



IV-E Waiver Demonstration Evaluation  
Semi-Annual Progress Report 8  
SFY 10-11

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## Executive Summary

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

The evaluation design is comprised of five analysis components designed to address the hypotheses stated above. They include: a programmatic outcome analysis, an implementation analysis, a family assessment and services analysis, a child welfare practice analysis, and a cost analysis. This report utilizes data gathered from all lead agencies serving Florida's 67 counties and covers SFY 05-06 through SFY 09-10, depending on the data source and methodology. Findings are detailed as they relate to four main hypotheses in an effort to better convey the story of Florida's IV-E Waiver impact to date.

**Hypothesis 1: 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.** Over the last five years (SFY 05-06 through SFY 09-10), the number of children served in out-of-home care statewide decreased steadily from 50,174 in SFY 05-06 to 33,566 in SFY 09-10. When the SFY 05-06 exit cohort was compared to the SFY 09-10 exit cohort, a statistically significant decrease in the number of children who were served in out-of-home care was observed.

**Hypothesis 2: Over the life of the demonstration project, there will be improvements in child outcomes, including child permanency, safety, and well-being.** Overall, there is a trend indicating a continuing improvement in the lead agencies' performance in child outcomes related to permanency and safety. The percentage of children reunified with an original caregiver or placed with relatives within 12 months of latest removal for SFY 05-06 (pre-implementation year) was 65.3% and for SFY 09-10 it was 67.5%, a statistically significant increase. The statewide average percentage of children who were adopted within 24 months of their removal rose from 33.6% in SFY 05-06 to 42.5% in SFY 09-10, an increase of almost 9%. This percent (SFY 09-10) exceeds the state standard, which is 32%. The percentage of children

who re-entered out-of-home care within 12 months of reunification declined over time, from 11.6% for SFY 05-06 to 10.4% for SFY 08-09 (the difference was not statistically significant). In summary, findings suggest that during post IV-E Waiver years, progressively more children achieved timely permanency while remaining safe.

In the area of family assessment and services provision, improvement was demonstrated in seven of the nine Child and Family Services Review (CFSR) items from July-December 2008 to January-June 2010. The two items with achievement levels that declined between these two time periods were: educational needs of child (from 82.3% to 82.1%) and physical health of child (from 69.2% to 58.6%). In addition, all five of the negotiated Performance Improvement Plan (PIP) improvement goals were exceeded.

The three CFSR items with the highest level of achievement at January-June 2010, which also approached the 90% strength rating were: services to family to protect children in the home and prevent removal or re-entry into foster care (88%), mental health of child (84.8%), and educational needs of child (82.1%). The items most in need of improvement at January-June 2010 were: relationship of child in care to parents (49.6%), caseworker visits with parents (51.6%), and physical health of child (58.6%).

**Hypothesis 3: 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. Consistent with the CBC model, the new flexibility of funds will be used differently by each lead agency, based on the unique needs of the communities they serve.** Since implementation of the IV-E Waiver the prevention service array across the State has expanded significantly, ranging from prevention efforts aimed at families in the community with no involvement in the child welfare system to strategies focused on preventing the need for a child's placement in out-of-home care. The majority of these services are provided in the family's home to help alleviate the safety risk. Strategies designed to improve the efficiency and appropriateness of the services provided have also been put into place, including the use of resource specialists, co-location of child welfare and child protection staff, and service planning staffings.

Family team conferencing has continued to expand across the State, from 25% of lead agencies reporting its use at baseline to 70% currently. In addition, the Florida Department of Children and Families (DCF) is in the process of implementing a newly developed family-centered practice (FCP) model statewide through the use of a train-the-trainer series, the inclusion of family-centered practice principles in mandatory pre-service training, and funding and support of FCP innovation sites.

Strategies to reduce lengths of stay in out-of-home care have not seen as significant an expansion as the prevention and family engagement focused strategies, but have still experienced an increase since Waiver implementation. Across all types of strategies, lead agencies have implemented innovative and promising practices such as family team conferencing, solution-based casework, Parenting with Love and Limits, and family finding. These practices will continue to be highlighted in future reports as a part of the IV-E Waiver evaluation, including discussions of the implementation process and related outcomes.

In order to present a more in-depth analysis of how CBC lead agencies have expanded their service arrays in response to the unique needs of their communities, this section of the report includes case studies of two lead agencies, Kids Central Inc. and FamiliesFirst Network.

**Hypothesis 4: Expenditures associated with out-of-home care will decrease following Waiver implementation, while expenditures associated with prevention and in-home services will increase, although no new dollars will be spent as a result of Waiver implementation.** There is clear evidence that hypothesized changes in spending for out-of-home care and front-end services have occurred since the Waiver was implemented in October 2006. Expenditures for licensed out-of-home care decreased by 24% from SFY 05-06 to SFY 09-10, while front-end services expenditures have more than doubled during the same period. The ratio of licensed out-of-home care expenditures to expenditures for front-end services in SFY 09-10 was less than half of this ratio in SFY 05-06, which further demonstrates a shift in spending away from out-of-home care to prevention, diversion, family preservation and other in-home services.

The spending flexibility afforded by the IV-E Waiver has led to other beneficial changes in Florida's child welfare spending. Expenditures for other client services, primarily for helping families complete case plans, have increased by 75% during the Waiver period. The Waiver has helped free up additional funds for foster and adoptive parent training and maintenance adoption subsidies, both of which support higher completed adoption rates. Additional funding for independent living services for youths transitioning out of the child welfare system has been primarily driven by the Waiver.

It is worth noting that these changes in spending were possible because the flexibility afforded by the Waiver allowed Florida's child welfare system to access 100% of the federally appropriated IV-E funds each year since the Waiver began. This is a change in practice from before the Waiver, when the system was only able to access 98% or 99% of the IV-E budget.

## **Policy Recommendations**

Based on findings explicated throughout this report, the following recommendations are made to CBC lead agencies, case management organizations, and the Florida Department of Children and Families:

- While improvement has been demonstrated in achieving the standards associated with assessment, service planning and provision, and engagement, it is clear from the data that CBCs must continue their efforts to address a variety of issues in order to better promote the safety, permanency, and well-being of children and families served in Florida's child welfare system. Special efforts should be made to increase the proportion of children who receive dental assessments and services. Another area needing attention is the provision of assessments and appropriate services for fathers as well as their engagement in decision-making and case planning.
- To further prevent re-entry into out-of-home care, more intensive services, such as frequent visitations by a case manager, in-home parent education and various supports (e.g., providing information about specific resources, connecting families with necessary services) should be provided to families immediately after reunification or adoption.
- Considering the significant expansion of intensive in-home services across the State, it is recommended that lead agencies and providers document the models of practice being used and track practitioner fidelity and outcomes in order to determine if programs are effective at achieving permanency and safety for families in Florida.
- DCF should continue pursuing renewal of the IV-E Waiver. The financial flexibility afforded by the Waiver has enabled CBCs to increase spending for prevention, diversion, family preservation, and other in-home services that are viable substitutes for out-of-home care for many children and families.
- The U.S. Department of Health and Human Services should renew Florida's IV-E Waiver for an additional five year term, based on the demonstrated positive trends in expansion of the service array, focus on prevention, improvement in child-level outcomes, and significant decrease in children placed in out-of-home care since Waiver implementation.

## **Introduction and Overview**

### **Federal Child Welfare Legislation**

There are four key federal legislative acts that have impacted the provision of child welfare services nationwide: the Social Security Act, Public Law 103-432, the Adoption and Safe Families Act (ASFA), and the Fostering Connections Act.

