

Each component will be described in detail in the following sections of this report. In order to provide the most accurate reflection of the status of the demonstration project, data are triangulated from various information sources, such as the federal and Florida Child and Family Services Review data, the annual evaluations of Community-Based Care (s. 409.1671, F.S), ongoing Department quality management and monitoring activities, and other data sources as they become available. Findings will be integrated across components and over time in order to track the evolutionary process throughout the life of the demonstration project. In addition, the influence of potentially confounding variables arising from the political climate (e.g., changes in state government administration) or high-profile events (e.g., a child death or disappearance) will be examined and discussed in reports submitted to Florida's Department of Children and Families (DCF) and the Administration for Children and Families (ACF).

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 the Florida child welfare administrative data system, known as HomeSafenet (HSn). In the following years, longitudinal changes in child welfare outcomes will be 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 Florida Department of Children & Families (DCF), CBC lead agencies, and community partners which is welcomed and requested at all phases of the evaluation. Further, since child and family-level variables are the primary outcomes of interest, the evaluation team includes a parent with experience of the child welfare system involvement in a consultant role.

### *Theory of Change*

An important task in the first year's scope of work for the evaluation is to refine the theory of change underlying the IV-E Waiver implementation in Florida. *Theory of change* refers to a plausible and logical explanation of how a program aims to produce changes (Hernandez, Hodges & Cascardi, 1998; McLaughlin & Jordan, 1999). The theory of change currently guiding this evaluation is based on 1) federal and state government expectations of the intended outcomes of the Waiver implementation and 2) the evaluation team's hypotheses about practice change developed from knowledge of the unique child welfare service arrangements throughout the State. This theory of change posits that:

- 1) Waiver implementation will result in increased flexibility of IV-E funds that have historically been earmarked for out-of-home care services. The new flexibility allows these funds to be allocated toward services to prevent or shorten child placements into out-of-home care.
- 2) Consistent with the Community-Based Care model, it is expected that the new flexibility of funds will be used differently by each lead agency, based on the unique needs of the lead agency and the local community. However, it is expected that Waiver implementation will lead to changes in or expansion of the existing child welfare service array for many, if not all, of the lead agencies.
- 3) These changes in practice are expected to affect child outcomes, including child permanency, safety, and well-being.
- 4) Over the life of the demonstration project, it is expected that fewer children will need to enter out-of-home care, resulting in fewer total days in out-of-home care. Therefore, costs associated with out-of-home care are expected to decrease following Waiver implementation, while costs associated with prevention and in-home services will increase, although no new dollars will be spent as a result of Waiver implementation.

A detailed plan for refining this theory of change by developing a logic model based on stakeholder focus groups is presented in the Implementation section of the Process Study section.

### *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).

*Profiles of the Child Welfare Waiver Demonstration Projects* (James Bell & Associates, 2006) stated that as of April 2006, a total of 24 states have either implemented a Waiver or are in the process of implementing. Not only do the types of Waivers vary greatly from state to state, there are notable differences in the duration of the Waiver interventions. Currently, there are six states approved to participate in a flexible funding Waiver: Florida, California, Oregon, Ohio, North Carolina, and Indiana. Florida and California are among the latest states to implement a flexible funding Waiver, whereas Oregon and Ohio were among the first states to participate. As mentioned earlier, Florida's demonstration project was required to be independently evaluated by ss. 409.1671(4) (a), F.S. Similarly to Florida, all states with flexible funding Waiver demonstrations are required to conduct process and outcome evaluations, as well as a cost analysis.

Although all demonstration states are similar in that their evaluations examine process, outcome, and cost, the evaluation designs vary from state to state. For example, in North Carolina, a comparison group design was used in the evaluation. Specifically, the research design used comparison counties, selected on criteria including size, demographics, number of IV-E eligible youth, and the economic status of the families. In addition to North Carolina, Ohio and Oregon used a comparison group design for 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. Further, they will establish a baseline and report outcomes at selected time intervals. Florida was not afforded the opportunity to use a comparison group due to the nature of the Waiver implementation; in Florida, the Waiver demonstration project was rolled-out statewide in October, 2006 (U.S. Department of Health and Human Services, 2005). As illustrated earlier, to evaluate Florida's project, FMHI/USF is using a longitudinal research

approach similar to California's evaluation design. The overview of the baseline findings follows.

## Process Study

The process section of the evaluation includes two components: the Implementation Analysis and the Child Welfare Practice Analysis. The Implementation Analysis focuses on tracking the planning process for Waiver implementation; and on the impact of the Waiver on the Department of Children and Families, Community-Based Care lead agencies, provider networks and local communities. The Child Welfare Practice Analysis examines the development of strategies (i.e., services and practices) designed to expedite permanency, prevent out-of-home placement, and engage families in service planning. A description of the research methodology and findings for each component follows.

### Implementation Analysis

The Implementation Analysis has been designed to track the planning process for IV-E Waiver implementation, in addition to assessing the eventual impact of the Waiver on the Department of Children and Families, Community-Based Care lead agencies, provider networks and local communities. The emphasis of the current progress report is twofold: documenting the IV-E Waiver implementation process and developing a refined theory of change for the IV-E Waiver that reflects the views of key stakeholders.

#### *Process Evaluations of IV-E Waivers Nationally*

This design of the implementation analysis reflects the IV-E Waiver Terms and Conditions evaluation requirements, and addresses challenges evaluators have faced in other states when attempting to track and monitor the implementation process for their respective IV-E Waivers. One problem identified was the failure to make logical linkages between the Waiver, changes in service array, and subsequent outcomes for children (James Bell & Associates, 2006). Logic modeling exercises with key stakeholders specific to Florida's theory of change during the first year of the evaluation address this challenge. In addition, both the implementation and practice level analysis will solicit information from lead agencies about attribution of changes.

Regarding findings in other states specific to implementation, states such as Indiana, North Carolina, Ohio, and Oregon have reported some barriers to implementation. North Carolina and Indiana went through periods of inconsistent Waiver implementation across counties due to challenges including insufficient number of children who were IV-E eligible, confusion specific to policy and practice changes, increased workload burden for staff, and philosophical differences regarding not wanting to develop and pay for new services with Waiver money that might not be sustainable financially after the Waiver period was over. In addition, Oregon experienced trouble during their planning phase in setting up necessary infrastructure, which further delayed the evaluation of the Waiver (James Bell & Associates, 2006).

### *Method*

Seven lead agency focus groups comprised of approximately 3-10 participants each will be conducted during Phase One of the implementation analysis in order to solicit expectations and key concerns. To date, two of those focus groups have been conducted, with five scheduled to occur before the next progress report is due. The focus groups have, and will continue to include discussion around both the facilitators and barriers encountered during implementation, as well as the steps taken to address these barriers. Participants were selected from CBC lead agency leadership (e.g., Executive Directors and/or Directors of Operations). In addition, each focus group will be engaged in the process of refining a theory of change pertinent to the Waiver.

The following questions were asked in each focus group to date, and will continue to be discussed during the remaining five focus groups:

- 1) Please discuss how the implementation process is proceeding thus far (e.g., training, changes in policy or procedure, specific facilitators and barriers, etc.)
- 2) What are your views regarding how the IV-E Waiver will impact lead agencies (e.g., changes to the service array, changes in cost allocations and spending, etc.)
- 3) Within what timeframe do you expect this to occur? Will this differ across lead agencies and service areas? How?

- 4) Please share your ideas on the IV-E Waiver's potential impact on children and families.
  
- 5) In your opinion, how might the IV-E Waiver impact the larger community's service infrastructure and dynamics?

### *Data Sources*

Content analysis of focus group transcripts, IV-E Waiver Demonstration Baseline Surveys (discussed in later section), and document review of existing FMHI CBC evaluation reports was used to analyze the qualitative data collected for the implementation analysis. Content analysis involves reviewing 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.

### *Findings*

#### *Theory of Change for the IV-E Waiver*

As mentioned previously, an important task in the first year's scope of work for the evaluation is to refine the theory of change underlying the IV-E Waiver implementation in Florida.

Based on preliminary findings from focus groups, there has been consensus around the preliminary theory of change, with a few caveats. These caveats center around general systemic challenges and will be discussed in more detail below. As the evaluation team develops a logic model to represent the Waiver theory of change, lead agency stakeholders stressed that the model must take into account a need for more resources, inequities in funding, a rising cost of living, a need for community education on issues of poverty, and assessments of possible inefficiencies in child protective investigations and case management services. Included below are the overarching themes that emerged from the focus groups regarding benefits/ facilitators and challenges to implementation.

Noted benefits and facilitators include:

- Increased flexibility
- Concurrent reform efforts
- Independent fiscal monitoring
- District 10/11 Pilot Program
- Fixed price contracts

Noted Challenges to IV-E Waiver Implementation include:

- Decreasing the Out-of- Home Care Population
- Fiscal issues
- Need for additional stakeholder group training
- Systemic Challenges including Child Protective Investigations

#### *Benefits of Increased Flexibility*

A major theme in both focus groups and the IV-E Waiver Demonstration Baseline Survey was acknowledgement of the benefits of more flexibility in the use of the funds. As portrayed by a stakeholder, “With the flexibility of the IV-E funding we have expanded the front end services available to prevent unnecessary placement of children that is often due to the inaccessibility of immediate access to services. If the 1,100 children diverted from care had entered placement, room and board alone would have cost CBC nearly 5.5 million dollars.” Another stakeholder noted, “We have relaxed many of the restrictions around use of TANF Flex Funds and have utilized new funding flexibility to permit more families to receive assistance.”

With this increase in flexibility, however, comes anxiety. One lead agency characterized implementation as “bumpy”, due to the tremendous shift in paradigms, the need to develop trust in the reform effort, and new policies and procedures. While some lead agencies have dismantled their Revenue Maximization departments, for example, other agencies are concerned with not documenting transactions as they had previously. In one case, the lead agency has decided to shift the focus of their eligibility unit so that it is no longer specific to IV-E eligibility, but still focuses on necessary documentation for Medicaid.

### *Benefits of Concurrent Reform Efforts*

Many children entering the child welfare system are found to be at-risk for developmental, emotional, and behavioral problems that require intervention (Putnam, 2000; Schneiderman, Connors, Fribourg, Gries, & Gonzales, 1998). Putnam (2000) has reported that approximately 30% to 40% of children in out-of-home care have a serious emotional disorder and as many as 75% to 80% of these children may need mental health services.

In 2004, Florida Statute 409.912 was amended to permit lead agencies to provide mental health services. In 2006 the Agency for Health Care Administration (AHCA) awarded a contract to provide mental health services to children in the child welfare system to the CBC Partnership, LTD (a partnership between Magellan, a Managed Care Organization, and CBC of Seminole, a lead agency), with implementation of the Child Welfare–Pre-Paid Mental Health Program beginning in February of 2007. This initiative represents a major shift in the way Medicaid mental health services are financed for the child welfare population, and lead agency representatives are already mentioning this concurrent reform effort as having a synergistic effect with the IV-E Waiver in bringing about positive changes for children and families.

Attempts to positively impact Florida's child welfare system have been ongoing undoubtedly. However, the past year has brought an influx of reform efforts that lead agencies have identified as having the potential to help support their mission to provide services for at-risk children and families. These additional reform efforts include fixed price contracting services, independent fiscal monitoring, and a Pilot Program in Districts 10 and 11 that may be expanded statewide in the near future.

### *Benefits of Fixed Price Contracts*

Lead agency contracts are changed from cost reimbursable to fixed price, allowing unspent state funds to be carried forward to the next fiscal year, and the lead agencies were given greater flexibility in their expenditures of funding. During the focus groups related to the evaluation of the District 10 and 11 Pilot Program, one interviewee noted that without fixed price contracts, the agencies were actually encouraged to spend money inefficiently, because of the 'use it or lose it' structure of the cost reimbursement contracts. Cost reimbursement contracts "did not seem to fit with a privatized, lead agency structure." Furthermore, it was delineated that, "spending money is too complicated" in the child welfare system and had too many categories of spending. One

District 10 and 11 Pilot Program stakeholder stated, “It is like if you put your paycheck into 120 different bank accounts and then went to the grocery store and had to figure out which bank accounts to draw from for what you are buying” (Sowell et al., 2007).

### *Benefits of Independent Fiscal Monitoring*

Fiscal oversight is being outsourced for all lead agencies; however, it is being conducted in a different manner in the District 10 and 11 pilot districts. Due to the complexity of the funding streams and fiscal structure it was strongly believed that fiscal monitoring should be conducted by independent accountants. Stakeholders hope that improved monitoring can lead to increased efficiency and eventual cost savings or reallocation of spending. The implicit assumption is that increased efficiency in monitoring the system of care will lead to cost savings in administrative expenses and then possibly more money can be put into services.

To provide the fiscal and administrative monitoring of the two Pilot Program lead agencies, the Department contracted with Abel & Associates, effective July 1, 2006 through June 30, 2009. Abel & Associates is a Fort Lauderdale-based certified public accounting firm, which has been conducting the fiscal monitoring of ChildNet, Inc. since October 2003. Fiscal monitoring of the Community-Based Care lead agencies not in the Pilot Program has also been contracted to an independent agency, Public Consulting Group. Administrative monitoring is not contracted out for these non-pilot districts and the fiscal monitoring is conducted using a categorization method that identifies the lead agency’s level of financial stability (Sowell et al., 2007).

### *District 10/11 Pilot Program as Facilitator*

In July of 2006 the Florida legislature established a 3-year pilot program for the Community-Based Care lead agencies serving Miami-Dade, Monroe, and Broward Counties allowing for the transfer of fiscal, administrative, and programmatic oversight responsibilities held by the Department of Children and Families to independent entities (Ch. 2006-30, Laws of Florida ([http://election.dos.state.fl.us/laws/06laws/ch\\_2006-030.pdf](http://election.dos.state.fl.us/laws/06laws/ch_2006-030.pdf))). Chapin Hall Center for Children (Chapin Hall) was contracted for November 2006 through June 30, 2009 to provide the programmatic monitoring of the two lead agencies, evaluate current contracted performance measures, and develop new outcome measures in collaboration with the lead agencies and the Department. The objective input provided to the two districts in the pilot program through the outsourcing

of these oversight responsibilities is viewed as a facilitator of IV-E Waiver implementation.

### *Challenge of Decreasing Out-of-Home Care Population*

An important consideration related to the implementation process is an understanding of the time that lead agencies will need to reduce their use of out of home services and then subsequently have funds available to create an array of prevention and intervention in-home options.

To expand on that point, one participant stated, “Currently, Title IV-E dollars are consumed paying for the cost of out-of-home placements. As this expense is reduced and IV-E dollars become available for flexible use, additional support to these resources and the development of other resources capable of meeting the unique needs of this very rural area is likely.” As discussed by stakeholders, lead agencies should give special consideration to strategies that will reduce out-of-home care costs.

### *Challenges of Fiscal Issues*

Two fiscal issues surfaced through data collection to date. First, even though it is nearly the end of the fiscal year, lead agencies did not know what amount of new IV-E – funds they would receive this fiscal year. Some agencies felt that the timing and uncertainty about the funding amount did not support the theory of change, and would not lead to any additions to their service array. While lead agencies have loosened restrictions on how they fund services they were already offering, many do not want to initiate any new services because “it is bad business practice to spend money you don’t know that you have”.

To expand on that topic, the following stakeholder quotes illustrate the lead agencies concern surrounding this issue of funding amounts, etc. One stakeholder articulated that, “Due to ongoing disputes regarding the allocation of IV-E Waiver funds, we have not initiated any new programs.” Likewise, “We have taken advantage of the IV-E Waiver since October 2006 by providing services to children that otherwise would not be eligible for IV-E funded services. However, the net result of the Waiver has not increased the available dollars for services because we have historically exhausted available IV-E funds on services provided to IV-E ‘eligible’ children. Finally, as of this date, we have not received any ‘new’ IV-E funds for implementation of the Waiver.” Several stakeholder interviewees echoed this concern.

The second issue described by the lead agencies is existing budget issues. One lead agency representative stated that, “We are currently faced with significant budget restraints due to increased expenditures and a deficit carried over from fiscal year 05-06. No new providers have been brought on at this time. Plans are being developed to bring on new providers in all eleven of the counties that make up our catchment area on July 1st, 2007.”

#### *Challenge of Including Additional Stakeholder Groups in IV-E Training*

In terms of IV-E Waiver eligibility issues, participants reported that lead agency and Department family safety staff had been well trained, but other entities such as Economic Self Sufficiency and the subcontractors for fiscal monitoring seemed to have been “left out of the training and education loop.”

#### *Systemic Challenges*

These are challenges that exist whether or not there is a IV-E Waiver. However, they do need to be addressed to facilitate the positive impact the Waiver will have over time. Specific barriers noted include historic inequities in funding levels and rising costs of providing care. “The IV-E Waiver flexibility should not overshadow the general need for more resources.” Some participants reported that due to increasing costs of living (e.g., cost of housing and transportation), even they are having a difficult time attracting providers to come into their local jurisdictions.

Another emergent focus group theme was the need to identify a locus of accountability and funding for services and supports for children with developmental disabilities.

To elaborate on systemic challenges, one stakeholder reported that, “I actually participated on an Agency for Persons with Disabilities work group and basically the philosophy of that agency is adults are their responsibility and that child welfare or children are like 3-5% and so they don’t have the homes – now they are looking for separate homes because you don’t want a 12 year old or infant in with the adult population, so their recruitment efforts are not focused there because most of their population is adults.”

Further, one stakeholder said, “You have a group of children who are APD eligible, are Medicaid Waiver eligible, but since there is a wait list for those services, those funds, they just sit on the wait list and we pick up the expenses.”

### *Child Protective Investigations and Case Management*

Another theme relates to the culture of Child Protective Investigations as one that is “working in fear of making mistakes.” As one focus group participant stated, “none of us ever wants a child to ever die on our watch but you got to take some risks with families..., to just not take any risk with any family because you are so afraid that a child will die or your career will be over and they are just frozen.”

In addition to this environment of fear, a training need around the factors related to poverty was also discussed. “PIs and others have taken kids from families because they don’t understand the culture of poverty.” Also, “The PI goes in and they don’t understand the difference between the two, so therefore it is not neglect, it is just living in poverty and survival and they remove.”

As conveyed by some focus group participants, case managers are in a stop gap, not a career. Lead agencies desire to retain more case managers, but are faced with high turnover rates. Case managers do not feel an adequate level of professionalism associated with their positions. Generally, participants worry that they are not individuals with a burning desire to change practice. “You can’t give someone an impossible job and get a productive worker.” However, participants were also careful to clarify that it was the overall case management system that is dysfunctional rather than individual workers. One suggestion that was given was to increase specialization, and have certain staff focus only on infants or only on teens, or to divide staff based on child disabilities and/or level of needs.

A final theme was that training and education concerning child welfare needs to be provided to the public. Issues such as the difference between symptoms of poverty and indicators of abuse or neglect were highlighted. The attitudes of the community and the media impact the actions of Child Protective Investigations as mentioned above. As described by one participant, “When the news camera goes into that poverty home, the average American says, I wouldn’t leave my child in there too.” In addition, “That whole community piece and the perception of the community has got to change.” The child welfare system needs to help the community understand family preservation, by demonstrating positive examples of how a family can be supported in the community.

## *Summary*

The findings of the implementation analysis suggest that Florida is facing some of the same challenges that affected the IV-E Waiver process in other states. Factors such as fiscal limitations, policy and procedure confusion, and a need for additional training are not unique to Florida's demonstration project. Prior to implementation on October 1, 2006, the USF evaluation group documented several examples of collaboration and training occurring between the Department of Children and Families and the Community-Based Care lead agencies. Activities included IV-E Waiver committees, workgroups, and trainings focused on fiscal policy and procedures, service array, eligibility, and evaluation. Based on our current analysis of implementation and the issues presented by lead agency stakeholders, we suggest that implementation workgroups and training continue. These collaborative activities should continue to be facilitated and attended by both the Department and lead agency staff, and should include community partners and providers.