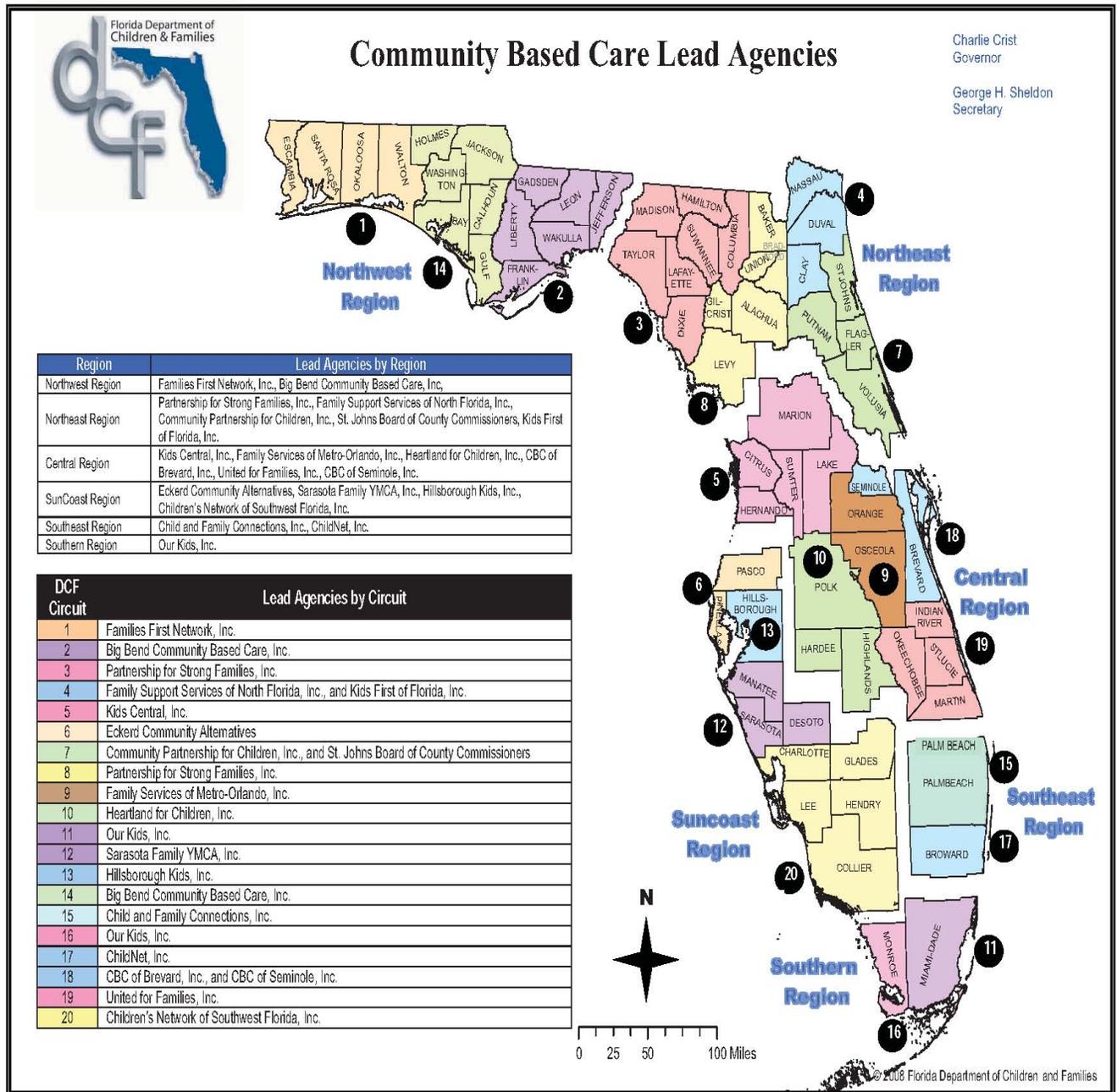
As part of the Social Security Act (1935), Title IV's intent is to "Increase the flexibility of States in operating a program designed to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives." In 1994, Congress passed Public Law 103-432, which gave the U.S. Department of Health and Human Services (HHS) authority to approve State demonstration projects pertaining to the "waiver" of certain provisions of Title IV-E of the Social Security Act governing federal programs related to foster care and other child welfare services. The waiver allowed states flexibility in the use of federal funds to provide services promoting safety, well-being, and permanency for children in the child welfare system (U.S. Department of Health and Human Services, Administration for Children & Families, 2010). The Adoption and Safe Families Act (ASFA) of 1997 emphasizes the achievement of permanency, safety, and well-being for children within the child welfare system. ASFA also specified that permanency has to be reached within certain time periods and that safety and well-being for children have to be ensured. It extended and expanded the authority of HHS to use waivers for child welfare programs. Most recently, H.R. 6893 the Fostering Connections to Success and Increasing Adoptions Act (2008) was enacted to ensure the child welfare system: provides support to relative caregivers, improves outcomes for children in foster care, provides for tribal foster care and adoption access, improves incentives for adoption, and better prepares older youth for adulthood by extending federal support for transition programs to age 21.

### **Florida's Child Welfare System**

In Florida, the 1996 Legislature mandated the outsourcing of child welfare services, known as Community-Based Care (CBC), through the use of a lead agency design. The intent of the original statute was to strengthen the support and commitment of local communities in caring for children and reunifying families while increasing the efficiency and accountability of service provision. Only Florida and Kansas have implemented statewide privatization of case management services (Casey Family Programs, 2009). All of Florida's 67 counties have

transitioned to the CBC model and their regional locations are illustrated in Figure 1. Table 1 reports the number of children served by Florida's lead agencies during SFY 09-10.

Figure 1. Florida's Community-Based Care lead agencies\*



Available online at: [http://www.dcf.state.fl.us/cbc/docs/lead\\_agency\\_map.pdf](http://www.dcf.state.fl.us/cbc/docs/lead_agency_map.pdf)

\* CBC of Brevard, Inc. is now called Brevard Family Partnership.

Table 1.  
*Number of Children Served in SFY 09-10 by Lead Agency*

Lead Agency & Counties Served	Number of children served SFY 09-10
1 <sup>st</sup> Circuit <b>FamiliesFirst Network, Inc. (FFN)</b> Escambia, Santa Rosa, Okaloosa, & Walton	4,176
2 <sup>nd</sup> Circuit and 14 <sup>th</sup> Circuit <b>Big Bend Community Based Care, Inc. (BBCBC)</b> Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Wakulla, & Washington	3,743
3 <sup>rd</sup> Circuit and 8 <sup>th</sup> Circuit <b>Partnership for Strong Families, Inc. (PSF)</b> Alachua, Baker, Bradford, Gilchrist, Levy, Union, Dixie, Columbia, Hamilton, Lafayette, Madison, Suwannee, & Taylor	2,677
4 <sup>th</sup> Circuit <b>Family Support Services of North Florida, Inc. (FSS)</b> Duval & Nassau	3,892
4 <sup>th</sup> Circuit <b>Kids First of Florida, Inc. (Kids First)</b> Clay	695
5 <sup>th</sup> Circuit <b>Kids Central, Inc. (KCI)</b> Citrus, Hernando, Lake, Marion, & Sumter	3,447
6 <sup>th</sup> Circuit <b>Eckerd Community Alternatives (Eckerd)</b> Pasco & Pinellas	5,048
7 <sup>th</sup> Circuit <b>Community Partnership for Children, Inc. (CPC)</b> Flagler, Putnam, & Volusia	2,365
7 <sup>th</sup> Circuit <b>St. Johns Board of County Commissioners (St. Johns)</b> St. Johns	375
9 <sup>th</sup> Circuit <b>Family Services of Metro-Orlando, Inc. (FSMO)</b> Orange & Osceola	4,267

Lead Agency & Counties Served	Number of children served SFY 09-10
10 <sup>th</sup> Circuit <b>Heartland for Children, Inc. (HFC)</b> Polk, Hardee, & Highlands	2,715
11 <sup>th</sup> Circuit and 16 <sup>th</sup> Circuit <b>Our Kids of Miami-Dade &amp; Monroe, Inc. (Our Kids)</b> Miami-Dade & Monroe	5,175
12 <sup>th</sup> Circuit <b>Sarasota Family YMCA, Inc. (Sarasota YMCA)</b> Manatee, DeSoto, & Sarasota	1,688
13 <sup>th</sup> Circuit <b>Hillsborough Kids, Inc. (HKI)</b> Hillsborough	4,685
15 <sup>th</sup> Circuit <b>Child and Family Connections, Inc. (CFC)</b> Palm Beach	2,879
17 <sup>th</sup> Circuit <b>ChildNet, Inc. (ChildNet)</b> Broward	3,811
18 <sup>th</sup> Circuit <b>Community Based Care of Seminole, Inc. (CBC of Seminole)</b> Seminole	938
18 <sup>th</sup> Circuit <b>Brevard Family Partnership (BFP)</b> Brevard	1,854
19 <sup>th</sup> Circuit <b>United for Families, Inc. (UFF)</b> Okeechobee, St. Lucie, Indian River, & Martin	2,574
20 <sup>th</sup> Circuit <b>Children's Network of Southwest Florida, Inc. (Children's Network)</b> Charlotte, Collier, Glades, Hendry, & Lee	2,747
Total	59,751

\* Due to missing data (n=11), the total number of children served exceeds the sum of the numbers of children served by individual lead agencies.

In addition to CBC implementation, the Title IV-E Waiver Demonstration Project was authorized by HHS, Administration for Children and Families (ACF) and implemented statewide in October 2006. This flexible funding demonstration targets Title IV-E eligible and non-eligible children ages 0-18 who were receiving in-home child welfare services or who were in out-of-home placements at the start of the project implementation, and all families who entered the child welfare system with an allegation of maltreatment (James Bell Associates, 2010). The purpose of the Waiver is to demonstrate that allowing federal IV-E foster care funds to be used for a wide variety of child welfare services rather than being restricted to out-of-home care, as is normally the case under federal law, will result in improved outcomes for children and families.

DCF contracts with the Louis de la Parte Florida Mental Health Institute (FMHI) at the University of South Florida (USF) to evaluate Florida's statewide IV-E Waiver Demonstration Project. 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.

The Waiver was set to expire September 30, 2011. Federal legislative authority to approve new Title IV-E Waivers expired March 31, 2006. However, any state with demonstration projects which were approved before that date can request to extend their projects. Consideration and approval of such requests are at the Secretary's discretion (U.S. Department of Health and Human Services, Administration for Children & Families, 2010). Therefore, the Florida Department of Children and Families requested an extension to the Waiver from October 1, 2011 through September 30, 2016 (see Appendix A for a copy of the letter submitted to ACF, dated July 23, 2010). ACF approved a 10-month extension until July 31, 2012 (see Appendix B for a copy of the letter submitted to DCF, dated August 26, 2010) so that a final evaluation report on the Waiver can be completed. After ACF review of the evaluation findings, a decision will be made about the five-year Waiver extension.