## Child Welfare Practice Analysis

The goal of the Child Welfare Practice Analysis is to describe the development of strategies in response to the IV-E Waiver that are designed to improve child and family safety and permanency outcomes. This analysis will allow us to determine if the Waiver is meeting the objective of expanding or improving the availability, accessibility, and appropriateness of community based services. In this first phase of the evaluation, a baseline measure of current child welfare practice and array of service, by Community-Based Care lead agency is established.

James Bell and Associates (2006) pointed out, in their discussion of the challenges of evaluating IV-E Waiver implementation that the existence of funding alone does not lead to improved outcomes, but that services purchased with those funds that focus on the improvement of outcomes must be created. Although various research designs have been utilized in IV-E Waiver evaluation plans in other states, most evaluation plans including those of Ohio, North Carolina, Indiana, and Mississippi all include an evaluation of the array of services available to families. Similar to Florida's evaluation plan, Ohio's federal Title IV-E Demonstration Project's key service array questions focused on the availability and quality of services and the creation of new services (Ohio Job and Family Services, 2004). In 2001, the federal Child and Family Service Review of Florida, found the availability, accessibility, and appropriateness of Florida's service array to be "needing improvement." Even though the Florida Department of Children and Families enacted a plan to improve the service array, this finding indicates that a consideration of service array is required when analyzing the impact of the IV-E Waiver. It is important to analyze service availability in the early stages of implementation, and on an ongoing basis, so that adjustments to implementation can take place if the state is not achieving the goals set forth by the IV-E Waiver. The intent is for this evaluation of child welfare practice to be collaborative, informative, responsive to stakeholders, and useful as a tool to identify strengths and challenges of the IV-E Waiver implementation process.

### *Key Questions and Hypothesis*

Within the Child Welfare Practice Analysis, the lead agency profiles and identification of innovative practice will be used to answer key questions including:

1. Do lead agencies report any changes in child welfare practice that are attributable to IV-E Waiver implementation?
2. What are the key variables in practice changes (e.g. staff training, flexible funding, family engagement, etc)?

The hypothesis is that Florida's IV-E Waiver increase in funding flexibility will result in an expanded array of community-based services.

### *Methodology*

In order to assess the IV-E Waiver's impact on services in the community, a baseline of existing services must first be established. The research team, with input from the statewide IV-E Waiver evaluation workgroup, created a lead agency pre-implementation survey to gather baseline data (See Appendix B). A research team member electronically mailed the pre-implementation survey and electronic consent form to each Community-Based Care lead agency Executive Director or equivalent, in November 2006. Each lead agency designated a representative to complete the survey and be made available to respond to follow-up questions. The lead agencies returned the completed surveys to the research team between December 2006 and March 2007. The baseline survey includes questions about prevention and diversion strategies, strategies to reduce a child's length of stay, strategies to engage families in service planning, service innovations, new providers, and service systems related to the IV-E Waiver, IV-E Waiver planning activities, and caregiver involvement in service need assessment. An inventory of existing services table was included, instructing each lead agency to indicate, for 63 identified community services (with the option of listing additional services), the current capacity of each service, if the service is accessible to the entire area, and if the service is provided by the lead agency or contracted by the lead agency. Follow up correspondence with lead agency representatives occurred

when necessary to clarify responses, in addition to reviews of supporting documentation, when available, such as lead agency publications and websites.

Each survey was analyzed and summarized based on the themes established by each question and the responses provided, to create the IV-E Waiver Pre-Implementation: Community-Based Care Lead Agency Profiles. To summarize the findings, a research team member identified trends across lead agencies in service array, permanency strategies, caregiver engagement, and community collaboration. To assist in the analysis of the service array in each district and across the state, a table was created demonstrating each lead agency's responses to the existing services questions on the survey (See Appendix A).

### *Limitations*

The Child Welfare Practice Analysis is based primarily on self-reported data by the lead agencies. The research team evaluator made limited attempts to clarify or validate the information provided. Lead agency perspective concerning strategies and service array is crucial to the evaluation, but it does not provide information from other stakeholders, such as caregivers, contracted providers, other community agencies, or the Department of Children and Families. Additionally, lead agency respondents were administrative staff who may not have immediate knowledge of all services in the community. As the completed surveys were analyzed and lead agency feedback was considered, it became evident that the structure of the survey, primarily the inventory of existing services table, was not specific enough to elicit responses that can be used in a comparative analysis. The research team did not provide a definition of the services for the respondent. The original intent was to be as inclusive as possible; however, this strategy resulted in confusion about the meaning of certain services and incomplete responses. The category, current capacity, asked for the respondent to indicate the number of service units for each service, however, capacity is often unknown if provided by a community resource, not under contract with the lead agency.

## *Findings*

Community-Based Care lead agencies were responsive to the request to complete the IV-E Waiver Demonstration Baseline Survey. Of 20 lead agencies, 95% (19) completed the survey. Lead agency respondents provided varying levels of detail and specificity concerning diversion and permanency strategies, family engagement strategies, IV-E Waiver related services and providers, and existing services.

All of the participating agencies identified at least one strategy currently employed to prevent or divert out-of-home placements. Ten of the 19 lead agencies identified new services, programs, or providers that are in either development or the early stages of implementation as a result of the IV-E Waiver. In response to the question, "In what ways have caregivers (i.e. biological parents, relative caregivers, and foster parents) been involved in assisting the lead agency with identifying community service needs," the majority of the agencies only listed foster parent involvement strategies. Seven of the lead agencies identified strategies that specifically involve biological parents or relative caregivers. Follow up data collection with the lead agencies will determine if this lack of caregiver involvement is an oversight or a deficiency in the statewide system of Community-Based Care.

Concerning the reporting of existing services, specific areas of strengths, needs, and items needing clarification emerged. As reported by the lead agencies, adult education, behavior management, domestic violence advocacy, individual counseling, and victim related services are available in the majority of the catchment areas. Based on the survey responses, 12 of the 19 participating agencies indicated that kinship support services are unknown, unavailable, or insufficient to meet the needs of the community. Transportation services were also listed as inadequate for the majority of the catchments areas. Of the 19 lead agencies, 12 either did not know about culturally-specific services available in their district or noted that the service was limited.

The majority of lead agencies report involvement in statewide planning for the Waiver; 12 of 19 reported some participation in a IV-E Waiver statewide workgroup or committee. However, 13 of the lead agencies indicated that local planning workgroups are not currently being utilized as a IV-E Waiver planning tool.

*IV-E Waiver Pre-Implementation: Community-Based Care Lead Agency Profiles*  
*Organized by District*

Some of the strategies and services identified by individual lead agencies in the baseline survey may also be available or utilized by other lead agencies and districts. However, if the lead agency did not identify the strategy or service on the survey, it is not included in the profile of that agency.

***Families First Network of Lakeview (District 1 - Escambia, Santa Rosa, Okaloosa, & Walton Counties)***

Families First Network of Lakeview (FFN) is a division of Lakeview Center, a local behavioral health care and vocational services agency. As the lead agency, FFN provides the traditional child welfare case management and related services. The agency contracts with network providers in the community for specialized services, including diversion and prevention, family support teams, and post-adoption services. Families First Network operates out of six service centers located by county, one service center each in Escambia and Walton Counties and two each in Santa Rosa and Okaloosa Counties.

In an effort to prevent or divert out of home placements, Families First Network utilizes various community-based and family-focused services. A primary diversion strategy utilized by FFN is Family Support Teams. Family Support Teams are provided by contracted agencies and available throughout the area to Child Protection Investigations. The Teams provide wraparound services on a 24/7 basis including basic housekeeping, budgeting, parenting skills, community service awareness, and child development education. Family Support Teams do not provide therapy or treatment. FFN also established Early Service Intervention Units in an effort to receive referrals quicker from Child Protective Investigators, make appropriate service referrals, and initiate Family Team Conferences immediately. As a diversionary effort, FFN is also collaborating with a Department of Children and Families workgroup to develop better safety plans and follow up for families in which children remain in the home. In conjunction with this activity, the lead agency is revising the risk assessment tool used by Child Protective Investigations.

The FFN respondent did not identify any specific strategies used to reduce a child's out-of-home length of stay, but pointed out that as of December 2006, the

average length of stay per child is eight months, meeting the goal of less than 12 months.

The agency identified Family Team Conferencing as a strategy used to engage families in service planning. To improve the quality of this process, a Families First Network Team Conferencing Facilitator is located at each service center to facilitate and manage the Conferencing process. Additionally, the Dependency Court Resource Facilitation Program is available to all parties involved in the case planning process. The program offers the service of a Dependency Court Facilitator to aid parents, case managers, and legal representatives that can be utilized at any point during the Dependency Court process.

In anticipation of the IV-E Waiver, FFN has expanded the contract of Family Support Teams, located Family Team Conference facilitators in each service center, and is holding Family Team Conferences for all reunification cases. Families First Network participates in the statewide IV-E Waiver workgroup to collaborate on eligibility determination. Lead agency staff also participates in the Community Alliance, a Provider Forum, and Department of Children and Families District 1 meetings.

Families First Network reports that their staff and the Department of Children and Families meet with foster parents on a regular basis to involve them in the community service needs assessment process and are a part of the "Family Additions; There's a Place for You" initiative, an effort to retain and recruit foster parents.

***Big Bend Community Based Care, Inc. (District 2A - Holmes, Washington, Bay, Jackson, Calhoun, & Gulf Counties & District 2B - Gadsden, Liberty, Franklin, Leon, Wakulla, Jefferson, Madison, & Taylor Counties)***

Big Bend Community Based Care, Inc. (BBCBC), contracts with five Case Management Organizations including Children's Home Society, Camelot Community Care, DISC Village, Inc., Anchorage Children's Home, and Life Management Center of Northwest Florida, Inc. across the fourteen counties that comprise Districts 2A and 2B.

BBCBC identified several prevention and diversion strategies that they use as a part of the Community-Based system of care. DISC Village, as one of the network providers, offers prevention services in seven of the fourteen counties. Family Intervention Specialists and Substance Abuse In-Home Team Services are also available to families at risk. A Diversion Group consisting of the lead agency, the

Department of Children and Families, and Child Welfare Legal Services has been formed to identify all available prevention services. As a product of this collaboration, a protocol for Voluntary Protective Services referrals was created as well as a decision matrix to determine if abuse or neglect had occurred. In addition, Family Team Conferencing is occurring in three service centers and Family Preservation and the Intensive Crisis Counseling Program (ICCP) are available to most of the catchment area except for the rural areas. BBCBC stated that they would like to develop Family Support Teams to provide wraparound services to families with the goal of preventing the need for out of home placement and any further incidents of abuse or neglect.

BBCBC contracts with the Children's Learning Institute to provide Pre-Service and In-Service training to all staff. BBCBC Client Service Directors conduct Length of Stay Staffings with the case management team for each child that has been in out of home care for ten months or longer. Lead agency staff, with CWLS in attendance, conducts Permanency Staffings at 1, 4, 7, and 10 months in care. BBCBC also holds Out of Home Care Bi-weekly staffings for any child whose board rate is more than the standard rate and for children in shelter placement.

Many of the services already mentioned, are being utilized with the intent to engage families in service planning including Family Team Conferencing, Case Planning Conferences, and Unified Family Court (available in Leon County only).

BBCBC has identified several services that are in the development or early implementation stage, as a result of the IV-E Waiver. These include Substance Abuse In-Home Services, Foster Home Management Coordinator, Education Liaison, and Court Services Liaison. In an effort to continue IV-E Waiver planning, the lead agency participates in the statewide IV-E Waiver eligibility workgroup. Local IV-E planning groups have not been established, but pre-existing groups such as the Community Alliance, Provider Forum, District DCF Meetings, and the District 2 Children's Forum are utilized for this purpose. BBCBC involves foster parents in identifying community service needs through foster parent meetings and the development of the Foster Home Management Coordinator position.

***Partnership for Strong Families (District 3 - Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Putnam, Suwannee, Levy, & Union Counties)***

Partnership for Strong Families contracts with three Case Management Organizations: Family Preservation Services, Children's Home Society of Florida, and Meridian Behavioral Healthcare, Inc. to provide case management and child welfare related services, operating out of six centers.

Partnership for Strong Families, in collaboration with local providers and the United Way, has implemented a prevention program called Success by Six. The goal is to provide in-home and out-of-home services to at-risk families. Currently the program is limited to Alachua County. The Child Abuse Prevention Project provides home visitation to at-risk pregnant women with the primary goal of improving parenting practices. Child Protective Investigations refer the majority of the families for services. The lead agency also provides In-Home Family Support Services, an intervention to prevent removal of a child from the home.

Strategies used to reduce a child's length of stay in out of home care include Family Team Conferencing and regular meetings with Case Management Organizations to discuss performance data and obstacles to permanency. Partnership for Strong Families states that limited funding negatively impacts their ability to reduce length of stay. To address this issue PSF has implemented a new Utilization Management system that involves assessing need and expanding service availability.

Family Team Conferencing is identified as a strategy used to prevent or divert the need for out-of home placement, reduce a child's length of stay when out of home care is required, and as means of engaging the family in the service planning process. The PSF representative describes Family Team Conferencing as "a process used to involve the family in organizing, coordinating, and empowering the change process." The lead agency reports that Family Team Conferencing is occurring in 25% of all open cases.

As a result of the IV-E Waiver, PSF is in the beginning stages of implementing a Mobile Crisis Response Team. The goal is to divert children from out of home care by providing immediate, short-term responses to family crises. The agency has also recently implemented The Foster Solutions program, which offers services to foster parents in an attempt to maintain placement stability. PSF reports that they are facing budget restraints carried over from FY05-06 that prevent them from bringing on new

providers related to the IV-E Waiver at this time. Agency staff has been actively involved in the statewide IV-E Waiver workgroup. No local IV-E Waiver implementation planning groups have been established.

The lead agency reported, "Caregivers are directly involved in all aspects of our delivery system. Community-based caregiver meetings are held throughout the eleven counties we serve in order to solicit feedback on services and needs."

***Family Support Services of North Florida, Inc. (District 4-Duval County)***

Family Support Services (FSS) contracts with a network of Case Management Organizations to provide child welfare services out of six service centers; Daniel, Mental Health Resource Center, PSI Family Services of Florida, Inc., Jewish Family and Community Services, Children's Home Society, and the Child Guidance Center.

FSS utilizes a prevention program entitled Strengthening Ties and Empowering Parents (STEPS) that provides case management and in home services to at-risk families. Referrals to the program are received primarily through the Department of Children and Families Child Protective Investigations. Currently eleven prevention specialists provide this service to the community. The lead agency respondent conveyed that additional funding is needed to hire more prevention specialists. In addition to the STEPS program, the FSS service provider completes counseling referrals for relative and non-relative caregivers and caregivers may be eligible for relative caregiver funds.

Since July 2006, FSS holds permanency staffings 6 and 10 months after a child enters out-of-home care. The goal of the increase in permanency staffings is to achieve permanency as soon as possible so that children will spend less time in out of home care. In order to expedite the referral process, FSS utilizes triplicate referral forms that are given to the parents at detention hearings. This procedure insures that parents receive all referral forms as soon as possible. The lead agency representative indicated that a limitation of this practice is that the triplicate referral forms are costly.

FSS family service counselors receive training in the Family Team Conference Model to engage families in the service planning process. One of the limitations to delivery is the amount of time the process requires. The respondent suggested that the Family Team Conference Model might work better if one staff person was assigned to schedule and track all family team conferences instead of adding it to the caseworker's tasks.

With the goal of discussing and planning for IV-E Waiver related services, the lead agency's Chief Financial Officer chairs a IV-E Waiver local workgroup and is a member of the statewide IV-E Waiver Evaluation workgroup. The local workgroup members include lead agency, provider, and community representatives. New services or providers have not been added to the local system of care as a result of the IV-E Waiver.

The lead agency representative reports that they meet with the local foster parent associations on a monthly basis and ask for input concerning community service needs from the leaders of the foster parent groups.

#### ***Nassau County Board of County Commissioners (District 4 – Nassau County)***

The Nassau County Board of County Commissioners operates Family Matters of Nassau County to perform the child welfare services for children and families of Nassau County. The IV-E Waiver Demonstration Baseline Survey was not available from Nassau County for this evaluation. The research team will follow up with the lead agency to obtain this information so that baseline information regarding IV-E Waiver related services and activities would be available for future analysis.

#### ***St. Johns County Board of County Commissioners (District 4 – St. John's County)***

St. Johns County Board of County Commissioners (St. Johns) operates the Family Integrity Program to provide case management and child welfare related services and operates out of one centralized service center.

As a strategy to prevent or divert out-of-home placements, St. Johns CBC offers the Community Resource Center, an in-house prevention program that provides in-home services to families, parenting education, and resources and referrals. In order to reduce the lengths of stay of children in out-of-home care, St. Johns CBC reports that they conduct staffings as appropriate and link families to community resources for alternative service provision.

Recognizing that family engagement is important in the provision of child welfare services, the Family Integrity Program case managers strive to follow-up with parents in a timely manner, although the St. John's CBC representative indicated that sometimes

this goal is limited by “heavy” case manager caseloads. The agency also conducts case plan conferences with parents and their attorney prior to reunification.

The St. Johns CBC representative reports that because of the IV-E Waiver two new strategies are in the development process, the provision of life skills classes for all children known to HomeSafenet, rather than only to those children in licensed out-of home care, and early transition of qualified youths into independent living housing. At this time, St. Johns County CBC is not participating in any statewide or local IV-E Waiver workgroups or committees. The Community Alliance is the main entity in the county with the goal of identifying community service needs and setting the community’s priorities.

St. Johns CBC described the Community Alliance, which has caregiver representation, as a means of involving biological parents, relative caregivers, and foster parents in the process of identifying community service needs.

***Clay & Baker Kids Net, Inc. (District 4 – Clay and Baker Counties)***

Clay & Baker Kids Net, Inc. (CBKN) is the direct provider of the case management and related child welfare services for Clay and Baker Counties, and operates out of one service center. CBKN contracts with three local agencies, Clay Behavioral Health Center, Inc., The Family Nurturing Center of Northeast Florida, and Child Guidance Center, to provide specialized services including mental health, substance abuse, parenting, targeted case management, parent education, and supervised visitation.

In an effort to prevent out of home placements, CBKN employs an on -call Crisis Intervention Specialist available to DCF Child Protective Investigations. The Crisis Intervention Specialist provides quick access to intervention services for children and families. CBKN reported that they are in the process of developing strategies to reduce a child’s length of stay in out of home care. Elements of the Family Team Conferencing approach are utilized to engage families in the service planning process; however, the system is not yet fully implemented. The CBKN representative indicated that the agency operates from a strength-based perspective and that all of their Family Service Counselors are trained in this manner.

Clay & Baker Kids Net has not yet developed new services or programs in response to the IV-E Waiver, but their focus is on collaboration with local community agencies and moving toward a more integrated system of care approach. The lead

agency representative stated,” We are really committed to trying to expand our preservation, prevention, and reunification model.” CBKN has not yet been able to participate in the statewide IV-E Waiver workgroup on a regular basis.

With the goal of engaging caregivers in identifying community service needs, the lead agency is involved in prevention task forces in both Clay and Baker Counties and they are working on a service needs assessment in both counties. They also utilize a foster parent survey process that helps them identify needs in the child welfare system of care.