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

The purpose of the IV-E Waiver evaluation is to test the expectation that an expanded array of community-based services available through the flexible use of Title IV-E funds will:

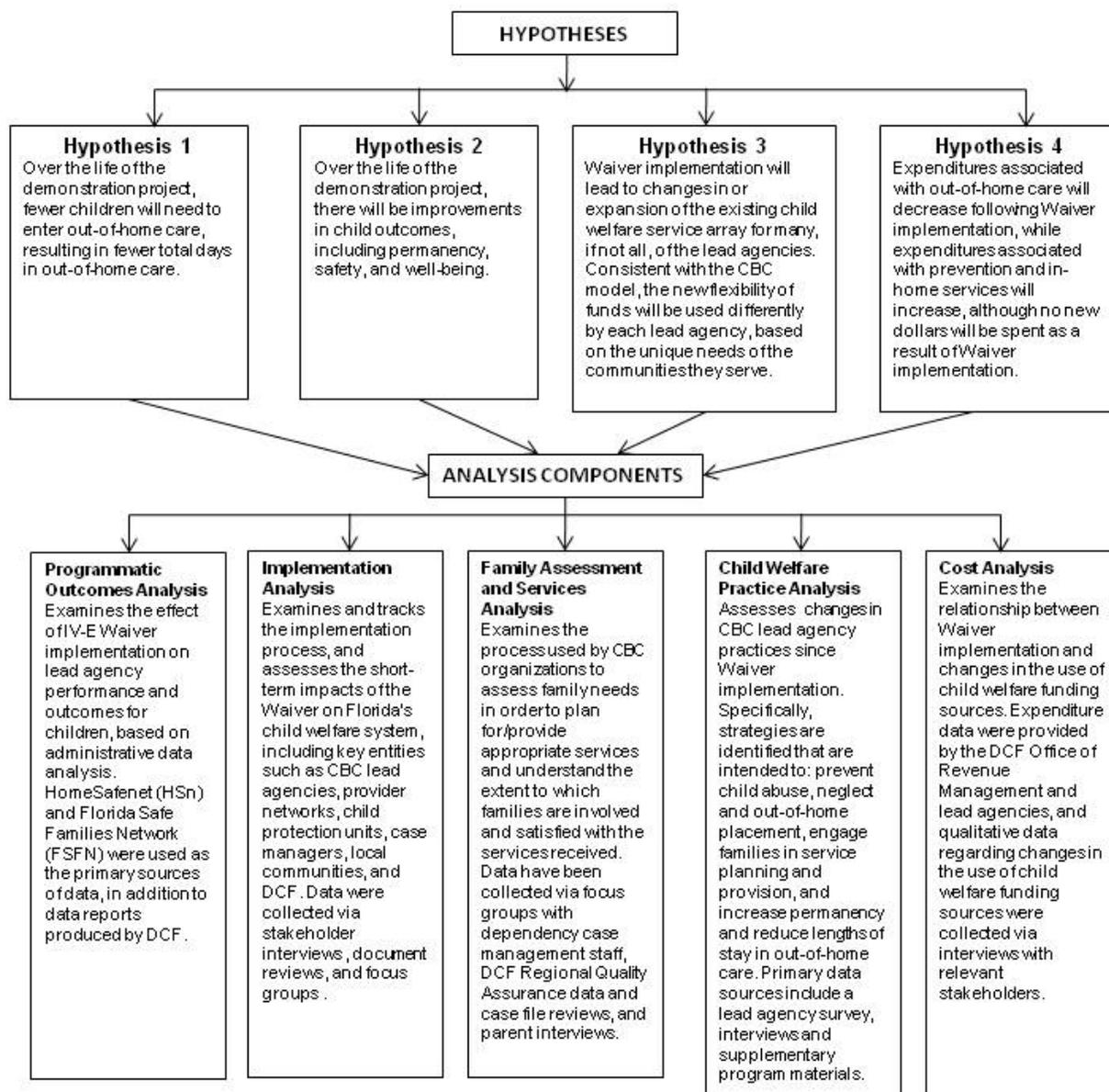
- expedite the achievement of permanency through either reunification or adoption;
- maintain child safety;
- increase child well-being; and
- reduce administrative costs associated with providing community-based child welfare services.

This report includes data gathered from all lead agencies serving Florida's 67 counties and covers SFY 05-06 through SFY 09-10, depending on the data source and measure.

### **Conceptual and Methodological Framework**

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 for this evaluation is based on (a) federal and state government expectations of the intended outcomes of the Waiver implementation, (b) the evaluation team's hypotheses about practice change developed from knowledge of the unique child welfare service arrangements throughout the State, and (c) stakeholder feedback on the change theory via interviews and focus groups. Five analysis components address the hypotheses, and data from various information sources within each component are triangulated as part of the evaluation design (see Figure 2).

Figure 2. Evaluation design



The evaluation maximizes the strengths of using a longitudinal research design while minimizing intrusiveness for the CBC lead agencies. Whenever feasible, existing data sources are utilized to minimize participant requests. (For example, for the programmatic outcome analysis, HomeSafenet (HSn) and Florida Safe Families Network (FSFN) were the primary sources of data for information about child characteristics and child placements while in out-of-home care.) In addition, the evaluation was designed to be participatory, with input from DCF, CBC lead agencies, community partners, and parents, which was welcomed and requested at all phases of the evaluation.

This report addresses the following topics for each of the analysis components in support of the hypotheses:

- Programmatic Outcomes Analysis: Longitudinal comparisons for children over the course of the Waiver include the percentage of children reunified within 12 months of their latest removal (permanency), the percentage of children adopted within 24 months of their latest removal (permanency), and the proportion of children re-entering out-of-home care within 12 months of exiting (child safety).
- Family Assessment and Services Analysis: Analysis of statewide quality assurance data focusing on three key factors in serving families in the child welfare system: assessment of needs, family engagement, and service planning and provision. Twenty-three DCF case management quality of practice standards reflective of the three factors named above were selected for analysis.
- Child Welfare Practice Analysis: Analysis of statewide service array data reports the extent to which expansion of the service array has occurred since the Waiver and articulates changes in the types of services available to children and families being served by Florida's community-based child welfare system.
- Cost Analysis: Analysis of longitudinal trends in spending for out-of-home care and prevention/intervention services as well as other spending changes that may affect permanency and safety.
- Implementation Analysis: Qualitative analysis of interviews and documents via case study in order to illustrate the impact of the Waiver on two lead agencies, Kids Central, Inc. and FamiliesFirst Network. Case studies include examination of child outcomes, changes to the service array, prevention and diversion supports and services, community outreach, workforce issues, and future lead agency goals if the Waiver is renewed.

## Hypothesis 1

*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.*

The intent of the Programmatic Outcomes analysis is to examine the effect of IV-E Waiver implementation on lead agency performance and outcomes for children. Specifically, the analysis was designed to address whether as a result of IV-E Waiver implementation performance measures were improved and child outcome goals were achieved. Because the Waiver allows for flexible use of federal funds that were previously reserved for out-of-home care expenses, the primary expectation was that lead agencies would use these funds to implement innovative child welfare practices, increase the development of prevention programs, and enhance existing services. Following these Waiver effects, other positive changes are expected to occur, such as increases in the number of children who achieved permanency through reunification or adoption, and improvement in timeliness of permanency for these children, while maintaining child safety and well-being.

## Methodology

To examine trends in workload, safety and permanency for children in the child protection system over the course of the Waiver, longitudinal analyses were conducted. Workload outcomes were assessed for one pre-Waiver (baseline) cohort (SFY 05-06) compared to one post-Waiver cohort (SFY 09-10) of children served in out-of-home care. Child safety and permanency outcomes were assessed for successive cohorts of children who exited out-of-home care before and during IV-E Waiver implementation. For this report, one pre-Waiver (baseline) cohort (SFY 05-06) and four post-Waiver cohorts (SFY 06-07, 07-08, 08-09, and 09-10) were included in the analyses. Longitudinal comparisons were conducted for these five cohorts of children who exited out-of-home care over the course of the IV-E Waiver implementation.

For the current report, one workload measure, two permanency measures, and one safety measure<sup>1</sup> were selected. These measures were developed in collaboration with DCF and include:

*Workload:* Number of children served in out-of home care in a specific fiscal year

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<sup>1</sup> Another safety measure "Proportion of children with Maltreatment within Six Months after Services Were Terminated" was not calculated due to incomplete data at the time of the request. Complete CSA data has been requested from DCF.

*Permanency:*

- Percentage of children reunified in a specific fiscal year within 12 months of their latest removal
- Percentage of children adopted in a specific fiscal year within 24 months of their latest removal

*Child Safety:*

- Proportion of children re-entering out-of-home care within 12 months of exiting in a specific fiscal year

The workload measure findings are reported in this section. The permanency and safety measures findings are reported in Hypothesis 2 starting on pg 26 of this report.

**Sources of data.**

HomeSafenet (HSn) and Florida Safe Families Network (FSFN) were the sources of data used for this analysis.

**Analytic approach.**

The data used for this analysis included SFY 05-06 through SFY 09-10. The last date of data collection was June 2010. Statistical analyses consisted of Life Tables – a type of event history or survival analysis<sup>2</sup>, Cox regression analyses (Cox, 1972)<sup>3</sup>, and analysis of variance (ANOVA) tests.

**Limitations.**

It is important to note a few limitations in conducting the programmatic outcomes analysis. First, this study was limited by the use of outcome measures of lead agency performance that related to workload, child safety and permanency outcomes. Second, the study design did not include a cross-sectional comparison group (i.e., counties where the IV–E Waiver was not implemented). The absence of a comparison group is due to Florida’s statewide implementation of the Waiver. Because a comparison group was not available, longitudinal comparison was performed with baseline cohorts. Likewise, due to a lack of a comparison group, examination of a difference in the rate of change over time between the intervention and

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<sup>2</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).

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

comparison groups was not feasible. Finally, no predictors were included in the longitudinal analyses; therefore, factors that might potentially affect outcomes remain unknown.

## Findings

### Children in out-of-home care.

Table 2 identifies the number of children in out-of-home care during SFY 09-10, reported by lead agency.

Table 2.