***Sarasota Family YMCA, Inc. (SunCoast Region - Sarasota, Manatee, Desoto, Pinellas, and Pasco Counties)***

Under the leadership of the Sarasota Family YMCA, the Safe Children Coalition is a collaboration between the Sarasota Family YMCA and local community agencies. The Safe Children Coalition has eight case management organizations under contract. They include Coastal Behavioral Healthcare, Inc., Manatee Children’s Services, Inc., Manatee Glens Corporation, and Florida Center for Child and Family Development, Inc., in Sarasota, Manatee, and Desoto Counties; Directions for Mental Health and Gulf Coast Jewish Family Services, Inc., in Pinellas County; and Youth and Family Alternatives, Inc. and The Harbor Behavioral Health Care Institute, Inc. in Pasco County. The Safe Children Coalition operates out of seven service centers in Sarasota, Manatee, Desoto, Pinellas, and Pasco Counties.

The following services were identified by Sarasota YMCA as prevention or diversion services utilized by the Safe Children Coalition. Diversion Program services provide families with in-home and on-site intervention services, meeting with the family a minimum of once per week for at least 45 days. These intensive services are complemented by wraparound services delivered by local providers to maintain the family in non-dependency status. Parent training and support groups, outpatient, individual, family, and group counseling, Healthy Families, children’s outpatient psychiatric services, infant mental health services, and post adoption services are also provided. Additionally, case managers receive support and training in family systems and community services.

Services implemented with the intent of reducing a child’s length of stay in out of home care include; behavioral support services to licensed homes through the University

of South Florida and through the lead agency, the Infant Care Program, and Enhanced Foster Home Program. The lead agency respondent stated that case managers' caseload size is ideally kept to no more than 20 cases, with a goal of no more than 10 cases, and monthly case supervision is provided to each case manager.

The Safe Children Coalition utilizes a family systems perspective to engage families in service planning, and families are encouraged to attend court hearings, case conferences, and supervised visitation programs. The lead agency representative stated that "readily available referral, assessment, and service for substance abuse, domestic violence, and mental health needs encourage families to address their own needs while engaging in child welfare case plans that serve to strengthen the family unit. "

The Executive Vice President and Chief Financial Officer of Sarasota Family YMCA, Inc. participate in fiscal, policy, and implementation IV-E workgroups and are members of the Florida Coalition for Children.

Foster parents are involved in assisting Sarasota YMCA with identifying community service needs through the foster parent association. Sarasota YMCA operates a warm line that provides an immediate link between the consumer and lead agency staff. Additionally, consumer surveys are used to assess needs of the community and the agency representative states, "consumers are given a voice at all staffings, case conferences, and face-to-face contacts to ensure that the system is responsive to their needs."

### ***Hillsborough Kids, Inc. (SunCoast Region - Hillsborough County)***

As the Community-Based Care lead agency in Hillsborough County, Hillsborough Kids, Inc. (HKI), acts as the administrative agent to oversee and contract for the provision of child welfare related services. HKI contracts include six Case Management Organizations; Children's Home Society of Florida, Camelot Community Care (separate Case Management and Adoptions contracts), Devereux, Gulf Coast Community Care, Children's Home, Inc., and Youth and Family Alternatives. Child welfare services are provided out of three service centers.

In the baseline survey, HKI expressed that diverting children from out of home care is of great concern for Hillsborough County. They indicated that when compared to other counties with similar populations, Hillsborough County has the highest level of removing children from their homes. In July 2006, Child Protective Investigations

transitioned to the Hillsborough County Sheriff's Office. In an effort to reduce the number of children entering out-of-home care, HKI created three new Resource Specialist positions to work directly with the Hillsborough County Sheriff's Office Child Protective Investigations Division (CPID). A Manager of Diversion Services and the Resource Specialists are co-located with the CPID units at the Hillsborough County Sheriff's Office. As reported in the baseline survey, "the Resource Specialists provide in-home contacts with families to assess needs and facilitate linkages to community providers." One goal for the team of specialists is to create and maintain a Resource Database of community providers and resources so that information can be easily accessible to the Child Protective Investigations Division and families in need. HKI reports that, along with the Sheriff's Office, they will review and analyze the data on an ongoing basis to "identify trends, deficits, and gaps," in the protection and diversion system.

HKI developed the Family Assessment/Support Program (FASP), a Diversion program focused on high-risk cases in which the child remains in their home. Referrals are made through the CPID with the intent of preventing the need for a dependency petition. The services can also be referred for families requiring a dependency petition, prior to HKI staffing the case.

Through a local planning session, community stakeholders identified that while Hillsborough County has many services available to the community, a central access point to those services does not exist. As a result of this planning session, a work group, commissioned by the Children's Board of Hillsborough County, is charged with the task of identifying all of the available intervention services and creating a system of services that is available through a central access point.

The HKI respondent stated, "The most critical factor in reducing a child's length of stay in out-of-home care is parental engagement by the child welfare professionals." Strategies used by HKI include having Permanency Specialists, family conferences, and conducting Permanency Staffings. HKI recognized that these strategies are not being utilized to their potential and steps are being taken to improve the performance of its Case Management Organizations in these areas. The Family Stabilization and Placement Service (FSPS) was created in 2006 to reduce the number of placement disruptions occurring in non-licensed homes. The program, administered by Camelot Community Care, employs six therapists and one program director and offers short-term in-home counseling, crisis intervention, and referrals and linkages to community

providers. FSPS is contracted to serve 50 new children each month with a goal of reducing placement disruptions by 50%.

In an effort to more effectively engage families in the service planning process, HKI has contracted with consultants to observe the Permanency Staffings and report the “strengths and needs related to best practice in family engagement.” This process will assist with the design of a training curriculum for “front-line” staff. The HKI respondent indicated that all of the previously identified services are in either development or the early implementation stage due to the IV-E Waiver.

HKI representatives participate in the statewide IV-E Waiver workgroup and on a local level, they have organized and participated in several planning meetings in preparation for the IV-E Waiver. The HKI survey respondents stated that in order to involve caregivers in the process of identifying community service needs, they hosted a strategic planning process that included service providers, foster parents, stake holders, HKI leadership, and kinship providers. The services and programs described previously are the result of that planning process.

### ***Community Based Care of Seminole, Inc. (District 7 – Seminole County)***

Community Based Care of Seminole, Inc. (CBCS) is primarily an administrative lead agency, contracting with two Case Management Organizations, Children’s Home Society of Florida and Human Services Associates, Inc., to deliver the traditional case management services to children and families in need. In addition to these two agencies, CBCS contracts with other local community agencies to provide specialized child welfare related services. CBCS operates out of two service centers located in Seminole County.

The CBCS respondent identified several services that are in place to prevent or divert out of home care placements. These services include the traditional voluntary protective services, a diversion case management program, in-home support/crisis intervention program, and individual service authorizations. The lead agency representative stated that these diversion and prevention programs “have had the caps removed with the passage of the Waiver.” CBCS also uses in-home services and individual service authorizations as strategies to reduce a child’s length of stay in out-of-home care.

With the goal of engaging families in service planning, CBCS utilizes family service teams. The agency reports that they are planning to implement the formal use of

Family Team Conferencing on May 1, 2007. It will be used at the family's point of entry into the child welfare system.

In anticipation of the IV-E Waiver, CBCS is developing a new program, Family Connections, which will be used when a family is first referred for services. Further details about this new program were not provided by the lead agency, but implementation is scheduled for May 1, 2007. Also as a result of the IV-E Waiver, the individual service authorizations mentioned previously have replaced processes like flex funds, to increase the ease of access for case managers.

New providers have not been added to the system of care because of the IV-E Waiver, but the lead agency plans to better utilize, improve collaboration with, and expand service programs already in the community, specifically within the Child Advocacy Center and local substance abuse, mental health, and domestic violence treatment providers. Lead agency administrative staff has actively participated in statewide IV-E Waiver workgroups including the steering committee, the finance, eligibility, and evaluation groups.

CBCS identified the Foster Parent Association as a strategy used to involve foster parents in the process of identifying community service needs. Specific strategies to involve other caregivers such as biological parents or relatives were not mentioned.

### ***Community Based Care of Brevard, Inc. (District 7 – Brevard County)***

As the lead agency in Brevard County, Community Based Care of Brevard, Inc. (CBCB) manages the provision of all child welfare related services and is the primary provider of traditional case management. CBCB operates out of three service centers and an administrative office. The agency contracts with a network of local social service providers for an array of specialized services.

CBCB operates Brevard Cares, a prevention program with the goal of diverting children from entering the out-of-home system of care. The lead agency reports that since the program began, one year ago, 1,100 children have been diverted from entering out of home care and 75% of the families involved in Brevard Cares remain intact six months after discharge. Family Team Conferencing is a strategy utilized by Brevard Cares with over 95% of the families referred. As a prevention strategy, the program also “coordinates and purchases services for families including access to a Mobile Response Team, flex funding, and linkages to natural supports.” The prevention services are

available to biological parents, relative caregivers, adoptive parents, and youth in Independent Living. CBCB stated that they have been able to “divert youth from the delinquency and mental health system whom, in the absence of the above supports, would have entered the dependency system in residential or other high end placements.”

As a strategy to reduce lengths of stay in out-of-home care, CBCB utilizes a “high end review process” and a utilization management system for each level of care. This system includes a standardized assessment tool administered when a child enters care and quarterly thereafter.

As mentioned previously, CBCB uses the Family Team Conferencing model to engage families in service planning. Care Coordinators are the “experts at CBCB in Family Team Conferencing, local resource development, and engaging families.” Family Engagement training is provided to staff, care managers, and providers. The CBCB representative states that they “adhere to and promote Child and Adolescent Service System Program values which include a strength based discovery process to engage families as equal partners in the planning process.”

CBCB described several new services that are in development or in the early implementation stage. These are a Family Residence Model for children stepping down from high-end placements, group homes for adolescent males with a history of placement disruptions, and a Dialectical Behavioral Therapy program. They also plan to expand the use of Family Team Conferencing to relative caregivers, adoptive parents, and youth transitioning out of the Independent Living system. CBCB has participated in the statewide IV-E Waiver workgroup, specifically, “the CBCB CEO assisted in the development of the service array guide.” However, they have not established local IV-E planning groups because they “already employ the practices and principles” consistent with the IV-E Waiver.

Caregivers are involved in the process of identifying service needs in the community through participation in a local stakeholder group, Together in Partnership. CBCB also hosts Parents, Advocates, Liaisons, and Supporters (PALS), a committee that meets monthly to “identify needs, challenges, and strategic ways of improvement.” A relative caregiver liaison participates in relevant forums to represent the needs of relative caregivers. A flexible fund, managed and authorized by caregiver representatives, was established to meet the needs of biological parents, foster parents, and relative caregivers. Consumer Surveys are used to identify service needs.

***Family Services of Metro-Orlando, Inc. (District 7 – Orange & Osceola Counties)***

Family Services of Metro-Orlando, Inc. (FSMO) contracts with five Case Management Organizations including Children’s Home Society of Florida, Devereux Florida, Intervention Services, Kids Hope United, and Neighbor to Family that provide child welfare related services out of six service centers.

The FSMO respondent identified several strategies that they use to prevent or divert out-of-home placements. Resource Specialists assist Child Protective Investigations in finding community resources for families. Flex funds are used to provide direct assistance to families. A Community-Based Interventions program provides prevention and diversion services; however, the lead agency indicated that this program is consistently at full capacity. In planning for the IV-E Waiver, they would like to expand this program and develop a post-adoption supports program to prevent adoption disruptions.

FSMO reports that in response to findings of a collaborative study completed in 2005 with the University of Central Florida, they are focusing on decreasing placement disruptions in an effort to reduce a child’s length of stay in out-of-home care. Flexible funding is provided to the Case Management Organizations to support placement stability. The lead agency plans to subcontract Family and Service Planning Team resources to a provider offering placement stabilization and emergency services. Child Welfare Specialists participate in case planning conferences to work toward achieving permanency within 10 months after placement. The agency would like to increase the frequency of these reviews for high-risk cases. With additional funding, they would also purchase behavior management training for all licensed caregivers.

FSMO stated that Resource Specialists and Child Welfare Specialists engage families in service planning at the time of the initial case conference and referral to services and throughout the case planning process. In the baseline survey, it is reported that 65% of families receiving services with FSMO attend initial case conferences. The agency would like to utilize a family team conferencing model, but additional resources are needed for that to be possible.

Other than, “relaxed restrictions around the use of TANF Flex Funds,” the lead agency has not developed service innovations or contracted with new providers in response to the IV-E Waiver. The agency respondent states that this is “due to ongoing

disputes regarding the allocation of IV-E Waiver funds.” The agency does participate in statewide IV-E Waiver workgroups.

Foster Parent Association meetings are utilized by the lead agency to involve foster parents in the process of identifying community service needs. In partnership with the North American Council on Adoptable Children and a local organization, FSMO is developing a post-adoption support group to identify needed resources for adoptive families. They are also engaging community stakeholders including, foster and adoptive parent groups in a system of care redesign process. Through this process they hope to develop a “Children’s Cabinet that would serve as an advocacy group for the community.”

***Children’s Network of Southwest Florida (District 8 - Charlotte, Glades, Lee, Hendry, Collier Counties)***

Children’s Network of Southwest Florida (Children’s Network) serves as an administrative service organization, contracting with two Case Management Organizations, Lutheran Services Florida and Family Preservation Services, Inc., and several providers of specialized child welfare related services. These services are provided out of five service centers located in Port Charlotte, Fort Myers, Naples, Immokalee, and Labelle.

Children’s Network identified several strategies employed to prevent out-of-home placements. As a primary prevention, they fund programs such as resource centers, teen outreach, parent training for fathers, and flex funds to pay for emergency family needs. They also promote the idea of “Children’s Zones which bring together the religious, social, educational, and recreational organizations in a community to help a child succeed.” As secondary prevention strategies, they are building and utilizing services targeted to families involved in a report of child abuse or neglect. These services include the Behavior Analysis Service Program and two In-home Family Centered Services Programs.

Strategies utilized by Children’s Network to reduce a child’s length of stay in out of home care focus on stabilizing out-of-home placements and providing services to parents that help them to resume care of their children. Placement stabilization is targeted by providing caregiver training, wraparound services, recruitment of new foster parents, group home facilities, mental health overlay services, improved staff training,

and post-adoption services. Reunification is targeted with the use of “frequent and purposeful” supervised visitation between parents and their children, strengthening relative placements, and employing an intensive drug court intervention program.

The lead agency respondent stated that Children’s Network is committed to engaging families early in the service planning process. All cases are staffed to the case management organization within five days of shelter and within 7 days of an in-home petition being filed. The assigned case manager then “engages with the family within 48 hours of receiving the case.” Other strategies include immediate referrals for service, court mediation, case plan conferences, permanency staffings, and family centered pre - and post- reunification services.

In response to the IV-E Waiver, the Children’s Network plans to extend the behavior analysis services to relative and non-relative caregivers. They are conducting a needs assessment of local substance abuse services to determine if additional services or improvements are needed. In October 2006, Children’s Network contracted with two new providers for the group homes mentioned previously. The Children’s Network is not currently participating in statewide IV-E Waiver workgroups but would like to be involved in the future. Locally, they participate in strategic planning meetings with the case management organizations, the provider network agencies, the Community Alliance, and several other ongoing community and service improvement related meetings.

Caregivers are involved in assisting Children’s Network in identifying community service needs through case-by-case input from birth parents and relatives. Foster parents are represented in the Community Alliances and they are surveyed by phone every month by the lead agency. Lead agency representatives also attend the Foster Parent Association meetings.

### ***Child and Family Connections (District 9 – Palm Beach County)***

Child and Family Connections contracts with three Case Management Organizations: Family Preservation Services, Children’s Home Society of Florida, and Girls and Boys Town to provide case management and related child welfare services. The providers operate out of five service centers located in Palm Beach County.

Two community agencies are contracted by Child and Family Connections to provide diversionary services for families at-risk. The lead agencies also utilizes community supports and flex funds to alleviate family risk. They report that of the 200

families provided diversionary services since March 2006, only 9 entered out-of-home care. A noted limitation is that capacity of the two programs does not meet the needs of the community and there is often a waiting list.

Child and Family Connections reports that strategies used to reduce a child's length of stay in care consists of continuous searches for relative caregivers and regular staffings to monitor case plan compliance. The only limitation of the staffings strategy, as reported by the lead agency, is parent non-compliance.

In an attempt to improve family engagement in service planning, Child and Family Connections conducts routine family case conferences and recently shortened the amount of time between staffings. The lead agency respondent also described a "pilot project in two of the service centers that will involve all available service providers in making a plan to maintain children in their homes and engage families in case planning and follow through."

Child and Family Connections did not report any service innovations, new providers, or service systems that are in development because of the IV-E Waiver. The lead agency has not participated in any of the statewide IV-E Waiver workgroups, nor did they report any local level planning groups that have been established regarding IV-E Waiver implementation.

In response to the question, in what ways have caregivers been involved in assisting the lead agency with identifying community service needs, the lead agency responded, "Foster parents have input via their licensing staff who provide feedback to the agency."

### ***ChildNet, Inc (District 10 – Broward County)***

ChildNet, Inc. (ChildNet) directly provides the case management services to children and families in District 10, operating out of four service centers and one intake assessment center.

ChildNet contracts with five agencies to provide voluntary family intervention services to families whose children are at risk of removal from the home due to abuse, neglect, or abandonment. The goal of the program, as stated in the baseline survey, is "to maintain the child in the home while ensuring the child's safety and well being." A reported limitation of this service is a lack of capacity to meet the needs of the

community. Additional funding is needed to eliminate wait lists and provide the service to all eligible families.

Strategies reported by ChildNet to reduce a child's length of stay in care include conducting initial 30-day reviews of every case entering care, monthly review of cases with supervisors and case managers (referred to as Child Advocates), an electronic visitation form allowing real time reporting, and statutory staffings are facilitated by Assistant Site Directors in a comprehensive manner with the participation of all pertinent parties. Additionally, training is being developed to improve case management permanency processes.

In order to engage families in service planning and reduce lengths of stay, ChildNet subcontracts with Children's Home Society to provide the Jumpstart to Permanency Program. The program provides children and families involved in the child protection system with support and advocacy in an effort to remove barriers to reunification. Services are designed to bring together participants in the dependency case; parents, attorneys, and child advocates.

ChildNet has not yet developed new service innovations, or contracted with additional providers as a result of the IV-E Waiver. The lead agency reports that they are not involved in any of the statewide IV-E Waiver workgroups and they have not established any local level planning groups.

As a strategy to identify community service needs, ChildNet is in the process of conducting case reviews of children that have returned to out-of-home care. The process includes identifying assigned case plan services, parent compliance, specific service providers and programs involved in the case, demographics of the parents, and the reasons for entering out-of-home care. The information will be used by the lead agency to complete a service gap analysis and service quality analysis.

***Our Kids of Miami-Dade/Monroe, Inc. (District 11- Miami-Dade and Monroe Counties)***

Our Kids of Miami-Dade/Monroe, Inc. (Our Kids) contracts with eight Case Management Organizations: His House Children's Home, Center for Family and Child Enrichment, Neighbor to Family, CHARLEE Homes for Children, Family Resource Center, Kids Hope United, Children's Home Society of Florida, and Wesley House

Family Services. Case Management and child welfare related services are provided out of four main service centers.

Our Kids contracts for an array of prevention and crisis intervention services that can be accessed by the Child Protective Investigator when a high-risk family is identified. These services are intended to “provide immediate, short-term support to families in an effort to keep them out of the child welfare system.” Our Kids uses a “neighborhood support” model that focuses on expanding services available at existing neighborhood centers located throughout both counties. The lead agency would also like to see the neighborhood centers and prevention service providers establish working agreements with the school system to be able to offer educational support to families in need.