*Number of Children Served in Out-of-Home (OOH) Care in SFY 09-10 by Lead Agency*

Lead Agency & Counties Served	Number of children served in OOH SFY 09-10*
1 <sup>st</sup> Circuit <b>FamiliesFirst Network, Inc. (FFN)</b> Escambia, Santa Rosa, Okaloosa, & Walton	1,810
2 <sup>nd</sup> Circuit and 14 <sup>th</sup> Circuit <b>Big Bend Community Based Care, Inc. (BBCBC)</b> Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Wakulla, & Washington	1,755
3 <sup>rd</sup> Circuit and 8 <sup>th</sup> Circuit <b>Partnership for Strong Families, Inc. (PSF)</b> Alachua, Baker, Bradford, Gilchrist, Levy, Union, Dixie, Columbia, Hamilton, Lafayette, Madison, Suwannee, & Taylor	1,195
4 <sup>th</sup> Circuit <b>Family Support Services of North Florida, Inc. (FSS)</b> Duval & Nassau	1,735
4 <sup>th</sup> Circuit <b>Kids First of Florida, Inc. (Kids First)</b> Clay	387
5 <sup>th</sup> Circuit <b>Kids Central, Inc. (KCI)</b> Citrus, Hernando, Lake, Marion, & Sumter	2,078
6 <sup>th</sup> Circuit <b>Eckerd Community Alternatives (Eckerd)</b> Pasco & Pinellas	3,230

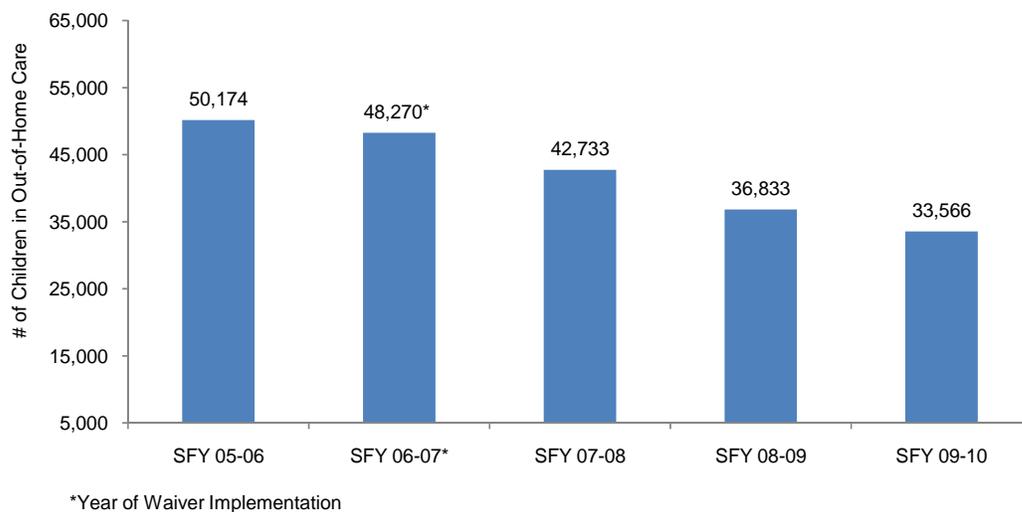
Lead Agency & Counties Served	Number of children served in OOH SFY 09-10*
7 <sup>th</sup> Circuit <b>Community Partnership for Children, Inc. (CPC)</b> Flagler, Putnam, & Volusia	1,504
7 <sup>th</sup> Circuit <b>St. Johns Board of County Commissioners (St. Johns)</b> St. Johns	266
9 <sup>th</sup> Circuit <b>Family Services of Metro-Orlando, Inc. (FSMO)</b> Orange & Osceola	2,253
10 <sup>th</sup> Circuit <b>Heartland for Children, Inc. (HFC)</b> Polk, Hardee, & Highlands	1,605
11 <sup>th</sup> Circuit and 16 <sup>th</sup> Circuit <b>Our Kids of Miami-Dade &amp; Monroe, Inc. (Our Kids)</b> Miami-Dade & Monroe	2,960
12 <sup>th</sup> Circuit <b>Sarasota Family YMCA, Inc. (Sarasota YMCA)</b> Manatee, DeSoto, & Sarasota	1,245
13 <sup>th</sup> Circuit <b>Hillsborough Kids, Inc. (HKI)</b> Hillsborough	3,195
15 <sup>th</sup> Circuit <b>Child and Family Connections, Inc. (CFC)</b> Palm Beach	1,629
17 <sup>th</sup> Circuit <b>ChildNet, Inc. (ChildNet)</b> Broward	2,381
18 <sup>th</sup> Circuit <b>Community Based Care of Seminole, Inc. (CBC of Seminole)</b> Seminole	511
18 <sup>th</sup> Circuit <b>Brevard Family Partnership (BFP)</b> Brevard	908
19 <sup>th</sup> Circuit <b>United for Families, Inc. (UFF)</b> Okeechobee, St. Lucie, Indian River, & Martin	1,224

Lead Agency & Counties Served	Number of children served in OOH SFY 09-10*
20 <sup>th</sup> Circuit <b>Children's Network of Southwest Florida, Inc. (Children's Network)</b> Charlotte, Collier, Glades, Hendry, & Lee	1,686
<b>Total</b>	<b>33,566</b>

\* Due to missing data (n=9), the total number of children served in OOH exceeds the sum of the numbers of children served by individual lead agencies.

Over the last five years (SFY 05-06 through SFY 09-10), the number of children served in out-of-home care statewide decreased steadily from 50,174 in SFY 05-06 to 33,566 in SFY 09-10 (see Figure 3). The range (i.e., the difference between the smallest and the largest numbers) was equal to 16,608. When the SFY 05-06 exit cohort was compared to the SFY 09-10 exit cohort, a statistically significant decrease in the number of children who were served in out-of-home care was observed (see Table 1, Appendix C). After implementation of the IV-E Waiver (SFY 06-07), the number of children served in out-of-home care per year decreased by 14,704, approximately a 31% reduction.

Figure 3. Total number of children served in out-of-home care by fiscal year



This reduction occurred within a major contextual change that has taken place in Florida's child welfare system since Waiver initiation. This change constitutes the lead agencies'

greater creativity and flexibility in spending and therefore, their ability to respond efficiently to identified community needs. Specifically, many new strategies including offering various resources and supports to child protective investigators and identifying family connections and permanency options for children in foster care were developed. In addition, some lead agencies created a network with various providers who have expertise in key areas, such as substance abuse, mental health, and domestic violence and who can immediately serve families and prevent their entry into the child welfare system.

The Waiver also has allowed lead agencies to provide a variety of new services such as diversion services, early intervention services (for children age 0-5 years old), intensive crisis counseling, intensive in-home services, as well as responding directly to calls from parents in the community and providing them with assistance, either directly or through referrals to other community resources and services. Finally, a variety of innovative practices have been developed to improve child outcomes (Armstrong et al., 2008) including timeliness of permanency and prevention of re-entry into out-of-home care.

### **Summary**

Financial flexibility allowed by the Waiver has had a major impact on lead agencies' ability to focus on prevention and creative thinking regarding critical child welfare issues. Lead agencies have developed new interventions and preventive strategies that help keep children from entering the child protection system and speed up their permanency. As a result of these efforts, the number of children served in out-of-home care significantly decreased and children's well-being is expected to improve because children avoid the trauma associated with separation from their parents and the trauma related to placement moves.

## **Hypothesis 2**

*Over the life of the demonstration project, there will be improvements in child outcomes, including permanency, safety, and well-being.*

Findings from two analysis components, Family Assessment and Services and Programmatic Outcomes, are reported in this section as they are relevant to Hypothesis 2. The methodology for the programmatic outcome analysis is described on page 13.

### **Family Assessment and Services Methodology**

The Family Assessment and Services analysis examines three key factors in serving families in the child welfare system: assessment of needs, family engagement, and service planning and provision. The methodology used for this report consisted of the selection of 23 DCF case management quality of practice standards reflective of the three factors named above and an analysis of these data statewide, which were collected and aggregated by DCF as part of their regularly scheduled quality assurance reviews. Data for four time periods are compared over two years: July-December 2008, January-June 2009, October-December 2009, and January-June 2010. A special review related to psychotropic medications was conducted for July-September 2009; therefore, the regular quality assurance reviews were not completed during this three-month period. The analysis began with July 2008 when the quality assurance review standards were significantly revised by the Department; this allows for reporting consistency and appropriate comparison. Case management quality assurance data are aggregated and presented according to Child and Family Services Review (CFSR) items to comport with federal monitoring requirements. For five of the CFSR items below, the Department negotiated improvement goals as part of their Performance Improvement Plan (PIP). These improvement goals are provided for added context related to performance beyond the baseline period. In addition, the CFSR item “strength rating” of 90% is shown on each figure. Appendix D briefly describes each CFSR item and case management standard presented herein. Tables in Appendix E provide additional details specific to the case management standards summarized in Figures 4 through 12.

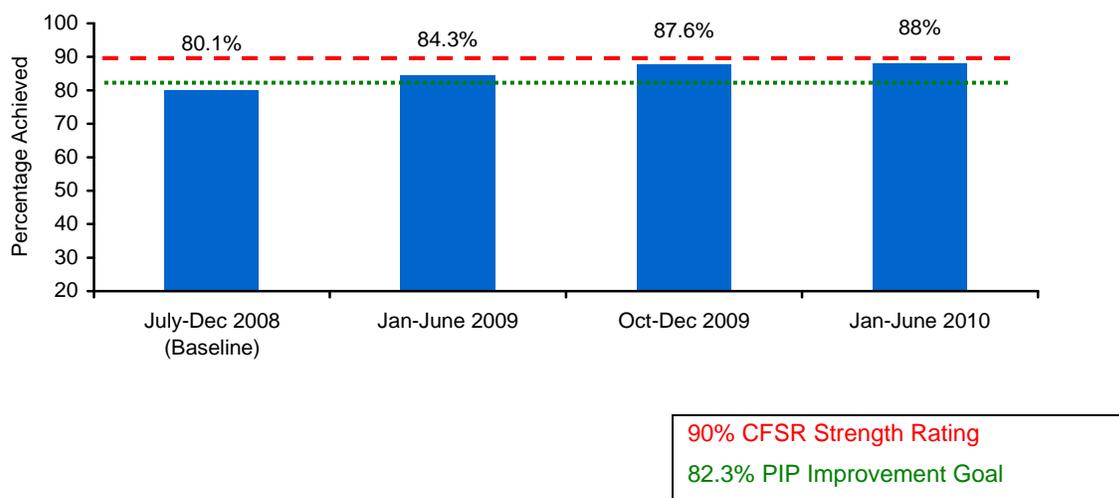
### **Family Assessment and Services Findings**

#### **Services to protect children in the home.**

Data related to three case management standards examining the prevention of initial removal of children from their homes or re-entry into foster care are summarized in Figure 4.

Continual improvement was demonstrated in these areas of assessment and service planning and provision. The PIP improvement goal of 82.3% was achieved for the CFSR item, which approached the 90% strength rating. Improvements specific to each case management standard over the two-year analysis period are as follows: services provided to keep the child safely in the home increased from 84.1% to 94.1% of the time, service referrals were completed from 80.9% to 88.9% of the time, and efforts made to manage post-reunification risks increased from 67.6% to 74.3% of the time (see Table 1, Appendix E).

*Figure 4.* Percentage of reviewed cases that achieved case management standards applicable to CFSR Item 3: Services to family to protect children in the home and prevent removal or re-entry into foster care

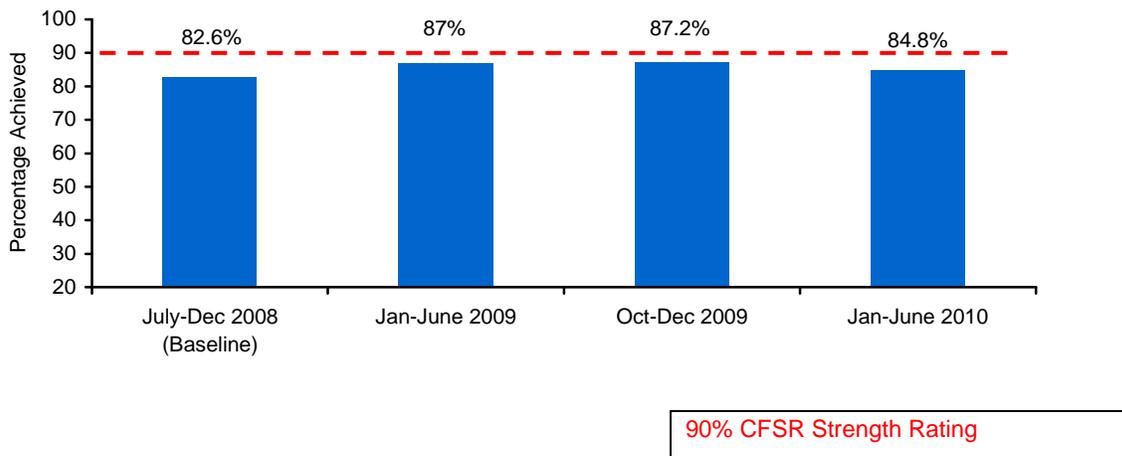


### **Mental health, educational, physical, and dental health needs of children.**

Nine case management standards address the assessment of needs and provision of services for children’s mental health (Figure 5), education (Figure 6), and physical/dental health (Figure 7). An overall pattern of improvement followed by a decline is illustrated in each of these areas. However, mental health needs were consistently assessed and provided for to a greater extent than educational and physical health needs. As detailed in Table 2, Appendix E, needs assessments and service provision occurred to a lesser degree for dental health (ranging from 45.4% to 67.6%) during the two-year period than for physical health (ranging from 66.1% to 83.1%). In addition, dental health assessments were conducted less often (45.4% to 50%) than the provision of such services (46.9% to 67.6%) for each reporting period (see Table 2, Appendix E). Conversely, mental health assessments occurred more often for children (84.8%

to 89.3%) than the provision of services to meet their identified needs (79% to 85.8%) as presented in Table 3, Appendix E. The relationship between educational assessments, service provision, and outcomes was mixed (see Table 4, Appendix E). At 84.8% and 82.1% for January-June 2010, the CFSR items for mental health and educational needs, respectively, approached the 90% strength rating.

*Figure 5.* Percentage of reviewed cases that achieved case management standards applicable to CFSR Item 23: Mental health of child



*Figure 6.* Percentage of reviewed cases that achieved case management standards applicable to CFSR Item 21: Educational needs of child

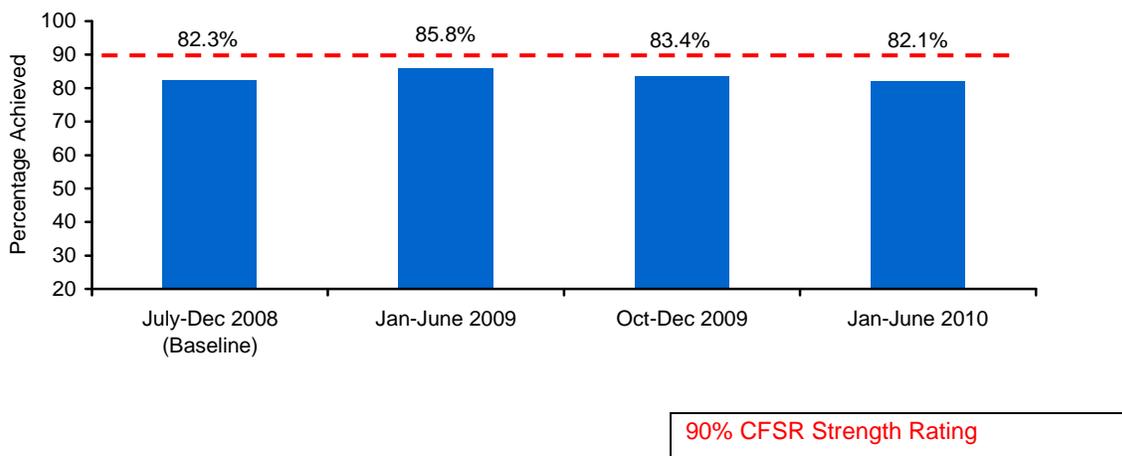
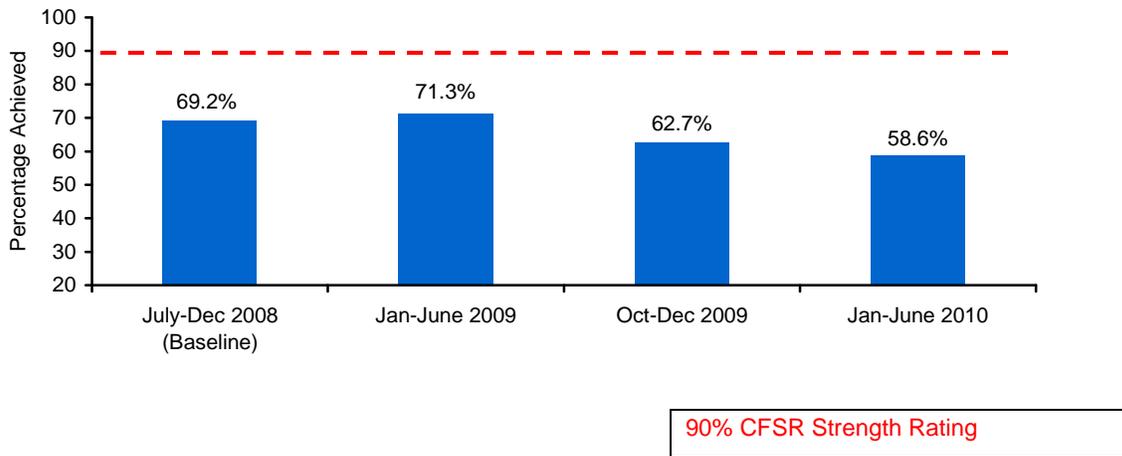


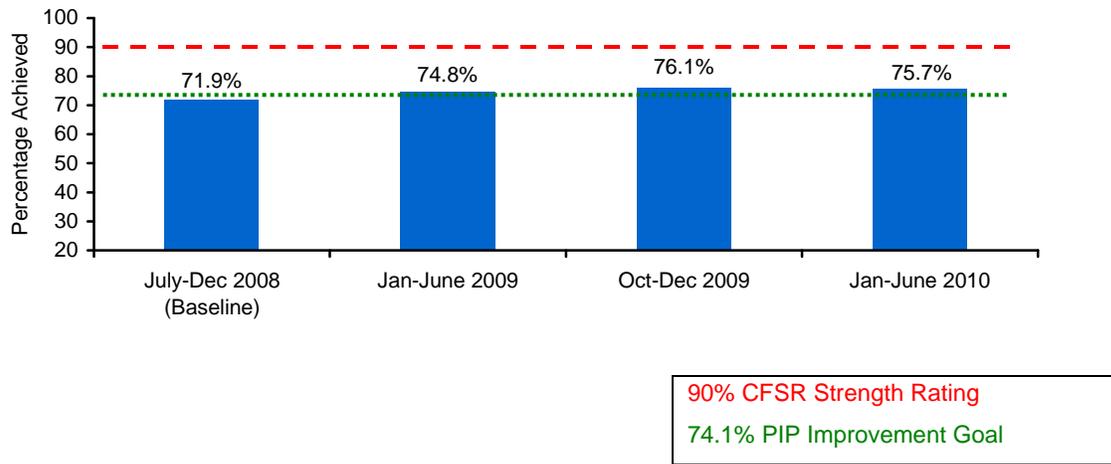
Figure 7. Percentage of reviewed cases that achieved case management standards applicable to CFSR Item 22: Physical/dental health of child



#### Ongoing assessment and engaging parents.

Data for six case management standards that focus on ongoing assessments for children, parents, and out-of-home caregivers (foster parents/pre-adoptive parents); and the engagement of parents with services are summarized in Figure 8. Similar to children’s mental health, education, and physical health needs and services, an overall pattern of improvement is illustrated, followed by a decline, though not below the July-December 2008 baseline. Closer examination of the data in Table 5, Appendix E revealed that a higher proportion of mothers received ongoing assessments across the two-year analysis period (71.6% to 79.7%) than did fathers (54.9% to 58.8%); however, ongoing assessments for out-of-home caregivers (84.6% to 88.6%) and children (84.3% to 88%) were conducted to a greater extent than for parents. Concerted efforts were made to engage mothers in a greater proportion of cases (64.7% to 72.8%) when compared to fathers (52.4% to 58.4%). The PIP improvement goal of 74.1% was achieved after the baseline period, although the 90% CFSR strength rating was not.