Our Kids reports that strategies utilized to reduce a child’s length of stay in out-of-home care include completing thorough and ongoing level of care assessments, risk and safety assessments, child and family strengths and needs assessment, and linkages to case plans. As described by the lead agency, the goal of the assessment process is to “determine a match between family problems and service provision.” “Creating an appropriate mix of services and supports allows a child to move toward permanency in a safe and stable environment.” Family Conferencing is used by Our Kids to “bring together each person involved in a child’s case to share their views and to reach consensus.” The process results in a “comprehensive and consolidated case plan.” The above strategies are also used by Our Kids to engage families in service planning.

Service innovations being implemented as a result the IV-E Waiver include Unified Case Management, Voluntary Family Services, and In-Home Court Ordered Services to serve moderate risk families. Lead agency representatives have been actively involved in the statewide IV-E Waiver workgroups, but the lead agency did not report any local level planning groups that have been established regarding IV-E Waiver implementation.

The lead agency respondents did not identify any specific strategies used to involve caregivers in assisting the agency with assessing community service needs.

***Community Partnership for Children, Inc. (District 12 – Volusia and Flagler Counties)***

Community Partnership for Children, Inc. (CPC) contracts with one case management organization, Neighbor to Family, but directly provides the majority of the child welfare case management services for this district.

Community Partnership for Children contracts with a number of mental health, substance abuse, and child protection providers to respond to a protective investigators' request for service within two hours, known as the Crisis Response Team (CRT). The CRT has the mission of preventing an out-of-home care placement by immediately engaging the family in a safety plan and services. The CRT also provides flex funds to purchase services and supports to keep children out of the dependency system or prevent a removal. The CRT has been in operation for several years. According to the lead agency respondent, the most serious limitation is use by the Protective Investigators, followed by funding.

CPC does not utilize a specific strategy focused on reducing a child's length of stay in out of home care, but believe that focusing on achieving permanency within the required time standards, has a positive impact on length of stay.

Case managers within CPC's system of care utilize the Family Assessment Instrument to assess and engage a family early in the process. The lead agency representative stated that the "Family Assessment Instrument allows the case manager to better understand the dynamics of the family, the nature of the immediate problem which brought the family to the agency's attention, and decide upon a realistic course of action to resolve the problem." The representative also conveyed that the agency could improve service with increased funding for case management, which would allow the agency to reduce case management caseload size and increase training opportunities.

Currently CPC does not have any services specific to the IV-E Waiver in development. The agency representative stated that, "the Waiver will allow us to invest in innovation only if we can reduce out of home care costs. If the demands for service increase, there will be no reinvestment in IV-E related services". Reportedly, the CPC executive management team has been involved in local level planning groups related to IV-E Waiver implementation.

The lead agency respondent reports that caregivers, including biological parents, relative caregivers, and foster parents are indirectly involved in assisting CPC with

identifying community service needs through the provider network and the Uniting Families Coalition, made up of representatives from local service providers and state and county level public agencies.

***Kids Central, Inc. (District 13 - Marion, Citrus, Sumter, Lake, & Hernando Counties)***

Kids Central, Inc. (Kids Central) contracts with five Case Management Organizations; Centers, The Harbor Behavioral Health Care Institute, Children's Home Society of Florida, Camelot Community Care, and Lifestream Behavioral Center, operating out of six service centers.

In an effort to divert children from out-of-home care placements, Kids Central utilizes Crisis Response Teams, including an in-home addictions counselor, and the Nurturing Program, which provides in-home service to support reunification. Both programs are available throughout the district. According to the lead agency respondent, providing services in the home is necessary since the district is rural and transportation is often an issue for families.

Kids Central and District 13 redesigned the staffing process during 2006 in an effort to improve the assessment process and provide appropriate services and supervision. The process now includes a multi-disciplinary team made up of Child Protective Investigations, the Kids Central Staffing Master, a Child Welfare Legal Service attorney, and community service providers. These diversion staffings occur either weekly or bi-weekly depending on the county and emergency staffings can be scheduled within 24 hours if needed.

Kids Central reports that to engage families in service planning, family meetings are made a part of the process after the case is assigned to a Family Care Manager. Family mediation through the Dependency Court Systems is available in some counties. The lead agency respondent indicated that an increase in family engagement strategies is needed, "especially being able to hold meetings in close proximity to where the family resides."

The lead agency reports that currently all IV-E funding is being used for out-of-home placements. Therefore, they have not developed any new programs related to the IV-E Waiver. However, the agency provided a list of service needs including transportation, in-home services, educational assistance, kinship care support, visitation centers, funding for community organized recreational programs, employment

opportunities and services, affordable housing, parent support groups, and after school programs.

As reported by Kids Central, caregivers are included in the service assessment process through the foster parent association, the Kinship Care Advisory Board, and Devereux Kids community resource staffings.

### ***Heartland for Children (District 14 - Polk, Hardee, & Highlands Counties)***

Heartland for Children contracts with four Case Management Organizations; Children Home Society, Gulf Coast Community Care, Devereux, Kid's Hope United, and operates out of six service centers.

According to the lead agency respondent, Heartland for Children utilizes community resource staffings, intake support and referral services, and a one time cleaning service provided to parents to teach them housekeeping skills as strategies to prevent a child from entering into out-of-home care.

Heartland for Children reports several strategies to reduce a child's length of stay in care that are either fully implemented, partially implemented, or in the development stage. Permanency teams assigned to Case Management Organizations, Critical Placement meetings, and behavior analyst services have been fully implemented. An increased effort toward foster parent capacity and a focus on identifying relative and non-relative placements have been partially implemented by the lead agency. Increased accountability of the contracted agencies and an increased focus on relative care support are in the planning stage.

Family Team Conferences are conducted by a sub-contracted provider agency in Polk County as a strategy to engage families in the service planning process. Heartland for Children states that they have "plans to implement this strategy across the district. "

In response to the IV-E Waiver, Heartland for Children is developing relative caregiver supports including a guide to assistance publication. Additionally, they are working to identify transportation services, planning to contract for Early Childhood Development training for caregivers, and enhancing the behavior analyst services. The agency reports ongoing participation in the statewide IV-E Waiver workgroup. New local planning groups have not been established to focus on the IV-E Waiver; however, existing groups are being used for this purpose. The agency is collaborating with contracted provider agencies and other community providers in this effort.

Caregivers have been involved in the process of helping the agency to identify community service needs by using “surveys, Foster Parent Association meetings, and focus groups.”

***United for Families (District 15 - Okeechobee, St. Lucie, Indian River, & Martin Counties)***

United for Families contracts with two Case Management Organizations: Children’s Home Society of Florida and Family Preservation Services of Florida. Services are provided out of four service centers.

The lead agency reports that a Mobile Crisis Response Team service, provided by a sub-contracted agency, is used as a strategy to prevent out-of-home placements. The service is provided to a family for up to 60 days after the initiation of services and is available in all four counties.

United for Families described several strategies utilized to reduce a child’s length of stay in out-of-home care. A bi-weekly meeting between the chief executive of the lead agency and the executive directors of the case management agencies occurs to review children in out-of-home care and children receiving in-home services greater than twelve months. The meeting is used to identify barriers and goals. The agency also noted that delays in the termination of parental rights are impacting lengths of stay. To address this issue, lead agency legal counsel will be reviewing these cases with Child Welfare Legal Service and working with them to reduce delays.

United for Families reports that in order to improve the engagement of families in the planning process, they have an initiative in one county called Family Group Decision Making, “a nationally-acclaimed approach to engaging families.” The program has a full time coordinator who leads the process and provides training for new staff. The agency plans to expand the program to St. Lucie County in the next six months.

In reference to service innovations and development, the lead agency indicated that many of the programs listed above were developed in anticipation of the IV-E Waiver. In addition to those already described, a Relative as Parents Program, mentor program, and enhanced foster care services (in development), were also implemented due to the expectation of the IV-E Waiver’s flexibility of funding.

United for Families conducts surveys of foster parents, relative caregivers, and biological parents annually to gather information about the Community-Based Care

service delivery system. The responses to the surveys were used in the service planning process.

### *Summary*

The findings of the Child Welfare Practice analysis suggest that even though IV-E Waiver implementation is in the very early stages, Community-Based Care lead agencies are identifying activities and strategies that anticipate the changes that the Waiver can bring to the system of care. All of the lead agencies identify prevention and diversion services that are being utilized in their systems of care and many discuss plans to expand to or add new programs in an effort to preserve families. Family engagement is being recognized as essential to Community-Based Care and lead agencies described not only specific family engagement strategies, but indicated that a family engagement perspective is being interfaced throughout the system of care. Family Team Conferencing was mentioned by 13 lead agencies as a process that is either currently being used, is being expanded, or as in development.

## Cost Study

A key component of the Florida Waiver evaluation is a fiscal analysis that examines the relationship between Waiver implementation and changes in the use of child welfare funding sources. In this section, we present baseline data that will provide a basis for future evaluation of the effect of the IV-E Waiver on the use of child welfare funding sources in Florida.

### *Introduction and Objectives*

Historically, federal rules limited the use of IV-E funds to out-of-home services. With Community-Based Care's increasing emphasis on prevention, early intervention, and diversion from out-of-home care via in-home services, Florida's lead agencies found themselves unable to use all available IV-E funds to provide an appropriate mix of services for children in care. The IV-E Waiver allows lead agencies to flexibly use all IV-E funding for a wide variety of child welfare services. One hypothesis is that the IV-E Waiver will ultimately lead to increased spending for prevention, early intervention, and diversion services, and decreased spending for out-of-home care.

The evaluation team has begun its longitudinal evaluation of the effectiveness of the IV-E Waiver, and it is important to establish baseline data in order to be able to test the above hypothesis. In this section, we provide baseline data that will help answer three questions:

1. How completely have CBCs been able to use their IV-E budgets?
2. What is the ratio of CBC out-of-home care spending to spending for prevention and family preservation?
3. How completely have CBCs been able to use their TANF & State budgets?

### *Methods*

Because the purpose of this analysis is to provide pre-implementation data on lead agency expenditures, the analysis includes data from FY04-05 and FY05-06. Lead agency appropriations and expenditures for FY04-05 were analyzed for the lead

agencies that had a service contract for the entire fiscal year and reliable data by fund source ( $n_1=18$ )<sup>1</sup>. Lead agency appropriations and expenditures for FY05-06 were analyzed for all 20 lead agencies ( $n_2=22$  service contracts)<sup>2</sup>. Allocation amounts (i.e., the lead agency's total budget for child protective services) reflect each lead agency's total contract amount for the fiscal year and were drawn from the final version of Attachment II (Schedule of Funding Sources) from each lead agency's FY04-05 and FY05-06 service contracts. Expenditure data were extracted from the Florida Accounting Information Resource (FLAIR)<sup>3</sup>. FLAIR data were combined with expenditure data from the DCF Office of Revenue Management in order to capture expenditure adjustments that were not recorded in FLAIR.

Expenditures as a proportion of total budget were calculated by dividing expenditure amount by budget amount. Expenditure proportions were also calculated by funding source for each lead agency. Funding sources included Title IV-E (referred to here as IV-E); Temporary Assistance to Needy Families (TANF); and State general revenue, State matching, and other state funding sources (referred to here as State).

Lead agency expenditures for licensed out-of-home care, prevention, and family preservation services were determined by using appropriate combinations of budget entity (BE) and other cost accumulator (OCA) codes<sup>4</sup>.

### *Findings*

#### *How completely have CBCs been able to use their IV-E budgets?*

The data suggest that lead agencies were much closer to spending their entire IV-E budgets in FY05-06 than in FY04-05 (see Figure 2). Combined, lead agencies spent 99.1% of available IV-E funding in FY05-06, compared with 92.5% IV-E spending in FY04-05. Spending levels ranged from 81.6% (CBC of Seminole) to 112.1% (KCI) in FY05-06 and from 71.8% (CBKN) to 111.3% (CFC) in FY04-05. There was also much less variation in IV-E spending in FY05-06 than in FY04-05. The majority of CBCs had

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<sup>1</sup> CBC of Brevard, CBC of Seminole, and Our Kids fiscal data from FY04-05 were excluded because their services contracts started mid-year. Although FSMO had a services contract the entire fiscal year, their FY04-05 fiscal data were excluded from the analysis because their data by fund source was incomplete.

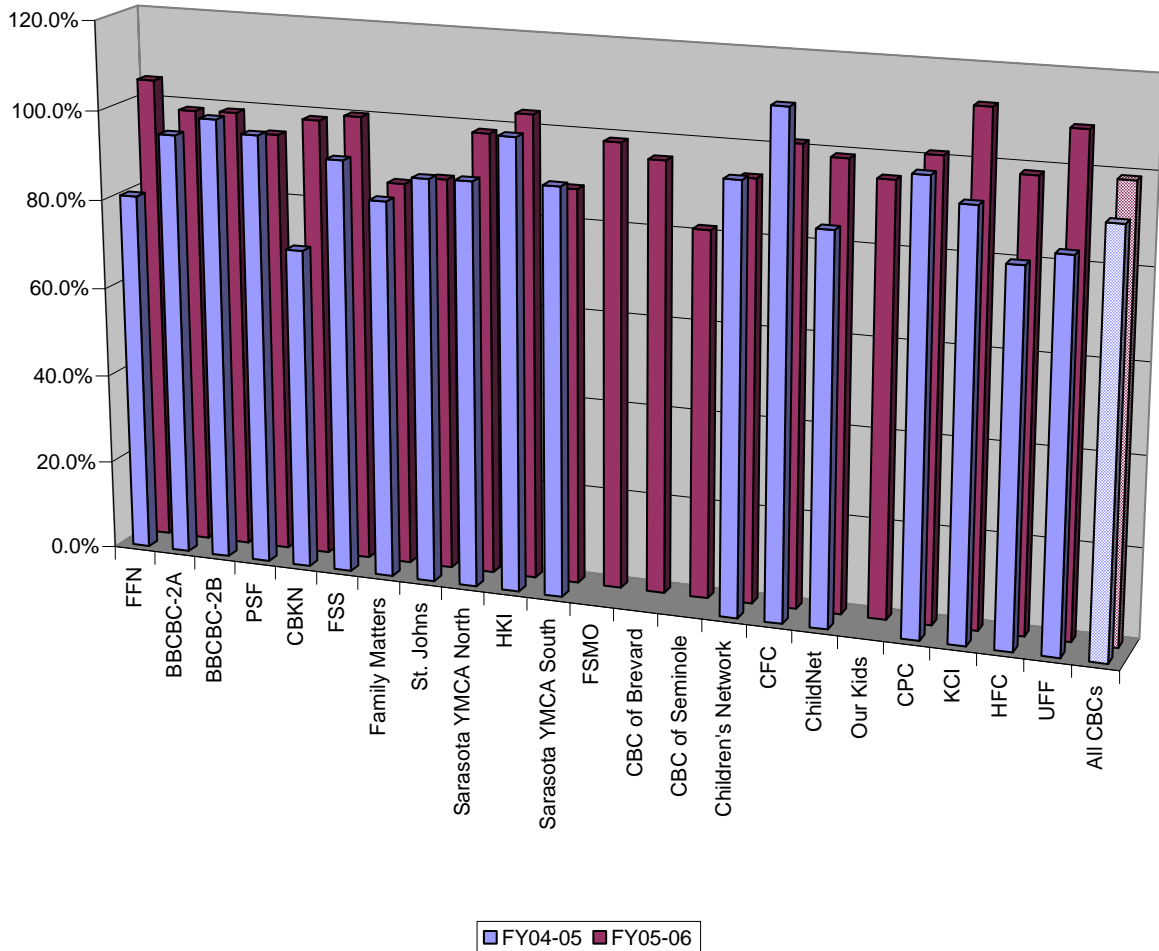
<sup>2</sup> In this section of the report, the term "CBCs" refers to the 22 service contract entities.

<sup>3</sup> Expenses that were incurred during FY05-06 and certified forward were included if paid by September 30, 2006.

<sup>4</sup> These codes were determined with guidance from the DCF Office of Revenue Management.

IV-E surplus or deficit amounts greater than 5% in FY04-05, while only 8 of the 22 CBCs had surplus or deficit amounts greater than 5% in FY05-06.

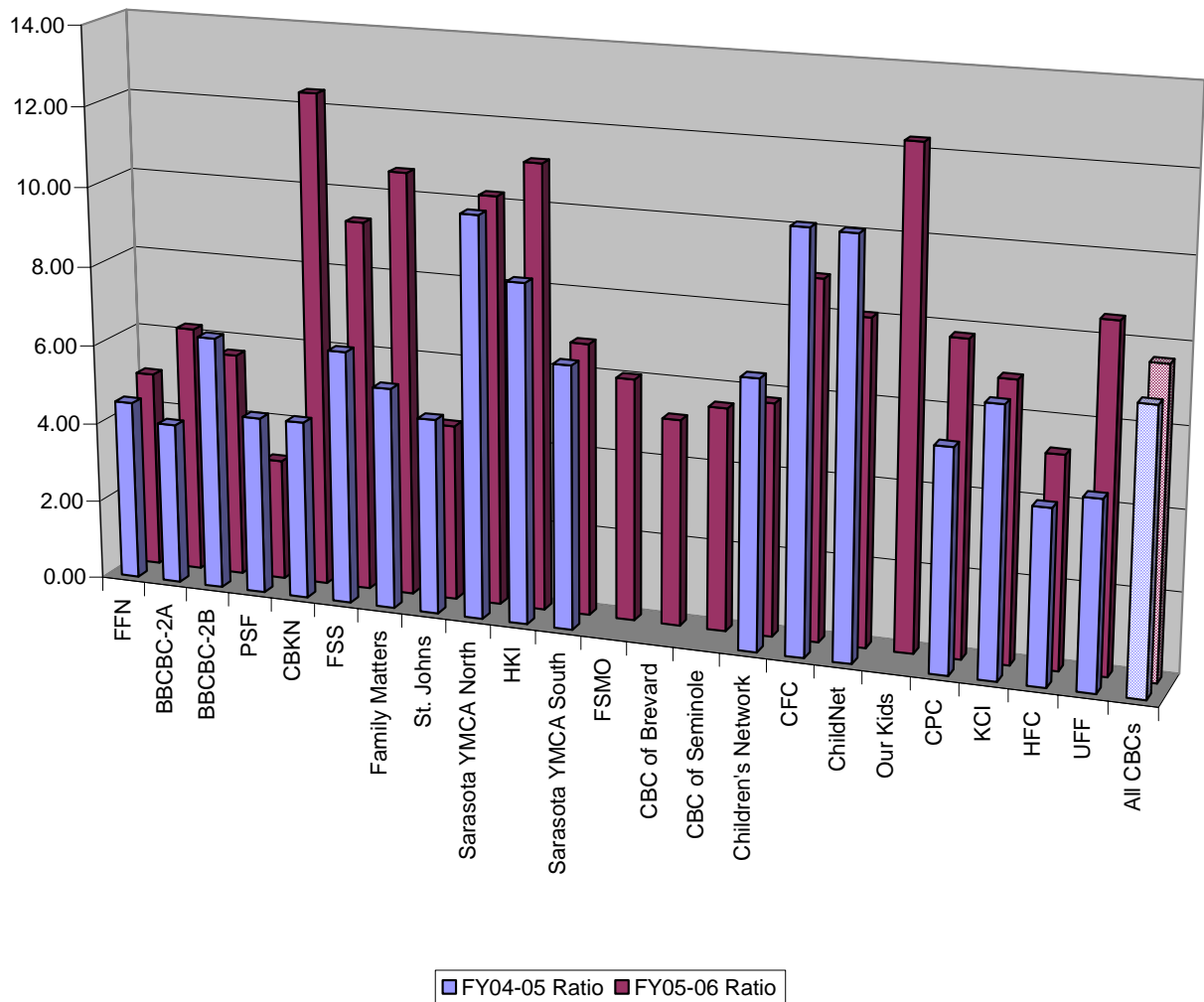
Figure 2. CBC IV-E Expenditures as a Proportion of Their IV-E Budget



*What is the ratio of CBC out-of-home care spending to spending for prevention and family preservation?*

During the past two years, lead agencies have spent approximately \$7 for out-of-home care for every \$1 spent for prevention or family preservation services. During FY04-05, the CBCs combined had a ratio of 6.99, and this spending ratio ranged from 12.41 (CBKN) to 3.05 (PSF). The ratio of out-of-home care expenditures to prevention/family preservation expenditures increased to 7.63 statewide in FY05-06, with a range of 10.39 (CFC) to 4.06 (BBCBC-2A). Two-thirds of the lead agencies increased their spending ratio from FY04-05 to FY05-06.