Figure 8. Percentage of reviewed cases that achieved case management standards applicable to CFSR Item 17: Needs and services of child, parents, and foster parents



**Decision making and case planning.**

Family engagement is also addressed through three standards related to encouraging parent participation in making decisions about child needs (which supports the parent/child relationship) and family involvement in case planning. Figure 9 shows an initial overall decline, followed by two periods of improvement in the achievement of standards for encouraging parent decision making, with mothers being supported to a greater extent than fathers (see Table 6, Appendix E). Figure 10 also shows improvement in concerted efforts being made to involve families (mother, father, child, out-of-home provider) in case planning (see Table 7, Appendix E). Although the CFSR strength rating was not achieved in either area, the PIP improvement goal of 62.4% for family involvement was achieved after the baseline period.

Figure 9. Percentage of reviewed cases that achieved case management standards applicable to CFSR Item 16: Relationship of child in care to parents

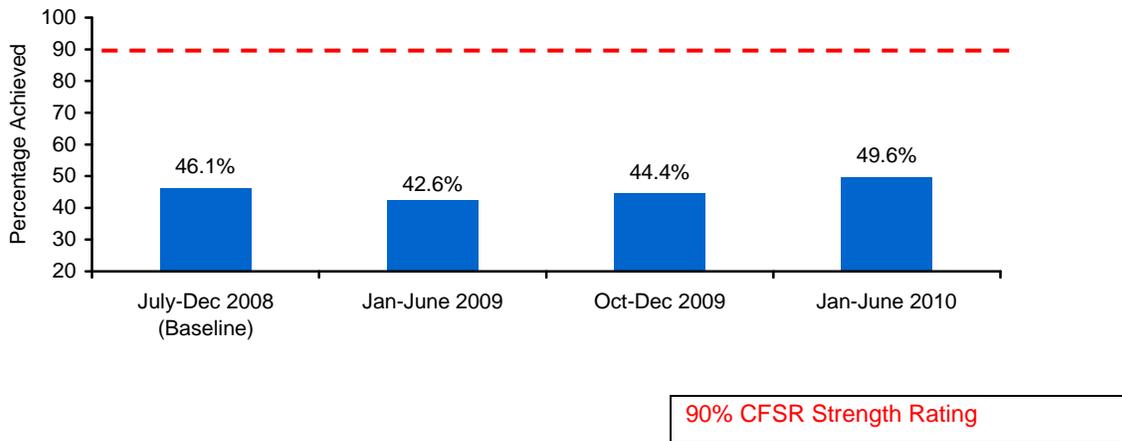
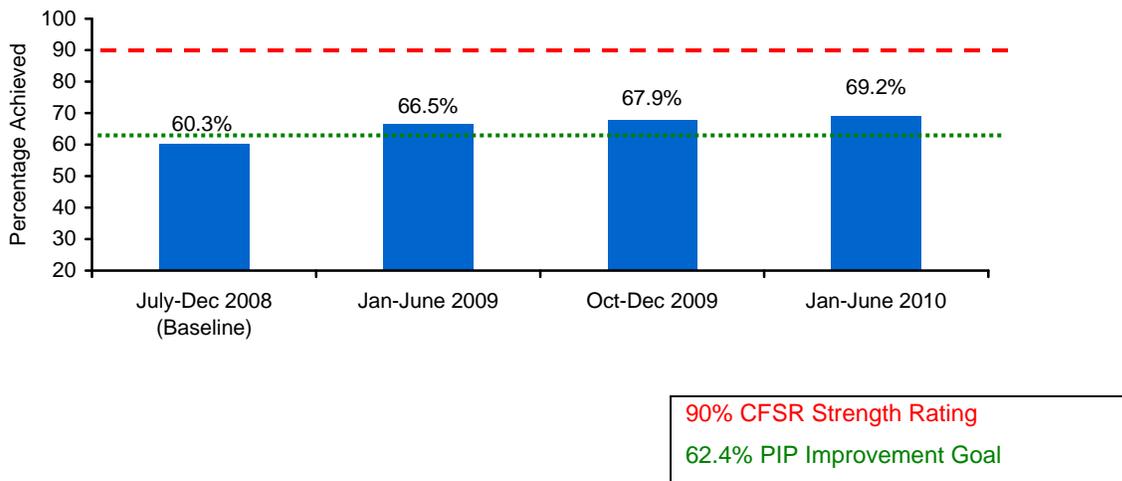


Figure 10. Percentage of reviewed cases that achieved case management standards applicable to CFSR Item 18: Child and family involvement in case planning



**Worker visits with children and parents.**

Two case management standards address the frequency and quality of caseworker visits with children and parents. These visits are relevant to service planning and provision in that they should be provided in a manner sufficient to address issues related to child safety, permanency, and well-being. Figures 11 and 12 indicate improvement in both frequency and quality of visits, though in a higher percentage of cases for children (see Table 8, Appendix E) than for parents (see Table 9, Appendix E). Specific to caseworker visits with parents, sufficient frequency and quality consistently was achieved to a greater extent with mothers (26.9% to

72.2%) than with fathers (17.8% to 58.6%) (see Table 9, Appendix E). The PIP improvement goals for both areas were achieved; the CFSR strength rating was not.

Figure 11. Percentage of reviewed cases that achieved case management standards applicable to CFSR Item 19: Worker visits with child

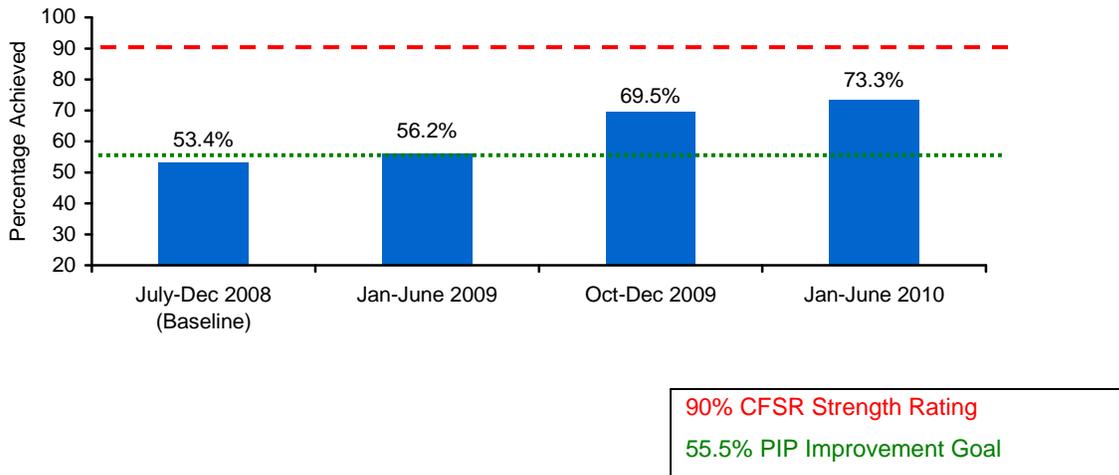
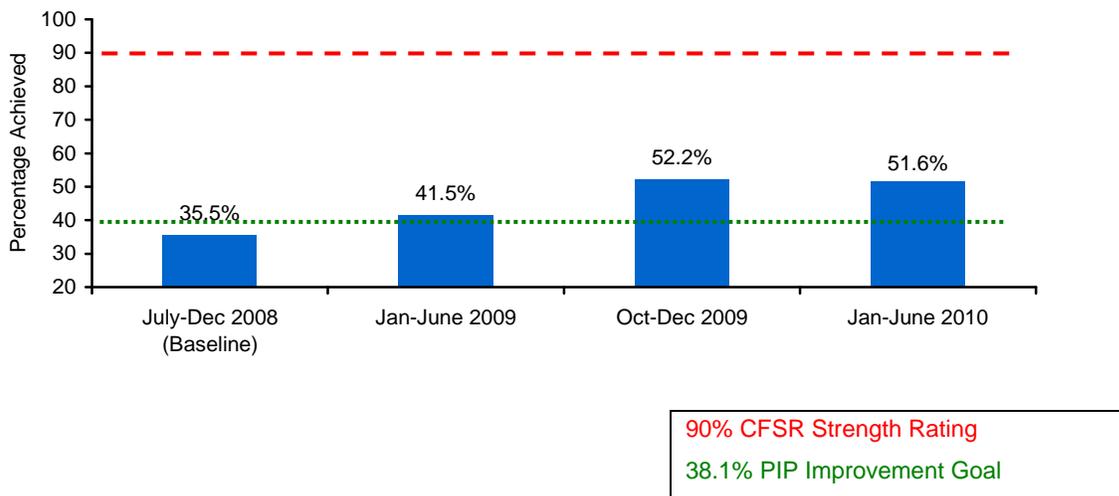


Figure 12. Percentage of reviewed cases that achieved case management standards applicable to CFSR Item 20: Worker visits with parents



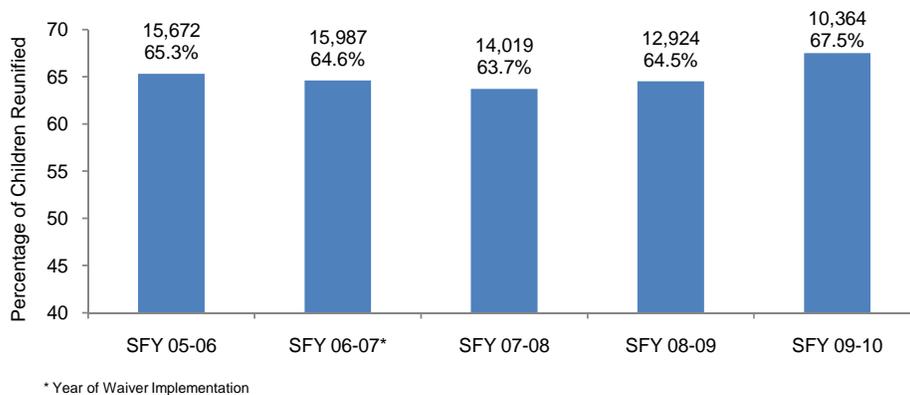
## Programmatic Outcomes Analysis Findings

### Reunification within 12 months of removal.

For this measure, the numerator is the number of children who were reunified with their original caregivers, or placed with relatives or with other adults who had legal guardianship over these children within 12 months of the most recent removal. The denominator is the total number of children reunified with their original caregivers or placed with relatives or other adults who had legal guardianship over these children during a specific fiscal year (see Measure 1, Appendix F). The percentage of children who were reunified within 12 months of their latest removal was calculated for five fiscal years beginning with SFY 05-06 and ending with SFY 09-10 (see Figure 13).

The percentage of children reunified with an original caregiver or placed with relatives within 12 months for SFY 05-06 (pre-implementation year) was 65.3% and for SFY 09-10 it was 67.5%, which is similar to the Adoption and Foster Care Analysis and Reporting System (AFCARS) national data percentage of 67%, reported for fiscal year 2008 ([www.childwelfare.gov/pubs/factsheets/foster.cfm](http://www.childwelfare.gov/pubs/factsheets/foster.cfm)). The results of an ANOVA indicated a significant increase in the number of children who were reunified or placed with relatives in a timely manner during SFY 05-06 through SFY 09-10 (see Table 1, Appendix G).

Figure 13. Percentage of children reunified within 12 months from SFY 05-06 through SFY 09-10

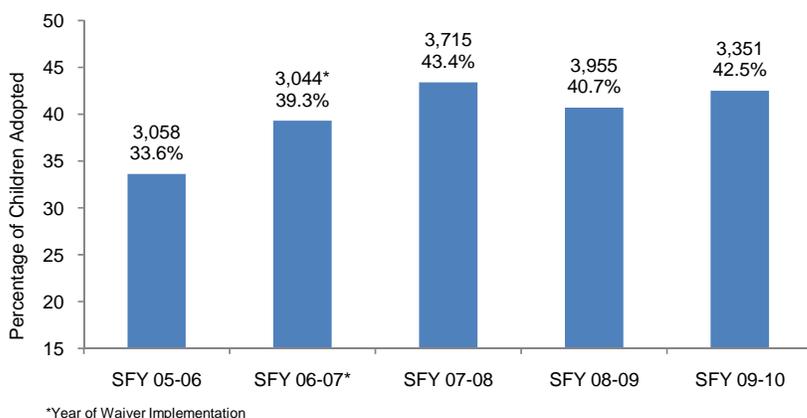


### Adoption within 24 months of removal.

The calculation for this indicator was based on exit cohorts of children who were adopted during a specific fiscal year. These children were examined to determine if they were adopted within 24 months of their removal from home (see Measure 2, Appendix F). Figure 14 shows the

proportion of children who were adopted within 24 months of their removal from home by fiscal year. For this measure, the numerator is the number of children who were adopted within 24 months of their most recent removal and the denominator is the total number of children adopted during a specific fiscal year. The statewide average percentage of children who were adopted within 24 months of their removal increased from 33.6% in SFY 05-06 to 42.5% in SFY 09-10, an increase of almost 9%. This percent (SFY 09-10) exceeds the state standard, which is 32%. The results of an ANOVA indicated this was a statistically significant increase (see Table 2, Appendix G). By comparison, of the estimated 285,000 children who exited foster care nationwide during fiscal year 2008, AFCARS data indicates that 19% were adopted ([www.childwelfare.gov/pubs/factsheets/foster.cfm](http://www.childwelfare.gov/pubs/factsheets/foster.cfm)).

Figure 14. Percentage of children adopted within 24 months of their removal



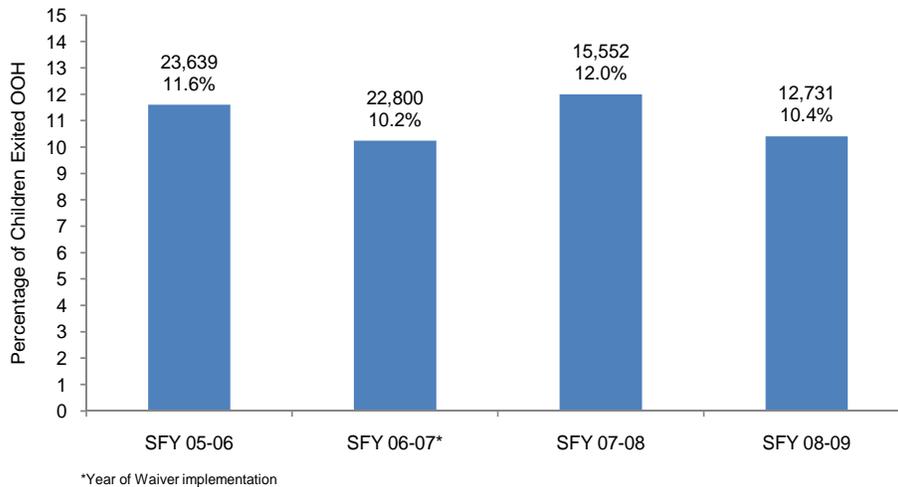
**Re-entry into out-of-home care within 12 months.**

The calculation for this indicator was based on exit cohorts of children (i.e., children who exited their first out-of-home care episode for reasons of reunification or placement with relatives during a specific fiscal year). These children were followed for 12 months to determine if they re-entered out-of-home care (see Measure 3, Appendix F).

Figure 15 shows the percentage of children reunified or placed with relatives during SFY 05-06 through SFY 08-09 and who subsequently re-entered out-of-home care within 12 months after exit. The last exit cohort of children with 12 months follow up that was available was SFY 08-09. As demonstrated in Figure 15, the percent of children who re-entered out-of-home care

varied over time, from 11.6% for SFY 05-06 to 10.4% for SFY 08-09<sup>4</sup>. The results of Cox regression analysis indicated no significant decrease in rates of re-entry over time (see Table 3, Appendix G).

*Figure 15.* Percentage of children who exited out-of-home care for reasons of reunification or placement with relatives and re-entered within 12 months from SFY 05-06 through SFY 08-09



## Summary

In the area of family assessment and services provision, improvement was demonstrated in seven of the nine CFSR items from July-December 2008 to January-June 2010. The two items with achievement levels that declined between these two time periods were CFSR Item 21: Educational needs of child (from 82.3% to 82.1%) and CFSR Item 22: Physical health of child (from 69.2% to 58.6%). In addition, all five of the negotiated PIP improvement goals were exceeded.

The three CFSR items with the highest level of achievement at January-June 2010, that also approached the 90% strength rating, were Item 3: Services to family to protect children in the home and prevent removal or re-entry into foster care (88%), Item 23: Mental health of child (84.8%), and Item 21: Educational needs of child (82.1%). The items most in need of improvement at January-June 2010 were Item 16: Relationship of child in care to parents (49.6%), Item 20: Caseworker visits with parents (51.6%), and Item 22: Physical health of child (58.6%).

<sup>4</sup> Differences in the data extract provided by DCF and the real-time data mart used by DCF yielded different percentages for SFY 08-09.

With regard to programmatic outcomes, there is a trend indicating a continuing improvement in the lead agencies' performance in child outcomes related to permanency and safety. An examination of permanency indicators revealed that the proportion of children who achieved timely permanency as indicated by the number of children with adoption finalized within 24 months and the number of children reunified with their families of origin significantly increased over time. Second, child safety improved slightly, but there was no significant reduction in the number of children who re-entered out-of-home care within 12 months of reunification. In summary, findings suggest that during post IV-E Waiver implementation years; progressively more children achieved timely permanency while remaining safe.

### **Recommendations**

- While improvement has been demonstrated in achieving the standards associated with assessment, service planning and provision, and engagement, it is clear from the data that CBCs must continue their efforts to address a variety of issues in order to better promote the safety, permanency, and well-being of children and families served in Florida's child welfare system. Special efforts should be made to increase the proportion of children who receive dental assessments and services. Another area needing attention is the provision of assessments and appropriate services for fathers as well as their engagement in decision-making and case planning.
- To further prevent re-entry into out-of-home care, more intensive services, such as frequent visitations by a case manager, in-home parent education and various supports (e.g., providing information about specific resources, connecting families with necessary services) should be provided to families immediately after reunification or adoption.