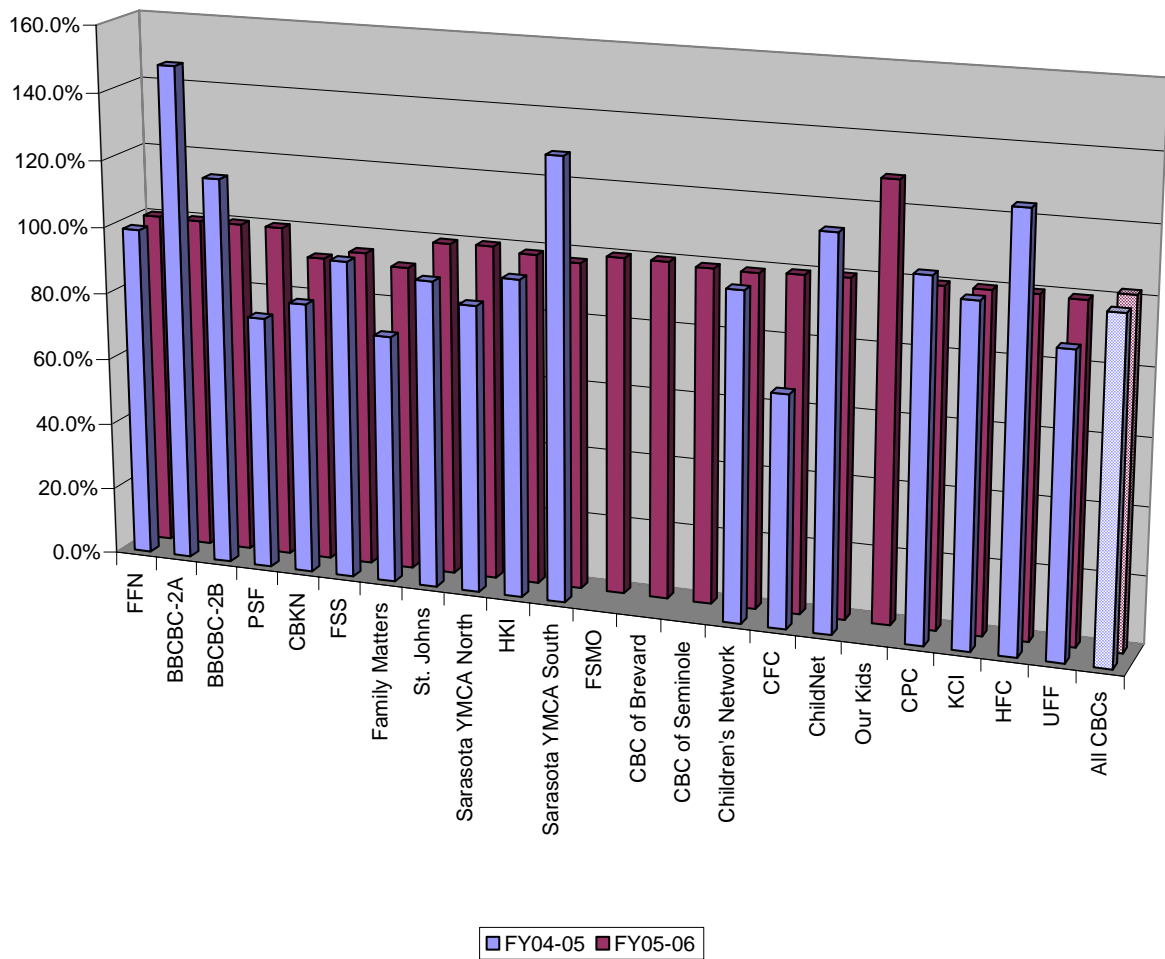
Figure 3. CBC Out-of-Home Services Expenditures per Dollar of Prevention & Family Preservation Services



*How completely have CBCs been able to use their TANF & State budgets?*

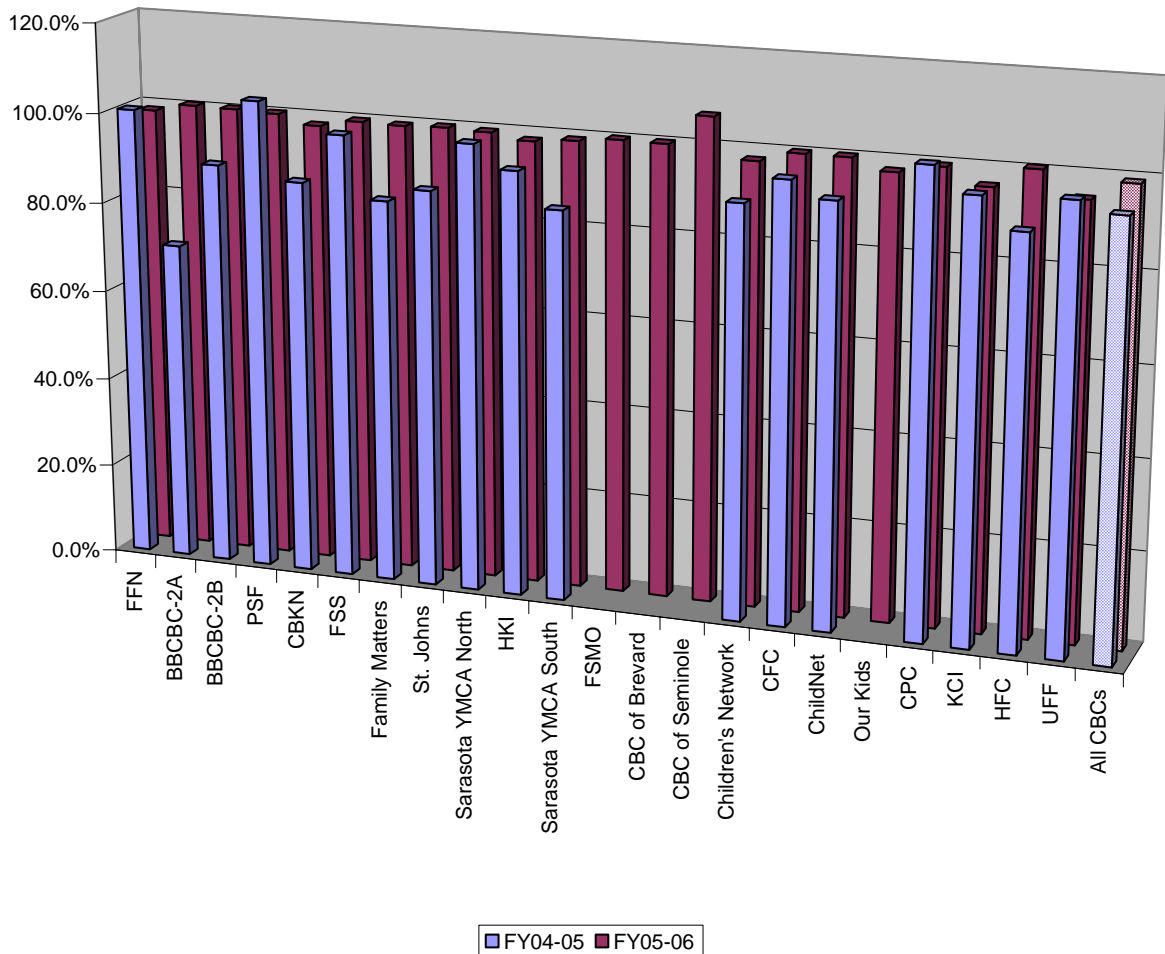
The CBCs have spent very close to 100% of their TANF budgets the past two years (see Figure 4). CBC TANF spending was 100.4% of the total TANF budget statewide during FY04-05, and rose slightly to 102.2% during FY05-06. The FY05-06 range was 91.4% (Family Matters) to 128.8% (Our Kids), and nine lead agencies spent exactly 100% of their TANF budget. There was much less variation in TANF spending last year compared with FY04-05. Most CBCs had TANF surplus or deficit amounts greater than 5% in FY04-05, while only four of the 22 CBCs had TANF surplus or deficit amounts greater than 5% in FY05-06.

Figure 4. CBC TANF Expenditures as a Proportion of Their TANF Budget



CBC spending of State funds for child welfare services approached 100% last year. CBCs used 94.7% of budgeted State funds in FY04-05 and 99.0% of budgeted State funds in FY05-06 (see Figure 5). Spending of State funds ranged from 71.0% (BBCBC-2A) to 104.7% (PSF) in FY04-05, and from 95.0% (UFF) to 106.4% (CBC of Seminole) in FY05-06. Four of the 22 lead agencies spent exactly 100% of their State budgets in FY05-06. There was much less variation in spending of State funds last year compared with FY04-05. The majority of CBCs had State fund surplus or deficit amounts greater than 5% in FY04-05, while only 1 of the 22 CBCs had a surplus or deficit amount greater than 5% in FY05-06.

Figure 5. CBC State Expenditures as a Proportion of Their Budget for State Funds



### Discussion

Expenditure data from the two years prior to the IV-E Waiver implementation suggest that lead agencies were better able to use IV-E funds last year than during FY04-05. Lead agencies used 99.1% of IV-E funds in FY05-06, which was more than a six percentage point increase in overall IV-E spending during FY04-05. Although overall spending for the CBCs combined approached 100% last year, four lead agencies were limited to using less than 90% of their IV-E budget: CBC of Seminole, Family Matters, St. Johns, and Sarasota YMCA South. We hypothesize that the reduction in restrictions on IV-E funds pertaining to eligibility will enable these four CBCs to spend closer to 100% of their IV-E budgets during FY06-07.

The ratio of out-of-home care spending to spending for prevention and family preservation services is also expected to change due to the IV-E Waiver. During the past two years, CBCs have been spending approximately \$7 on out-of-home care for every \$1 spent on prevention or family preservation services. There has been noticeable variation in this ratio across lead agencies, which likely reflects practice differences and differences in case-mix. The increase in IV-E spending from FY04-05 to FY05-06 noted above may be related to the increase in the year-over-year, out-of-home care spending ratio observed in two-thirds of all CBCs. The IV-E Waiver eliminated the restriction on which services can be paid for with IV-E funds, so we hypothesize that early implementers of the IV-E Waiver will have slightly reduced out-of-home care ratios in FY06-07.

CBCs came close to 100% spending of TANF and State funds for child welfare services last year. There was considerably less variation in the range of expenditures versus budgeted amount in FY05-06 than in FY04-05, which may reflect the additional experience and/or technical assistance associated with better understanding of how to maximize the use of these funds. During the coming year, we will explore qualitatively how CBCs are using TANF and State funds differently than in past years.

## Outcome Study

### *Introduction*

One of the goals of the Waiver of regulations (i.e., IV-E Waiver) is to improve outcomes for children and family who otherwise could not get necessary services. Specifically, it is expected that increased flexibility in using available funds and expanded child welfare services will reduce the risk of entering out-of-home care, expedite the achievement of permanency, and decrease the likelihood of re-abuse and re-entry into-out-of-home care. Moreover, the opportunity to use innovative approaches in serving children, increase the array of preventive services, and strengthen the interventions under Florida's Title IV-E Waiver demonstration should lead to specific outcomes for children in child protection system.

Several key outcomes were hypothesized to improve over time and therefore were examined in this evaluation. First, as a result of the increased allocation of resources toward in-home service prevention, enhanced in-home service provision, and "front door" services enabled by the Waiver, both the number of children who enter out-of-home-care and the average length of stay in the child protection system for children who were not removed from their caregivers should decrease for each successive cohort. Second, an increased array of services available for families or caregivers should reduce the length of stay in out-of-home care and substantially increase the number of children who achieve timely permanency (i.e., reunification with parents, placements with relatives, and adoption). Third, enhanced and possibly extended services provided to families after reunification should significantly reduce the number of children re-entering out-of-home care, and reduce the number of children who experience recurrence of maltreatment after services are terminated. Finally, enhanced services provided to children while they are in out-of-home care should lead to reduction of maltreatment during this period.

To examine these hypothesized outcomes, specific indicators were developed and calculated. The indicators were selected and developed in collaboration with the Department of Children and Families:

- proportion of children whose case was open and who entered out-of-home care within 12 months
- proportion of children exiting out-of-home care within 12 months into permanency

- proportion of children exiting out-of-home care within 12 months for reasons of placement with relatives or reunification
- median length of stay for children entering out-of-home care,
- proportion of children exiting out-of-home care within 24 months into permanency
- proportion of children exiting out-of-home care within 24 months for reasons of placement with relatives or reunification
- proportion of children exiting out-of-home care within 24 months into adoption
- proportion of children who remained in out-of-home care after 12 months
- proportion of children who were maltreated within 6 months after termination of services
- percentage of children who were maltreated during services
- proportion of children who exited out-of-home care for reasons of reunification and placement with relatives during FY04-05 and re-entered within 12 months.

### *Methodology*

The evaluation of the IV–E Waiver tracks changes in outcomes over the five-year implementation period and the research design reflects the longitudinal nature of this endeavor. Specifically, five successive cohorts of children whose first contact with the child welfare system occurs during each year of the Waiver implementation, will be followed from the time of first child welfare contact (regardless of placement status) until the end of the demonstration project. The five cohorts will be comprised of children whose first contact with the child welfare system occurs during FY 04-05, 06-07, 07-08, 08-09, and 09-10, respectively. In addition, two cohorts of children whose first contact with the child welfare system occurred during FY 03-04 and 04-05 will serve as baseline data.

The longitudinal study design for evaluation of Florida’s IV–E Waiver demonstration is similar to the study designs used for IV–E Waiver evaluations in other states (Holden, 2002; Human Services Research Institute, 2000; Lehman, Liang, &

O'Dell., 2005; Siegel & Loman, 2005; Usher, et. al., 2002). However, in contrast to other IV–E Waiver evaluation studies, the design does not include a comparison group. Because the implementation of the IV–E Waiver occurred on the same date (10-01-06) in all counties in the state of Florida, creating a comparison group was not feasible. Evaluation studies done in Oregon (Lehman, Liang, & O'Dell., 2005), Ohio (Human Services Research Institute, 2000) and North Carolina (Usher, et. al., 2002) include a comparison group that was not matched to the intervention site (i.e., may include different types of children and therefore the observed changes may be due to group differences rather than intervention itself). Evaluation studies of IV–E Waivers in Connecticut (Holden, 2002) and Mississippi (Siegel & Loman, 2005) used a comparison group where children and families were randomly assigned. Although the overall study design includes the comparisons of successive annual cohorts of children entering child protection system, the findings presented in this report consist of baseline information only.

#### *Sources of Data*

The primary source of data for the quantitative child protection indicators used in this report was HomeSafenet (HSn). Specifically, two HSn modules were used: the Child Safety Assessment Module and the Case Module. Information about child maltreatment reports, results of child protective investigations, and frequency of maltreatment incidents were obtained from the Child Safety Assessment Module. The Case Module provided Information regarding out-of-home care, out-of-home care placements, and child outcomes after discharge from out-of-home care.

#### *Analytical Approach*

All indicators were calculated for every lead agency. The data used included FY03-04 through FY05-06. The last date of data collection was June 30, 2006. Statistical analyses consisted of Life Tables– a type of event history or survival analysis<sup>5</sup>.

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<sup>5</sup>Survival 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).

### *Limitations*

It is important to note that there are a few limitations to this study. First, this study was limited to measures of lead agency performance that relate to child safety and permanency outcomes. Specific measures of well-being were not examined. Second, as discussed above, the study design does not include a comparison group. Finally, the findings do not account for the effects of child or family socio-demographic characteristics or any of the lead agency characteristics.

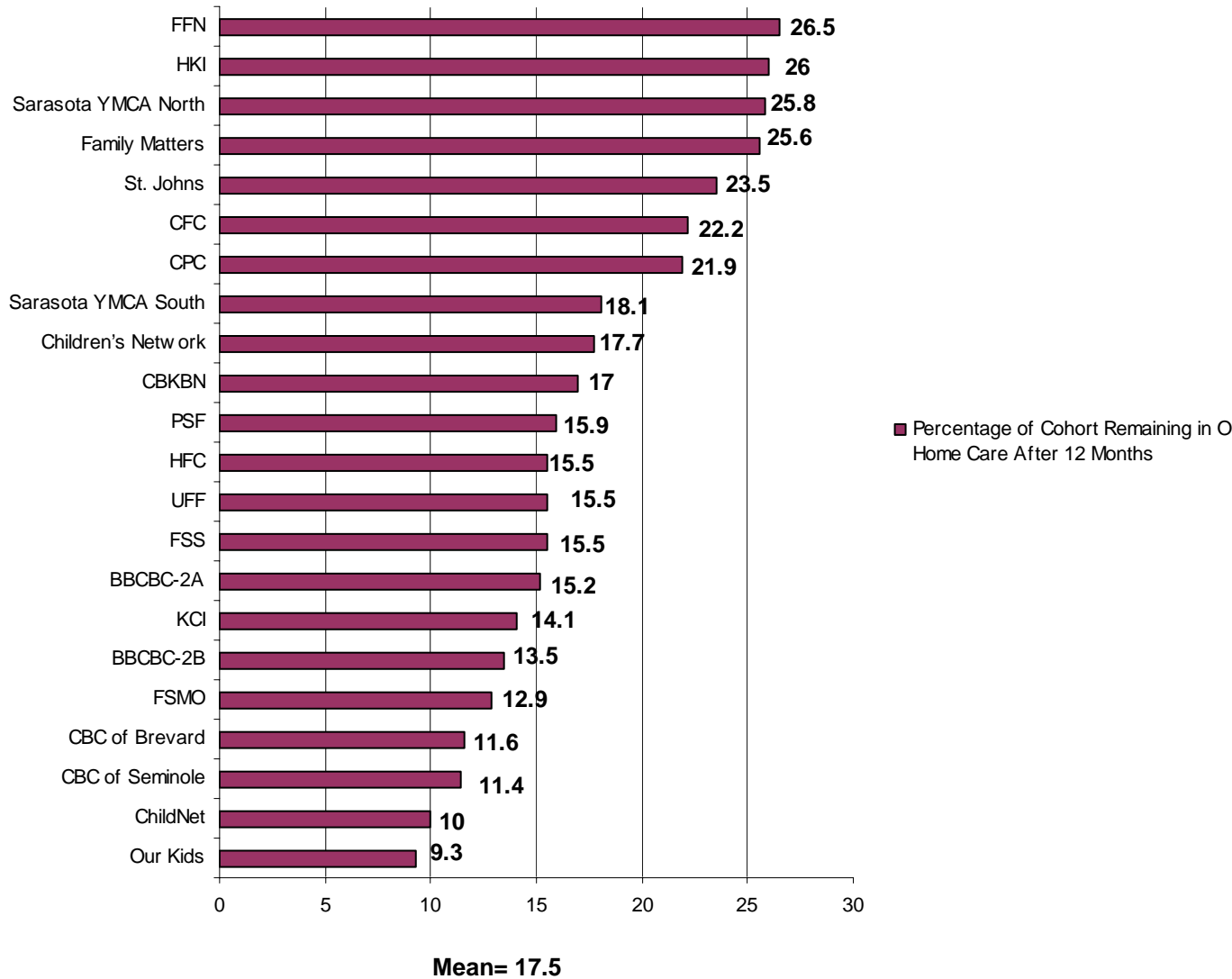
### *Findings*

#### *Proportion of Children Who Entered Out-of-Home Care Within 12 Months*

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 was based on the FY04-05 entry cohort. Entry cohort includes all children whose case was open during FY04-05 (See Appendix C, Measure 1).

Figure 6 shows the proportions of children entering out-of-home care based on the FY04-05 cohort. The counties were ranked in descending order according to the percentage of children entering out-of-home care. As indicated in Figure 6, the proportion of children entering out-of-home care after their case was open ranged from 9.3% (Our Kids) to 26.6% (FFN) with an average of 17.5% across lead agencies. Only seven lead agencies had more than 20% of children entering out-of-home care within 12 months after their case was open. Family Matters, HKI, FFN and Sarasota YMCA North had the highest proportion of children placed in out-of-home care within 12 months.

Figure 6. Proportion of Children Whose Case Was Open in FY04-05 and Who Entered Out-of-Home Care Within 12 Months



*Proportion of Children who Exited Into Permanency Within 12 Months and Proportion of Children Discharged for Reasons of Reunification and Placement With Relatives*

The proportion of children who exited out-of-home care into permanency during the first 12 months was calculated for the FY03-04 entry cohort. “*Exited into permanency*” is a narrower exit status consisting only the following reasons for discharge (a) adoption finalized, (b) guardianship to relatives, (c) long-term custody to relatives, (d) dismissed by the court, and (e) reunification with parents or original

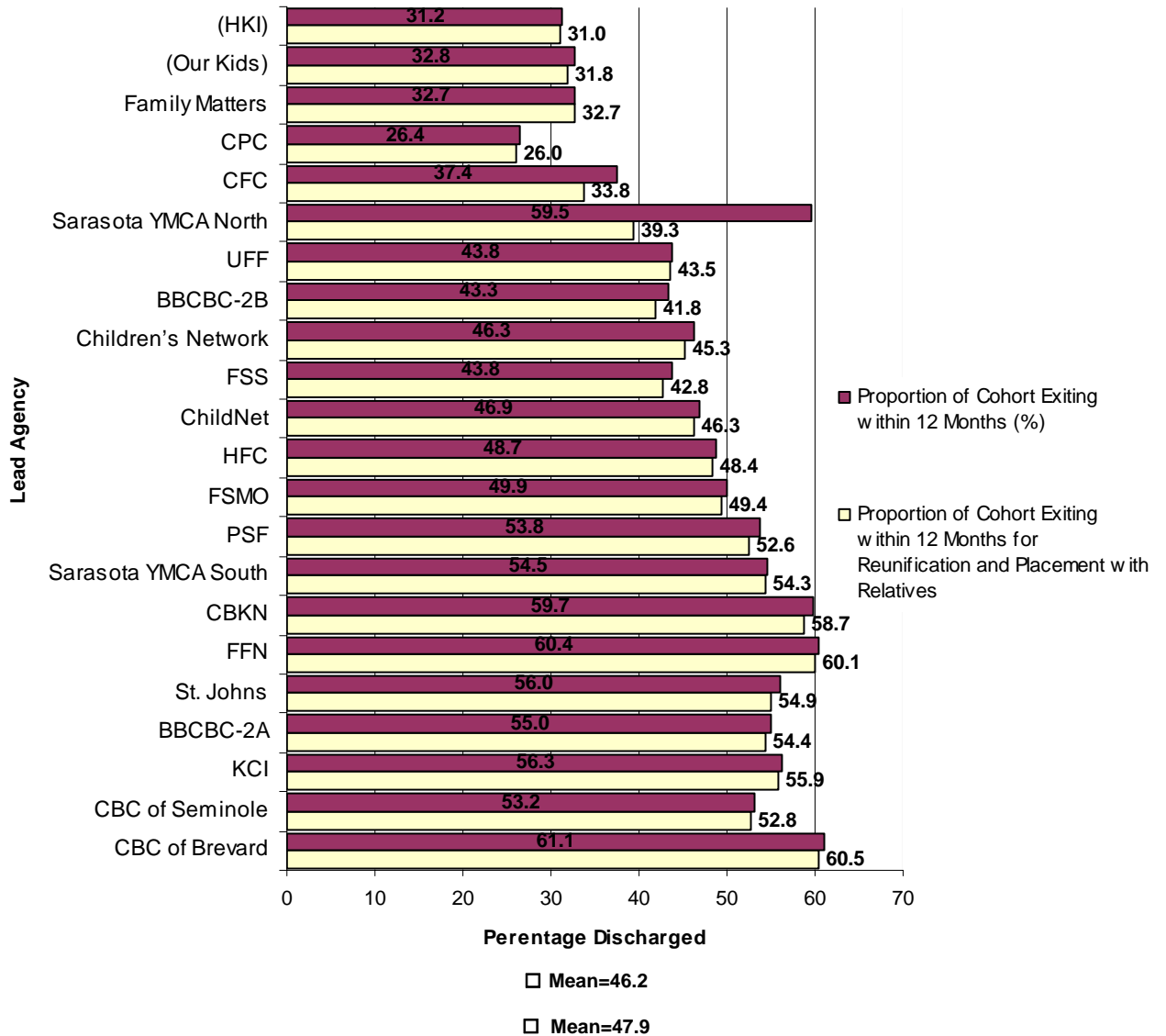
caregivers. All children who entered out-of-home care during FY03-04, as indicated by the removal date in HSn, were followed for 12 months and the proportion of children who exited out-of-home care into permanency was calculated (See indicator in Appendix C). This indicator examined the sub-set of children who exited only for permanency reasons. Children who exited out-of-home care for reasons such as aging out, guardianship to non-relative, runaway, transferred to another agency were not considered to be discharged for permanency reasons. The median length of stay (LOS) in out-of-home care or an out-of-home care episode for children who achieved permanency was also calculated based on an entry FY03-04 cohort (See Appendix C, Measures 2, 3).

The proportion of children who entered out-of-home care in FY03-04 and were discharged for reasons of either reunification or placement with relatives during 12 months after entry was calculated for the FY03-04 entry cohort. This indicator is a subset of the “proportion of children exiting into permanency” indicator. Only three reasons for discharge were included in calculation of this indicator: (a) long-term custody to relatives, (b) guardianship to relatives, and (c), reunification with parents or original caregivers (See Appendix C, Measures 5 and 6).

As shown in Figure 7, CBC of Brevard had the highest proportion of children exiting out-of-home into permanency within 12 months (61%). HKI, Our Kids and Family Matters had the lowest proportions of children exiting into permanency within 12 months (31%, 33%, and 33%, respectively). The average proportion of children exiting out-of-home care into permanency within 12 months was 48%.

When the proportion of children exiting because of reunification with their original caregivers and placement with relatives was examined, the results indicated that CBC of Brevard had the highest proportion of children who were discharged for these reasons. Besides CBC of Brevard, FFN and CBKN had the highest proportions of children who were discharged because they were either reunified or placed with relatives (60% and 59%, respectively). The average proportion of children discharged within 12 months because they were reunified or placed with relatives across lead agencies was 46%. CPC had the lowest proportion of children exiting within 12 months for reasons of placement with relatives and reunification (26%) and HKI had the lowest proportion of children exiting within 12 months for these reasons (31%).

Figure 7. Proportion of Children who Exited Into Permanency and Proportion of Children Who Were Discharged for Reasons of Reunification and Placement With Relatives Within 12 Months After Entry (Entry Cohort FY03-04).

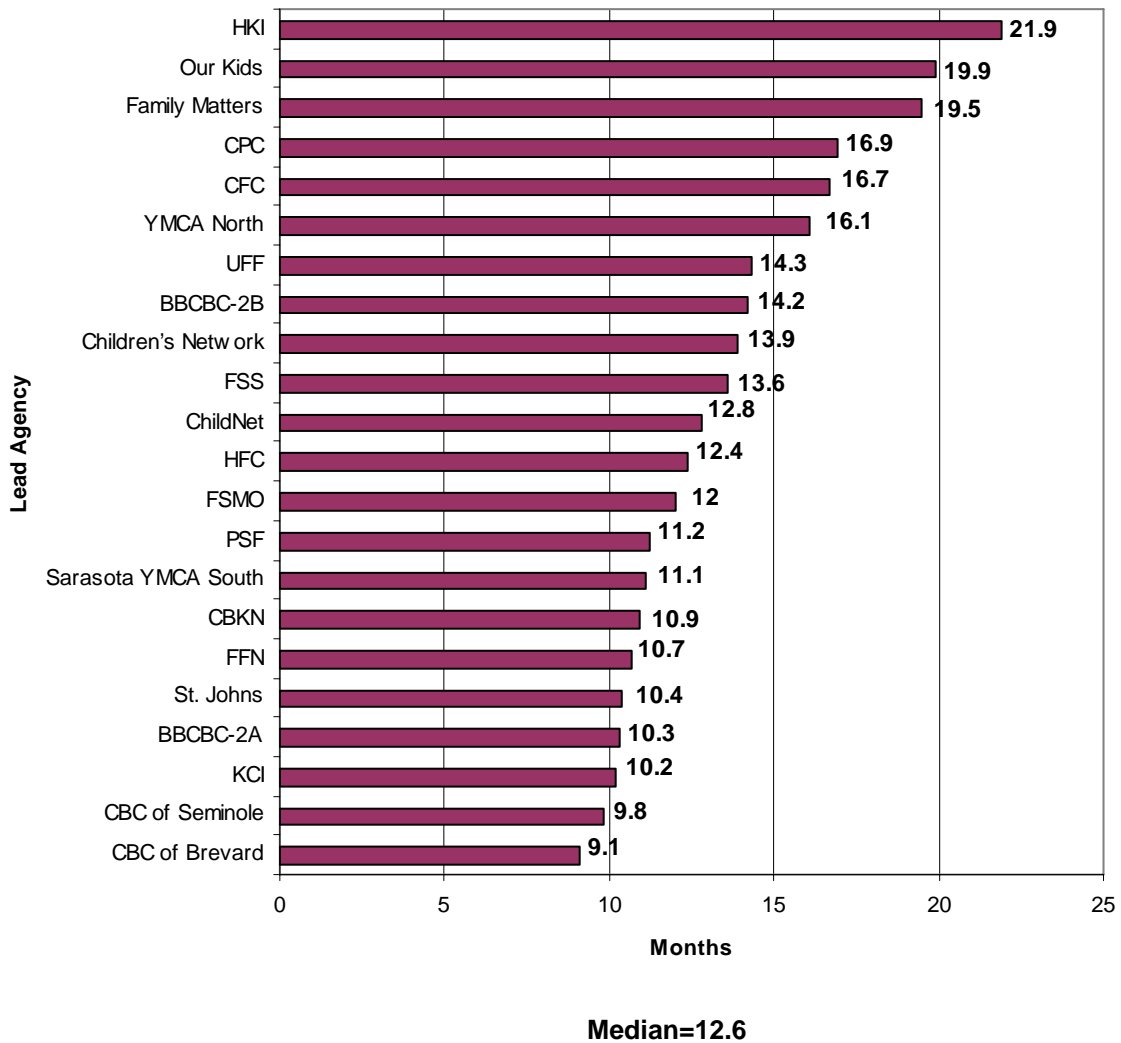


*Median Length of Stay for Children Who Entered Out-of-Home Care*

Figure 8 shows the median length of stay for children entered out-of-home care in FY03-04. The lead agencies were ranked in descending order according to their median length of stay in out-of-home care. As indicated in Figure 8, children who entered out-of-home care in FY03-04 and who were served by CBC of Brevard had the shortest median length of stay in out-of-home care (approximately 9 months). Children

who were served by HKI had the longest median length of stay in out-of-home care (almost 22 months), followed by Our Kids and Family Matters, respectively. The median length of stay across all lead agencies (i.e., the number of months when 50% of children exited out-of-home care) was approximately 13 months.

*Figure 8. Median Length of Stay of Children who Entered Out-of-Home Care in FY03-04 and Exited Into Permanency by Lead Agency*



*Proportion of Children who Exited Into Permanency Within 24 Months After Entry*

*Exiting Into Permanency*

The proportion of children who exited out-of-home care into permanency during the first 24 months was calculated for FY03-04 entry cohort. "Exited into permanency" is

a narrower exit status consisting only the following reasons for discharge (a) adoption finalized, (b) guardianship to relatives, (c) long-term custody to relatives, (d) dismissed by the court, and (e) reunification with parents or original caregivers. All children who entered out-of-home care during FY03-04, as indicated by the removal date in HSn, were followed for 24 months and the proportion of children who exited out-of-home care into permanency (e.g., discharged for permanency reasons) was calculated (See Appendix C, Measure 4). This indicator examined the subset of children who exited only for permanency reasons. Children who exited out-of-home care for reasons such as aging out, guardianship to non-relative, runaway, transferred to another agency were not considered to be discharged for permanency reasons.

#### *Exiting For Reasons of Reunification and Placement With Relatives*

The proportion of children who entered out-of-home care in FY03-04 and were discharged for reasons of either reunification or placement with relatives within 24 months after entry was calculated for the FY03-04 entry cohort. This indicator is a “subset” of the “Proportion of children exiting into permanency” indicator. Only three reasons for discharged were included in calculation of this indicator: (a) long-term custody to relatives, (b) guardianship to relatives, and (c), reunification with parents or original caregivers (Appendix C, Measure 6).

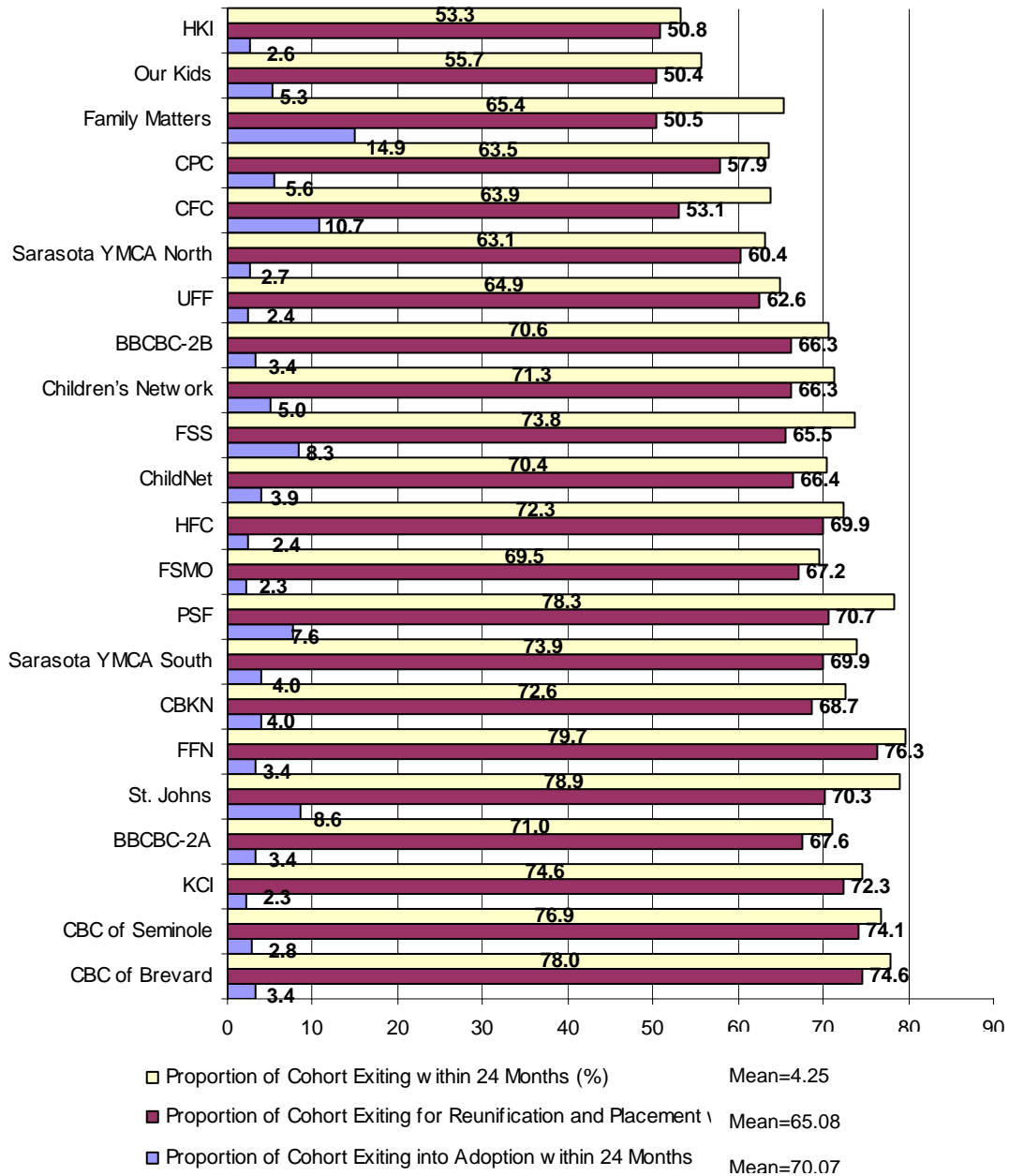
#### *Exiting Into Adoption*

The proportion of children who entered out-of-home care and were discharged within 24 months after entry because of adoption was calculated for the FY03-04 entry cohort. Entry cohort for this indicator represents all children who were initially placed in out-of-home care during FY03-04. This indicator includes only one reason for discharge, that is “adoption finalized” (Appendix C, Measure 7). Based on ASFA (1997) requirements regarding the length of the out-of-home care episode for children whose parents’ rights were terminated, the proportion of children who exited out-of-home care because of adoption was calculated for 24 months.

Figure 9 shows the comparison between proportions of children exiting out-of-home care within 24 months into permanency, proportion of children exiting for reasons of reunification and placement with relatives, and proportion of children with adoption finalized based on FY03-04 cohort. CBC of Brevard also had the highest proportion of children exiting for reasons of reunification and placement with relatives (75%) and CBC

of Seminole had higher than average proportion of children who were discharged because they were reunified or placed with relatives. Family First Network had the highest proportion of children placed with relatives or reunified within 24 months after entry (76.3%). The average proportion of children exiting into permanency within 24 months was 70% and the average proportion of children discharged because they were reunified or placed with relatives within 24 months was 65%. These findings indicated that most children achieve permanency because of either reunification or placement with relatives. Only a small proportion of children achieved permanency because of adoption.

Figure 9. Proportion of Children who Exited Into Permanency, Were Discharged for Reasons of Reunification and Placement With Relatives, and Adopted Within 24 Months After Entry



Our Kids and HKI had the lowest proportions of children exiting into permanency within 24 months after entry (56% and 53%, respectively) and Our Kids and Family

Matters had the lowest proportions of children exiting out-of-home care within 24 months because of reunification or placement with relatives (approximately 50%). HKI is among lead agencies that had the lowest proportion of children who were discharged for these reasons (51%). Overall, lead agencies that had higher proportions of children exiting out-of-home care with 24 months because of reunification or placement with relatives also had higher proportions of children exiting within 24 months.

As shown in Figure 9, there is considerable variation across lead agencies on the proportion of children with adoption finalized. These proportions ranged from almost 15% for Family Matters to 2.3% for Kids Central and Family Services of Metro-Orlando. Family Matters and CFC had the highest proportions of children with adoption finalized (15% and 11%, respectively). Only 8 lead agencies had higher than average proportions of children with adoption finalized (the average percentage of children with adoption finalized across all lead agencies was 5%).

#### *Proportion of Children Who Remained in Out-of-Home Care After 12 Months*

ASFA (1997) specified that children who enter out-of-home care should achieve permanency (e.g., reunification, permanent relative care, etc.) in no more than 12 months except for adoption. Following ASFA requirements regarding timeliness in achieving permanency, proportion of children who remained in out-of-home care after 12 months was calculated. The proportion of children who remain in out-of-home care after 12 months was based on an entry cohort (i.e., all children who entered out-of-home care during FY04-05). These children were followed for 12 months and the proportion that remained was calculated (See Appendix C, Measure 8).

Table 2 shows the proportion of children remaining in out-of-home care after 12 months following their initial placement. The lead agencies were ranked in ascending order according to the proportion of children remaining in out-of-home care 12 months after entry. The table reflects a substantial variation (30%) across lead agencies. St. Johns had the smallest proportion of children remaining in care (36%), while HKI had the highest proportion of children remained in care (69%) and on the average across lead agencies, slightly higher than 50% (53%) of children still remain in out-of-home care 12 months after initial placement. Most lead agencies (i.e., 15 of 22 service contracts) had less than 50% of children remaining in care after 12 months.

Table 2. *Proportion of Children Who Remained in Out-of-Home Care After 12 Months*

Lead Agency	Number of cases	Percentage of children remaining in care after 12 months
St. Johns	211	35.5
KCI	2,192	39.4
CBC of Brevard	694	43.2
Sarasota YMCA South	573	44.7
CBKN	287	46.7
CBC of Seminole	278	47.1
FSMO	1,231	48.2
UFF	744	49.7
FFN	1,287	49.8
BBCBC-2A	705	50.5
ChildNet	1,261	51.5
PSF	874	51.7
BBCBC-2B	471	52.4
HFC	1,401	54.6
Children's Network of Southwest Florida	600	54.7
FSS	1,517	58.7
Sarasota YMCA North	1,654	59.5
CFC	725	59.9
Family Matters	125	63.2
Our Kids	1,435	65.6
CPC	564	66.5
HKI	1,884	68.9
<b>Total</b>	<b>20,713</b>	Mean = 52.8 Median = 51.6

*Re-entry Into Out-of-Home Care*

The calculation for this indicator was based on exit cohorts of children (i.e., children who exited their first out-of-home care episode during FY04-05 or who had a discharge date during FY04-05). A unique number given by HS<sub>n</sub> identified individual children. Re-entry into out-of-home care was indicated in HS<sub>n</sub> by a Removal Date after an existing Discharge Date for the same child. Only children who exited out-of-home care for reasons of reunification and placement with relatives during FY04-05 were included in the analysis. These children were followed for 12 months to determine if they re-entered out-of-home care (See Appendix C, Measure 9).

Figure 10. Percentage of Children who Exited Out-of-Home Care for Reasons of Reunification or Placement With Relatives During FY04-05 and Re-entered Within 12 Months by Lead Agency

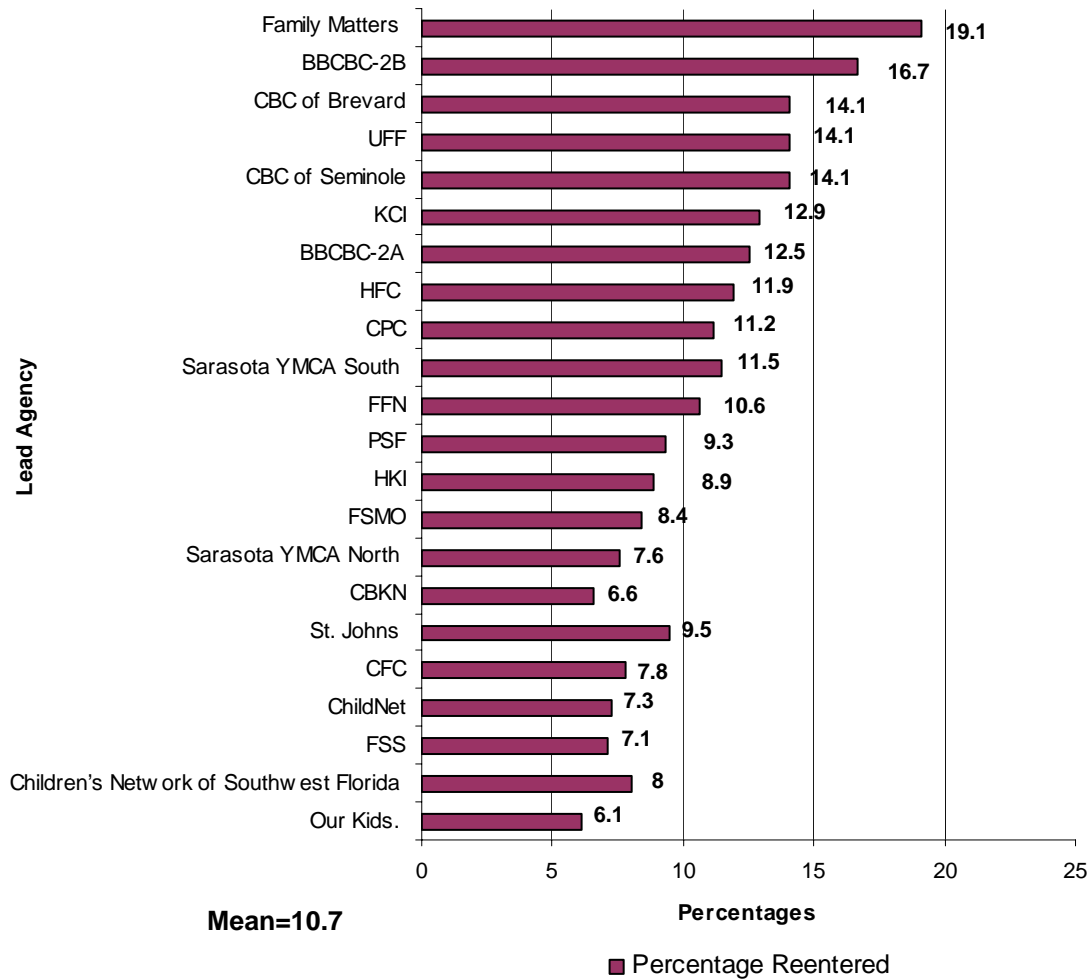


Figure 10 shows the percentages of children reunified and placed with relatives during FY04-05 who subsequently re-entered out-of-home care within 12 months after exit. The lead agencies are ranked in descending order according to the percentage that re-entered. Family Matters of Nassau County had the highest percentage (19.1%) of children who re-entered out-of-home care after exit in FY04-05. Our Kids and Children's Network had the lowest percentage of children re-entering out-of-home care after exiting in FY04-05. The average was almost 11% and five lead agencies had a

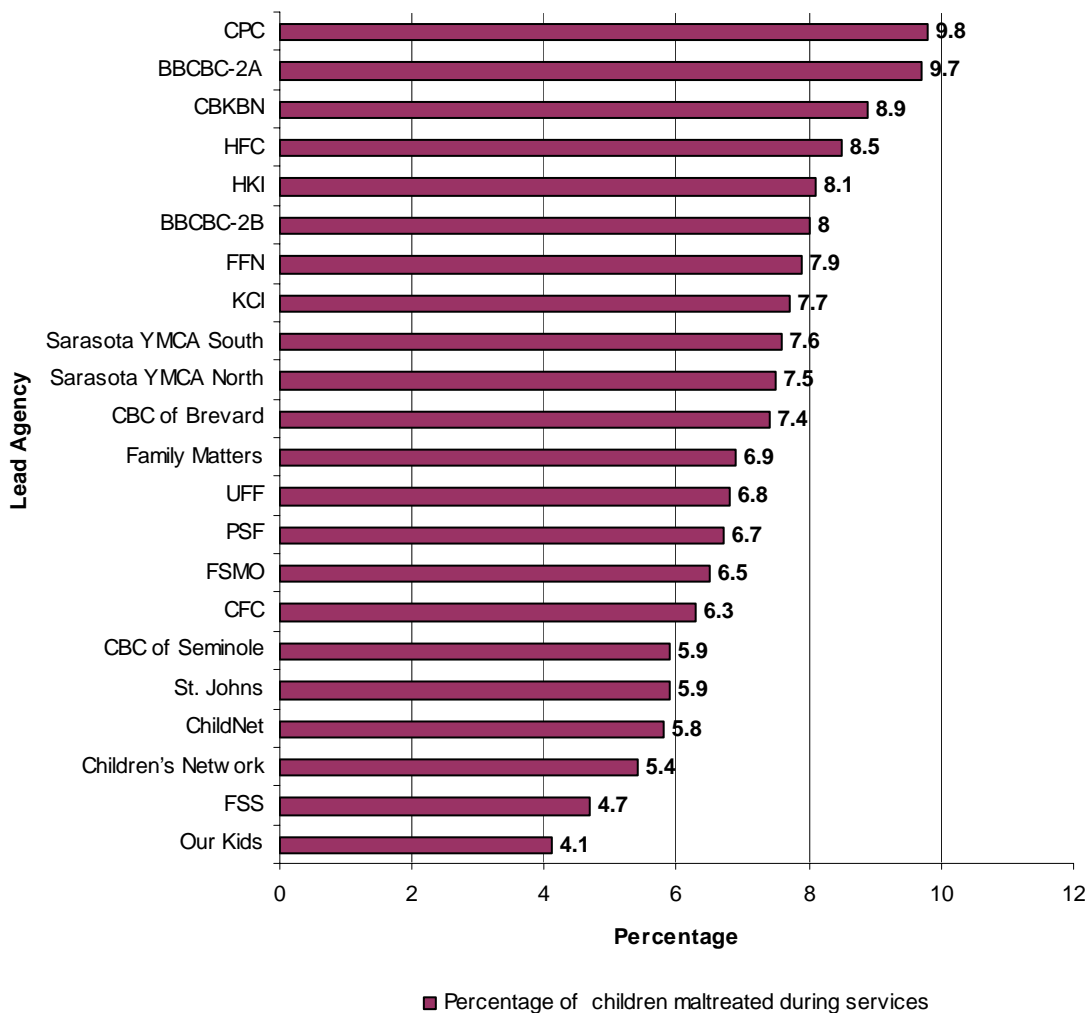
higher than average percentage of children re-entering out-of-home care by more than 2% (See Figure 10).

### *Abuse During Services*

This indicator was based on the number of children served in the child protection system and enrolled in HSN. Any child whose case was open at least one day (i.e., the child received services at least one day) during FY04-05 was included in the analysis. This indicator was based on the number of children served in the child protection system and enrolled in HSN. Any child whose case was open at least one day (i.e., the child received services for at least one day) during FY04-05 and for whom maltreatment was either verified or there was some indication of maltreatment, were included in the analysis. Abuse during services was defined as a maltreatment incident that occurred after the case was open and before it was closed (See Appendix C, Measure 10).

Figure 11 shows the percentage of children maltreated while receiving services by a lead agency. The lead agencies were ranked in descending order according to the percentage of children being abused while receiving services. The percentage of children who experienced maltreatment during services ranged from 4.1% (Our Kids) to 9.8% (CPC) with the average of 6.9% across all lead agencies. There is a 6% range across lead agencies in the percentage of children maltreated during services in FY04-05 indicating a substantial variation among lead agencies providing services to these children.

Figure 11. Proportion of Children Who Were Maltreated During Services in FY04-05



*Maltreatment Within 6 Months After Services Were Terminated*

The calculation for this indicator was based on exit cohorts of children: children whose cases were closed during FY04-05 or who had a “dependent end date” during FY04-05. These children were followed for 6 months to determine if they were reported as being maltreated. Only cases with some indication of maltreatment or verified maltreatment were included in the analysis. (See Appendix C, Measure 11).

Figure 12. Proportion of Children Who Were Maltreated Within 6 Months After Services Were Terminated

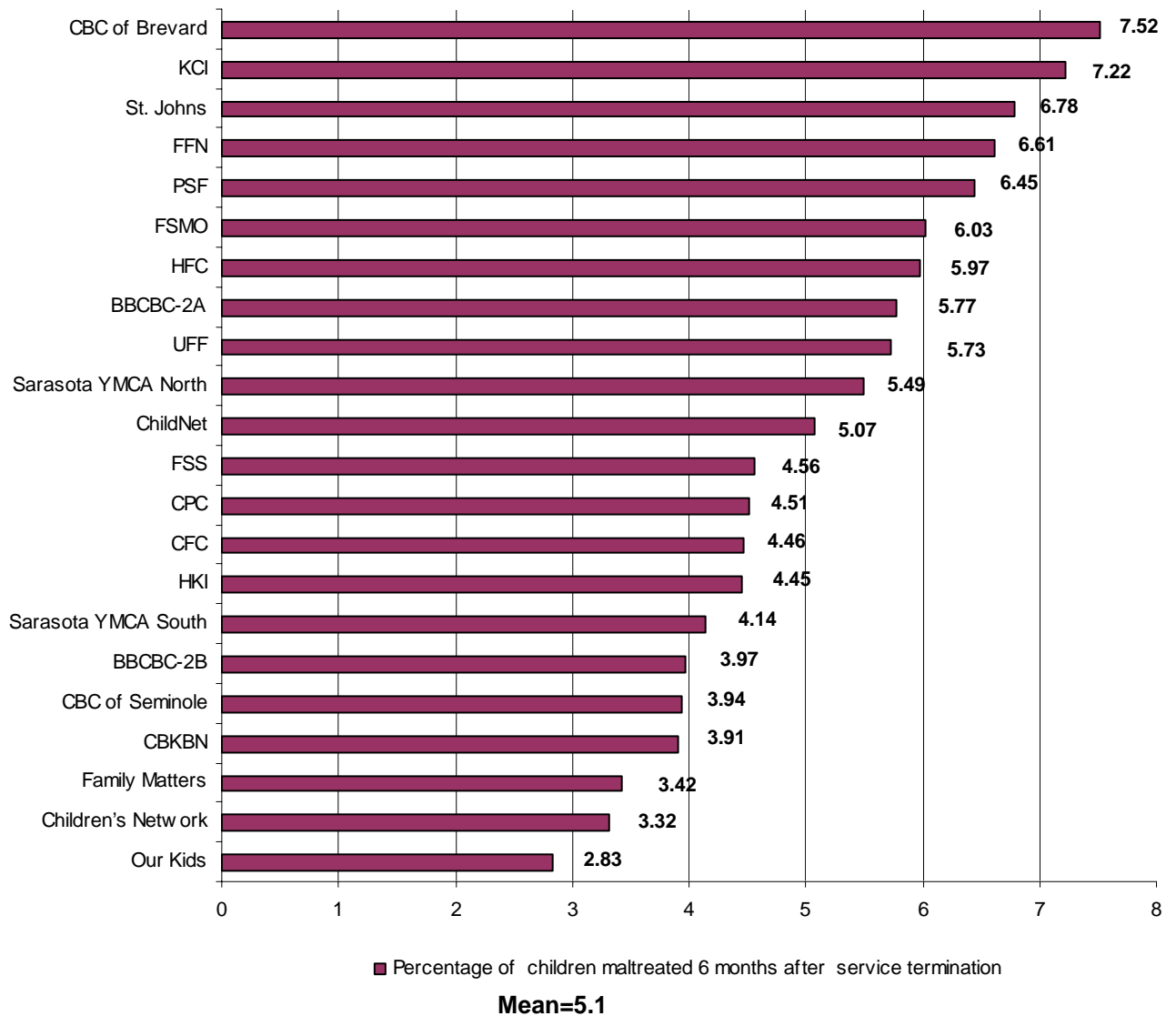


Figure 12 shows the proportions of children who experienced maltreatment within 6 months after their services were terminated. The lead agencies were ranked in descending order according to the percentage of children experienced maltreatment within 6 months after they stopped receiving services. The highest percentages of children experienced maltreatment within 6 months after their case was closed were in CBC of Brevard (7.5%) and Kids Central (7.2%). The lowest percentages of children who experienced maltreatment within 6 months after their cases were closed were in

Our Kids of Miami and Children's Network (3.3%). The average proportion of children being maltreated within 6 months after termination of services was 5.1%.

### *Summary*

Overall, lead agencies' performance varies considerably on measured indicators. For example, Our Kids of Miami and Children's Network had the lowest re-entry rates, the lowest proportions of children maltreated within 6 months after services terminated and they were among the lead agencies with the lowest percentages of children maltreated during services. However, Our Kids had one of the lowest proportion of children exiting into permanency and Children's Network's performance on this indicator was below average. In contrast, CBC of Brevard had the highest proportion of children exiting into permanency, but also the third highest re-entry rate and the highest proportion of children maltreated within 6 months after termination of services.

There is a definite trend indicating a consistently lower proportion of children with adoption finalized compared to other types of permanency. St. Johns is the only lead agency that had a high proportion of children exiting into permanency as well as a high proportion of children with adoption finalized.

In conclusion, the results of quantitative analyses indicated that lead agencies' performance was inconsistent across all calculated indicators. Typically, lead agencies that perform well on indicators reflecting child safety (e.g., re-entry into out-of-home care, abuse during services) do not perform that well on indicators of permanency (e.g., proportion of children exiting into permanency). In contrast, lead agencies that achieve favorable outcomes on indicators of permanency do not achieve similar results on indicators of safety.

## Summary and Next Steps

For this Semi-Annual Report, the activities of the IV-E Waiver Evaluation team focused on documenting and providing an analysis of the implementation process, presenting baseline data on cost and outcomes, and refining the theory of change model. Both the Implementation Analysis and Child Welfare Practice Analysis findings indicate that continued IV-E Waiver collaborative planning is necessary. The findings support the continued use of workgroups, committees, and training that include participation of the Department of Children and Families, Community-Based Care lead agencies, provider organizations, and community members.

In order to gauge the success of Florida's IV-E Waiver Demonstration, the evaluation team will carry out several research activities over the next year. Process study activities will continue to focus on an Implementation Analysis of the IV-E Waiver and will include qualitative data collected through focus groups with Community-Based Care lead agencies, Child Protective Investigations staff, and Family Court personnel. The Child Welfare Practice Analysis will include two primary components, an evaluation of strategies, services, and innovative practices related to the IV-E Waiver and an evaluation of caregiver engagement, using a Caregiver Survey process. The outcome study will include a comparison between current cohorts that serves as a baseline with new cohorts of children entering child protection system. Next steps for the cost analysis will include analysis of FY06-07 expenditure data and stakeholder interviews with CBC and DCF fiscal staff in order to explore and interpret expenditure changes from the first year after Waiver implementation.

Since the time that USF submitted the IV-E Waiver Evaluation Plan in August 2006, the research methodology for the caregiver engagement component has been modified. For this reason, a more detailed description of this plan is described below.

The Caregiver Survey will seek a varied perspective on the development of the local service array as well as explore the engagement of caregivers in the service planning process. This sub-study proposes to tackle some of the questions in the Administration for Children and Families Administration on Children, Youth and Families: Children's Bureau's Waiver Authority for Florida (Florida Terms and Conditions). The sub-study will survey caregivers from counties within three DCF districts. The survey will inquire about the following:

- Did assessments identify services and interventions appropriate for the unique

circumstances and characteristics of families?

- To what extent were families engaged in case planning and decision-making?
- Did families participate in community-based services and programs to the degree expected?

Three DCF districts representing a mix of rural and urban areas will be identified and their participation solicited. The 2007 sample for the Caregiver survey will be from the districts that agree to participate. The target sample of caregivers is caregivers who are currently engaged with child protective investigative staff during the data collection period. The proposed data collection period is between May and June 2007. The responsible child protection staff from DCF or Sheriff's offices for each location selected will be contacted and information collected about local Child Protective Investigations practices, referral decisions, and frequency of caregiver contact. CPI staff will be asked to distribute the survey to caregivers on their caseload. Survey distribution may take one of several forms based upon information gathered and suggestions from the CPI units. Surveys may be delivered in sealed envelopes with an introductory letter from the USF team and a pre-paid return envelope by CPI staff or caregivers may be contacted at local court houses by an evaluation team member and asked to complete a survey.

Survey responses will be entered into a database and frequencies will be calculated for quantifiable items. Open-ended questions will be analyzed using qualitative methods to identify themes, trends, and patterns. Findings will be aggregated by site when appropriate.

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Appendix A. Array of Services Prior to IV-E Waiver Implementation

- \* =Service is available, but access is limited or insufficient to meet community needs
- C= Community resource provides the service
- L= Lead agency provides or contracts for the service

Service	Lakeview Center, Families First Network	Big Bend Community Based Care	Partnership for Strong Families	Family Support Services of North Florida	Nassau County Board of County Commissioners	St. Johns County Board of County Commissioners	Clay & Baker Kids Net Inc.	Sarasota Family YMCA	Hillsborough Kids, Inc.	Community Based Care of Seminole, Inc.	Community Based Care of Brevard, Inc.	Family Services of Metro-Orlando, Inc.	Children's Network of SW Florida	Child and Family Connections, Inc.	ChildNet, Inc.	Our Kids of Miami-Dade/Monroe, Inc.	Community Partnership for Children, Inc.	Kids Central, Inc.	Heartland for Children	United For Families, Inc.
Adult education (including GED classes)	C		C	C		C	C	C	C	C	C	C	C	C	C	C	C	L	C	
Assessments and evaluations	C	C	C	C		L	L	L	L/C	L	C	C	L/C	L	L/C	L	C	L/C	L	L*
Behavior management	C	C	C*	C		C	C	L*	C	L	C	C	L/DCF	L	DCF*	L	C	L	DCF	L
Camp(s)	C	C	C	C*		C	C	L	C	L		C	C	C	C	C	C	L/C	C	L
Children's Crisis Stabilization Unit (CCSU)	L		C	C*		L	C	C	C	C*	C	C	C	C	C	C	C	L	C	
Crisis Intervention services		C	C	C*		L	L*	L*	L/C	DK	L	L	C*	L	L	L		L	C	L
Crisis Stabilization Unit (CSU)	L	C	C	C*		C	C	C	C	C	C	C	C	C	C	C	C	L	C	
Culturally-specific services		DK				L	C*	N		DK	L	L	C*	L	L/C	L		C	L/C	L*
Dependency shelter facility		C	L	C*		L	L	L	L	L	L	L	L	L	L	L		L	L	L
Dependency shelter homes			C*			L	L	L	NA	L	L	L	L*	L	L*	L		L	L	L*
Diversion and coordination services	L		C*	C		L	C	L*	L	L	L	L	DK	L	C	L		L	C	
Domestic violence advocacy	C	C	C	C		C	C	C	L	C	C	C	C	C	C	C	C	L	C	
Domestic violence services (perpetrator)	C		C	C		C	C	N	C*	C	DK	C	C*	L	C	C	C	L	C	L*
Domestic violence services (victim)	C	C	C	C		C	C	L	C	C	C	C	C	L	C	C	C	L	C	L*
Early intervention services (0-5)	C		L	C		C	C	L*	L/C	DK	L	L	C	C	L	L		L	L	C
Educational and training services	C	C	C	C*		L	C	L	C	DK	DK	C	C	C		L		L	L/C	
Educational stabilization			C	C*		L	DK	C	C	DK	DK	C	DK	C		L		L	C	

Service	Lakeview Center, Families First Network	Big Bend Community Based Care	Partnership for Strong Families	Family Support Services of North Florida	Nassau County Board of County Commissioners	St. Johns County Board of County Commissioners	Clay & Baker Kids Net Inc.	Sarasota Family YMCA	Hillsborough Kids, Inc.	Community Based Care of Seminole, Inc.	Community Based Care of Brevard, Inc.	Family Services of Metro-Orlando, Inc.	Children's Network of SW Florida	Child and Family Connections, Inc.	ChildNet, Inc.	Our Kids of Miami-Dade/Monroe, Inc.	Community Partnership for Children, Inc.	Kids Central, Inc.	Heartland for Children	United For Families, Inc.
Emergency cash assistance		C	C	C*		L	L*	L*	C	C	DK	L	DCF	L	C	L	C		L	L
Employment services			C	C		C	C	C*	C	C	DK	C	C	C	C	C	C	L	C	
Family Builders Program	L		L				DK	L	L	L	L	C*	L	C*	L	L		L	L	
Family counseling/therapy	C	C	C	C		C	C	C	L/C	L/C	L	C	C*	L	L	C	L	L	L/C	L
Family planning services	C	C	C	C*		C	C	C	C	C	DK	C	C	C	C	C		L	C	
Family preservation services	L		P	C*		L	L*		L	L	L	L	C	L	L	L	L	L	L/C	L
Family support services	L		L/C*	C		L	C	L	L	L	L	L	C	L	L	L	L	L	L/C	L
Father-specific groups/services/supports			L*	C*		C	NO	C	L	DK	DK	C*	C*	DK	NO	L		DK		
Food bank(s)			C	C		C	C	C	L/C	C	C	C	C	C	C	C	C	C	C	C
Housing services			C	C*		C	C*	C*	L/C	C	DK	C	C	C	C*	C	C	L	L/C	
Independent and transitional living services	L	L	L	L*		L	L	L	L/C	L	L	L	L	L	L	L		L	L/C	L*
Individual counseling/therapy	C	C	C*	C		C	C	L	L/C	L/C	L	C	C	L	L	L	C	L	L/C	L*
Information & Referral Services		C	C*	C		L	L	C	L/C	L	L	L	C	C	L/C	L	C	L	C	
Intensive Crisis Counseling Program (ICCP)	L		C*			C	N	L	L/C	L	L	C*	L	C*	L	L		L		
Kinship support services			C*			C	N	C*	L/C	L	DK	C*	C*	L	C*	L	L	L	C	L*
Mobile crisis services			L/C				N	C*	L/C	L	L	C*	C*	C	C	C	C	*	C	L
Outreach to families			L	C*		L	C	L	L/C	DK	L	C	DK	C	L	L		L	C	
Parent support and advocacy		C	C*	C*		L	L	L	L/C	DK	L	C	DK	L	L	L	C	L	L/C	
Parent training and support			L	L		L	C	L	L/C	DK	L	L	L	L	L	L	C	L	L/C	L

Service	Lakeview Center, Families First Network	Big Bend Community Based Care	Partnership for Strong Families	Family Support Services of North Florida	Nassau County Board of County Commissioners	St. Johns County Board of County Commissioners	Clay & Baker Kids Net Inc.	Sarasota Family YMCA	Hillsborough Kids, Inc.	Community Based Care of Seminole, Inc.	Community Based Care of Brevard, Inc.	Family Services of Metro-Orlando, Inc.	Children's Network of SW Florida	Child and Family Connections, Inc.	ChildNet, Inc.	Our Kids of Miami-Dade/Monroe, Inc.	Community Partnership for Children, Inc.	Kids Central, Inc.	Heartland for Children	United For Families, Inc.
Public transportation	C		C*	C*		C	N	C*	L/C	C	DK	C	C*	C	C	L/C	C	C	L/C	
Residential group care	L	L	L	L*		L	C*	L	L/C	L	L	L	L*	L	L	L	L	L	L	L
Respite care for foster parents	L	L	L/C*	C		L	L	L	L/C	L	L	L	L	L	L	L	L	L	L	L
Respite care for other caregivers			L/C*	C*		L	N	C*	L/C	L	L	L	C*	C*	C*	L			C	
Sexual abuse counseling (perpetrator)	C		C*	C		C	C	C*	L/C	L	DK	C	C*	L	C	C			L	C
Sexual abuse counseling (victim)	C	C	C*	C		C	C	C	L/C	L	C	C	C	L	C	L	C	L	C	L
Specialized after school programs		C	C*	C*		L	C*	L	L/C	C	DK	C	LC	C	C*	L			C	
Specialized trauma counseling			C*			C	C	C	L/C	L	DK	C	DK	L	C*	L			L	C
Statewide Inpatient Psychiatric Program (SIPP)		C	C*	C*		C	C	C	L	C	DK	C	DCF	L	C	C	C	C	L	
Subsidized childcare	C	C	C*	C*		C	C	C	C	L/C	DK	C	L	C	C	C	C	C	L	C
Substance abuse outpatient	L	C	C*	C		C	C	C	L/C	L/C	C	C	L	L	C	L	C	L	C	
Substance Abuse Treatment Center		C	C*	C		C	C	C	L/C	C	DK	C	L	L	L/C	C	C	L	C	
Supervised Independent Living	L	L	C	C*		L	DK	L	L/C	L	L	L	L	L	L	L	L	L	L	*
Therapeutic foster care	L	L	L	L*		L	C	C	L/C	L	L	L	L	L	C	L	C	L	L/C	L*
Therapeutic Group Home(s)		L	L	L*		L	C	C	L/C	L	L	L	*	L	C	L	C	L		L*
Therapeutic recreation			C	C		C	N	C	L/C	DK	DK	C	*	DK	C*	L			L	L/C
Transportation services			C*	C*		L	L*	C	L/C	C	DK	C	L*	C*	C*	L			L	L/C
Trauma/recovery services			C	C		C	C*	C	L/C	L/C	DK	C	DK	C	L*	DK			C	
Tutoring			C	C*		C	C	C	DK	L/C	C	C	L	C	L/C	C	L/C		C	
Utility assistance	L	L	C	C*		L	C	L	L/C	L	DK	L	L	L	L*	L	C	L	L/C	L
Visitation support	L	L	L	C		L	C	L	L	L	DK	L	*	L	L	L	L	L	L	L

**IV-E Waiver Demonstration  
Baseline Survey**

**I. Agency Demographics:**

Person(s) responding to Survey:

Title:

Lead Agency:

Number/Name of Case Management Organizations:

Number of Service Centers:

**II. Strategies Consistent with IV-E Waiver Implementation**

In this context, the term “strategy” is used to refer to (a) a specific service (e.g., homemaker services), (b) a practice (e.g., family conferencing), or (c) a support (e.g., specialized training for care managers). It is recognized that IV-E Waiver implementation will not be an “all at once” endeavor and that some strategies may be phased in. Please feel free to use this as an opportunity to describe your agency’s “wish list” for expansion and development.

1. Please provide specific examples of any strategies currently employed to *prevent and/or divert out-of-home placements*. Include the type of strategy, how widely it is implemented and any limitations to delivery (e.g., funding, contractor availability, etc.).
  
2. Please provide specific examples of any strategies currently employed to *reduce lengths of stay* in out-of-home care. Include the type of strategy, how widely it is implemented and any limitations to delivery (e.g., funding, contractor availability, etc.).
  
3. Please provide specific examples of any strategies currently employed to *engage families in service planning*. Include the type of strategy, how widely it is implemented and any limitations to delivery (e.g., funding, contractor availability, etc.).

4. Please provide specific examples of any service innovations that you believe are in the development or early implementation stage as a result of the IV-E Waiver.

5. Please provide specific examples of any new providers or service systems that had become (or are becoming) partners in the local system of care as a result of the IV-E Waiver.

**III. Inventory of existing services**

For each of the services below, please indicate the extent to which the service is available in the area served by your lead agency. This list is long, but is intended to be inclusive of various services and supports that can be provided to families. Feel free to add in any additional services that were inadvertently omitted from this inventory.

Service	Current Capacity (Service units)	Accessible to entire service area (Yes/No)	Indicate if service is contracted for or provided by lead agency
Adult education (including GED classes)			
Assessments and evaluations			
Behavior management			
Camp(s)			
Children's Crisis Stabilization Unit (CCSU)			
Crisis Intervention services			
Crisis Stabilization Unit (CSU)			
Culturally-specific services			
Dependency shelter facility			
Dependency shelter homes			
Diversion and coordination services			
Domestic violence advocacy			
Domestic violence services			

(perpetrator)			
Domestic violence services (victim)			
Early intervention services (0-5)			
Educational and training services			
Educational stabilization			
Emergency cash assistance			
Employment services			
Family Builders Program			
Family counseling			
Family planning services			
Family preservation services			
Family support services			
Family therapy			
Father-specific groups/services/supports			
Food bank(s)			
Housing services			
Independent and transitional living services			
Individual counseling			
Individual therapy			
Information & Referral Services			
Intensive Crisis Counseling Program (ICCP)			
Kinship support services			
Mobile crisis services			
Outreach to families			
Parent support and advocacy			
Parent training and support			
Parenting groups			
Post-reunification supervision			
Pregnancy and parenting services for young parents			
Public transportation			
Residential group care			
Respite care for foster parents			
Respite care for other caregivers			
Sexual abuse counseling			

(perpetrator)			
Sexual abuse counseling (victim)			
Specialized after school programs			
Specialized trauma counseling			
Statewide Inpatient Psychiatric Program (SIPP)			
Subsidized childcare			
Substance abuse outpatient			
Substance Abuse Treatment Center			
Supervised Independent Living			
Therapeutic foster care			
Therapeutic Group Home(s)			
Therapeutic recreation			
Transportation services			
Trauma/recovery services			
Tutoring			
Utility assistance			
Visitation support			
Youth mentoring services			
Other:			
Other:			
Other:			

**IV. Involvement in implementation**

6. Does anyone from your lead agency participate in any of the statewide IV-E Waiver workgroups and/or committees? If yes, who and which group(s)?
  
7. Please describe any local level planning groups that had been established regarding IV-E Waiver implementation?

Who has been included in these efforts?

Lead agency representatives?

Provider representatives?

Community representatives?

8. In what ways have caregivers (i.e., biological parents, relative caregivers, and foster parents) been involved in assisting the lead agency with identifying community service needs?

#### **V. Additional Data**

In an effort to minimize the potential burden on lead agencies during the evaluation, the team is interested in knowing what data may be readily available in local communities. In addition to statewide data, does your lead agency have any data that might be helpful in the evaluation of the IV-E Waiver (e.g., customer satisfaction, outcome tracking, etc.)? If yes, what data and who is the best contact to discuss access to these data?

#### **VI. Future Contact**

Please provide the following information for the individual who should be the contact for any future information requests:

Name:

Phone/Fax:

E-mail:

## Appendix C. Description of FMHI Measures

Measure 1. The Proportion Children Whose Case Was Open in FY04-05 and Who Entered Out-of-Home Care Within 12 Months

### **Methodology**

<b>Definitions</b>	Children whose case was open was defined based on the dependent begin date in HS <sub>n</sub> .
<b>Algorithm</b>	This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. <sup>6</sup> 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 were 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.
<b>Data Sources</b>	Data were extracted from the HS <sub>n</sub> .

Measure 2. The Proportion of Children Exiting Out-of-Home Care Into Permanency Within 12 months After Entry

### **Methodology**

<b>Definitions</b>	“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. “Permanency” means (a) reunification, that is the return of a child who has been removed to the removal parent or other primary caretaker, (b) placement with a relative, and (c) adoption finalized, that is when the Court enters the verbal order finalizing the adoption, and (d) dismissed by the court.
<b>Algorithm</b>	This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. <sup>1</sup> 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 exited out-of-home care for permanency reasons within 12 months after entry. 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 HS <sub>n</sub> ).
<b>Data Sources</b>	Data were extracted from the HS <sub>n</sub> .

<sup>6</sup> 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 3. Median Length of Stay for Children Entering Out-of-Home Care During a Specific Fiscal Year and Exiting for Permanency Reasons.

**Methodology**

<b>Definitions</b>	“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.
<b>Algorithm</b>	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. <sup>1</sup> This measure reports the number of months at which half of the children are estimated to have exited out-of-home care into permanency.
<b>Data Sources</b>	Data were extracted from the HS <sub>n</sub> .

Measure 4. The Proportion of Children Exiting Out-of-Home Care Into Permanency Within 24 months After Entry

**Methodology**

<b>Definitions</b>	“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. “Permanency” means (a) reunification, that is the return of a child who has been removed to the removal parent or other primary caretaker, (b) placement with a relative, and (c) adoption finalized, that is when the Court enters the verbal order finalizing the adoption, and (d) dismissed by the court.
<b>Algorithm</b>	This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. <sup>1</sup> In this instance, because every child had 24 months follow-up data this measure is identical to a percent where the numerator is the number of children who exited out-of-home care for permanency reasons within 24 months after entry. 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 HS <sub>n</sub> ).
<b>Data Sources</b>	Data were extracted from the HS <sub>n</sub> .

Measure 5. *Proportion of Children who Entered Out-of-Home Care and Were Discharged for Reasons of Reunification and Placement With Relatives Within 12 Months*

## Methodology

<b>Definitions</b>	<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.</p>
<b>Algorithm</b>	<p>This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis.<sup>1</sup> 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 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).</p>
<b>Data Sources</b>	Data were extracted from the HSn.

Measure 6. *Proportion of Children who Entered Out-of-Home Care and Were Discharged for Reasons of Reunification and Placement With Relatives Within 24 Months*

## Methodology

<b>Definitions</b>	<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.</p>
<b>Algorithm</b>	<p>This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis.<sup>1</sup> In this instance, because every child had 24 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).</p>
<b>Data Sources</b>	Data were extracted from the HSn.

Measure 7. *Proportion of Children who Entered Out-of-Home Care and Exited Into Adoption Within 24 Months*

## Methodology

<b>Definitions</b>	“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. “Adoption” means adoption finalized, that is when the Court enters the verbal order finalizing the adoption
<b>Algorithm</b>	This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. <sup>1</sup> In this instance, because every child had 24 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 adoption. 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).
<b>Data Sources</b>	Data were extracted from the HSn.

Measure 8. *Proportion of Children Who Remained in Out-of-Home Care After 12 Months*

## Methodology

<b>Definitions</b>	“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.
<b>Algorithm</b>	This is a measure of timeliness in achieving permanency. This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. <sup>1</sup> 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 remained in out-of-home care for more than 12 months. 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).
<b>Data Sources</b>	Data were extracted from the HSn.

Measure 9. *Proportion of Children Re-entering Out-of-Home Care Within 12 Months After Exit for Permanency Reasons.*

## ***Methodology***

<b>Definitions</b>	“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.
<b>Algorithm</b>	This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. <sup>1</sup> 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 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. A unique number generated by the HSn system identified individual children who had a second Removal Date within 12 months after a Discharge Date, indicating re-entry into out-of-home care.
<b>Data Sources</b>	Data were extracted from the HSn.

Measure 10. Maltreatment During Services

## ***Methodology***

<b>Definitions</b>	Abuse and neglect are defined by Chapter 39, F.S. and include both actual harm and threatened harm.
<b>Algorithm</b>	This measure is a percent. The numerator is the number of children whose cases were active during a specific fiscal year and who had findings of "verified" or "some indicators" of maltreatment where both the incident date and the report date were during the reporting period and during the time the case was open. The denominator is the number of children whose case was open at least one day (i.e., the child received services at least one day) during a specific fiscal year
<b>Data Sources</b>	Data were extracted from the HSn.

Measure 11. Maltreatment Within 6 Months After Services Were Terminated

## **Methodology**

<b>Definitions</b>	Abuse and neglect are defined by Chapter 39, F.S. and include both actual harm and threatened harm.
<b>Algorithm</b>	This measure is expressed as a percent generated by Life Tables, which is a type of Event History Analysis. <sup>1</sup> 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
<b>Data Sources</b>	Data were extracted from the HS <sub>n</sub> .