### **Hypothesis 3**

*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. 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 community they serve.*

Findings from the child welfare practice component of the evaluation were used to assess the degree to which Hypothesis 3 has been achieved after almost four years of Waiver implementation. Statewide service array data were examined to report the extent to which expansion of the child welfare service array has occurred since Waiver implementation and to articulate changes in the types of services available to children and families being served by Florida's community-based child welfare system. Changes in the service array are organized into three categories of strategies and practices, those that are intended to 1) prevent child abuse, neglect and the need for out-of-home placement, 2) engage families in services planning and provision, and 3) increase permanency and reduce lengths of stay in out-of-home care.

### **Methodology**

A CBC lead agency survey has been administered on approximately an annual basis along with follow up communication with lead agency representatives to collect child welfare practice data. Since the initial baseline assessment survey was completed in 2006, three additional service array surveys and one survey focused on the use of family-team conferencing have been completed. The surveys were distributed via email to the twenty CBC lead agencies in Florida. This section presents an analysis of the data collected to this point. Across the five data collection points 18 to 20 of the lead agencies completed and returned the surveys. The methodology presents some limitations, primarily in that the data has been based on CBC lead agency self-report and the depth of the information presented has varied across lead agencies.

### **Findings**

#### **Strategies to prevent child abuse, neglect, and the need for out-of-home placement.**

CBC lead agencies have increased the provision and funding of services at all levels of prevention including primary, secondary, and tertiary strategies to prevent child abuse and neglect foremost and out-of-home placement when possible. Primary prevention efforts that have expanded across the state include resources and education for families in the community

that are not involved with the child welfare system. These efforts typically involve collaboration between the lead agency and community organizations. One example is the faith and community-based initiatives that have been implemented in two circuits. The lead agencies work with churches and community organizations that provide education and awareness about child abuse prevention, resources, and support.

Secondary prevention strategies have also expanded since Waiver implementation, such as the collaborative effort in one county to target families with high risk factors, such as homelessness, who have not had a report of abuse or neglect. The goal is to increase family stability and help families find services that meet their needs. The establishment of neighborhood resource centers, which was reported by four lead agencies, attempts to cross various stages of prevention by establishing a location in the community where families not involved in the child welfare system can find resource information and educational materials, but is also a place for families involved in the child welfare system to receive a variety of services such as parenting or psycho-educational classes and financial assistance. One lead agency reports intervening with families that have been the subject of a call to the abuse hotline, but that did not meet the criteria for abuse or neglect. These families are triaged with child protective investigators (CPI) and the CBC prevention staff who are co-located with CPI. The CBC staff have no in person contact with families but make referrals for services and provide community resource information.

All 20 of the CBC lead agencies have reported an expansion of tertiary prevention services and strategies since implementation of the Waiver. These practices are intended to prevent families with a report of abuse or neglect from requiring out-of-home placement or more involvement with the child welfare dependency system than is necessary to keep children safe. Most of the prevention expansion involves some type of in-home service provided to the family, varying from crisis intervention provided on an immediate, short-term basis; intensive in-home, in which a counselor and case manager provide services in the home several times a week or as frequently as needed; specialized in-home services intended for families dealing with substance abuse or domestic violence; and in-home parent education and support that is typically less intensive. As reported by lead agencies, most of the intensive in-home service programs are not using a recognized model, but rather procedures created based on best practices and designed to meet the needs of the population being served. Three lead agencies identified Family Builders, the family preservation program implemented by DCF prior to Community-Based Care, as the foundation for the current in-home service structure. One lead agency reported the use of Child Welfare League of America's Family Preservation Services

(FPS) model for their intensive in-home service programs that have been implemented and expanded since the Waiver began. Intensive in-home services for high risk families have been implemented in two circuits through a program called Safe at Home. Only families that have met the criteria for probable cause to remove are eligible and intensive wraparound services are provided by a Master's level clinician and a case manager. These families are provided the service for three to four months and, if successful, are stepped down to less intensive in-home services. If the risk to the child increases during this time, out-of-home care continues to be an option, if necessary.

Two lead agencies reported use of the North Carolina Family Assessment Rating Scale as a part of in-home service assessment and service planning. This scale is rated as having demonstrated reliability and validity by the California Evidence-based Clearinghouse for Child Welfare (CEBC) ([www.cebc4cw.org](http://www.cebc4cw.org)). One in-home parent education program, the Child Abuse Prevention Project, Nurturing Program, which is contracted by two lead agencies, uses the Family Assessment Form (rated by CEBC as having demonstrated reliability and/or validity), and the Nurturing Parenting Programs, used by four lead agencies are based on the model developed by Dr. Stephen Bavolek (rated by CEBC as having promising research evidence) and use standardized assessment protocols.

In addition to direct services, CBC lead agencies reported an increase in practices aimed at intervening with a family early in the abuse/neglect investigations process by co-locating with CPI and assisting with assessment and the identification of and referral to appropriate community resources. Seven lead agencies (35%) reported the expansion or implementation of this type of resource coordination position since the beginning of the Waiver. The use of diversion staffings that are held with the CBC lead agency, CPI, and community providers with the goal of coordinated assessment of family needs and improved timeliness of service referral and receipt has reportedly increased across the State. Similarly, greater use of diversion case management has been reported, so that high risk families are provided more intensive case management to prevent the need for out-of-home placement.

### **Strategies to engage families in service planning and provision.**

Consistent with previous lead agency survey findings, the use of family team conferencing/family group decision making as a strategy to engage families in assessment, planning, and service provision has continued to expand significantly across the State. Currently, 70% (N=14) of the CBC lead agencies reported the use of some type of family team conferencing; at baseline (December 2006), 25% (N=5) reported its use. As reported previously,

the majority of lead agencies are practicing family team conferencing as based on the model developed by the Child Welfare Policy and Practice Group (Armstrong et al., 2010). Additionally, family group decision making developed by the American Humane Association and a wraparound approach that incorporates family team conferencing principles have been implemented. Family group decision making is recognized by the California Evidence-Based Clearinghouse for Child Welfare as demonstrating promising research evidence ([www.cebc4cw.org](http://www.cebc4cw.org)). The use of family team conferencing/family group decision making has been identified in previous reports as an innovative and promising practice (Vargo et al., 2009) and its implementation and outcomes will continue to be highlighted as a part of the Waiver evaluation.

The use of family court mediation, court facilitators, and case planning conferences were also reported as strategies to work with families in a more engaging manner. However, the findings suggest that the use of these practices have remained stable since Waiver implementation. Court liaisons to expedite service referrals for families involved in the dependency system have been added by one lead agency, with the primary goal of increasing the efficiency of the referral process.

Previous findings indicated that one barrier to family engagement is limited time of case management staff and inadequate transportation resources. In an effort to alleviate this barrier, one lead agency has expanded the use of family support workers to assist with a family's transportation needs in order to participate in services. Solution-based casework reportedly has been implemented by one lead agency since Waiver implementation. This practice is a family-centered casework model that has three basic goals: to develop a partnership with the family, focus on pragmatic everyday family life tasks, and promote specific prevention skills tied to the family's tasks ([www.solutionbasedcasework.com](http://www.solutionbasedcasework.com)).

CBC lead agencies also reported an expansion of strategies to engage and support relative and non-relative caregivers including designating case management positions as relative caregiver specialists, facilitating support and educational groups and training for relative and non-relative caregivers, and an increased use of flex funds to meet temporary needs.

In addition to the efforts that lead agencies have made to incorporate family engagement strategies into their practice, the Florida Department of Children and Families (DCF) has undertaken an initiative to implement family-centered practice across the state. During SFY 09-10, this included the development of a family-centered practice (FCP) model, statewide implementation of FCP training, integration of FCP principles into child welfare case

management and child protective investigators mandatory pre-service training and supervisory training, and the selection by DCF of three FCP innovation sites.

The statewide FCP training consisted of a week-long intensive in-service training that focused on the philosophy and application of FCP and a week-long training on integration of service that included multi-disciplinary teaming from an FCP perspective and modules on substance abuse, medical needs, developmental needs, mental health, and domestic violence. The training was provided in all six Florida regions using a train-the-trainer model and was attended primarily by CBC trainers and child protective investigations and case management supervisory staff. The training curriculum was developed in collaboration with the CBCs, DCF, law enforcement, and legal representation. The Department will replicate both the FCP model and integration of service trainings regionally during SFY 10-11.

**Strategies to increase permanency and reduce a child's length of stay in out-of-home care.**

As would be expected, the availability of practices intended to reduce lengths of stay has not seen as much expansion as prevention services since Waiver implementation. However, efforts to improve permanency outcomes for children in out-of-home care have occurred.

Since the initiation of the Waiver, four lead agencies have implemented family finding as a strategy to identify family connections and permanency options for children in foster care. Two of these lead agencies began using family finding during the first year of the Waiver and have since expanded the availability, and two agencies began using the strategy in the past two years. Family finding has been identified as an innovative practice in previous reports (Vargo et al., 2007, 2009) and its use and outcomes will continue to be tracked as a part of the Waiver evaluation.

Independent living services available to youth in care have reportedly been increased in two circuits. The expanded services include financial planning and management and life skills classes. Additionally, the availability of behavior analysts to assist foster families who are caring for children with behavioral and emotional difficulties has increased in one circuit in the past year. The availability of Parenting with Love and Limits (PLL), a program implemented in one circuit in 2008 has continued to expand in the past year. The program is intended as a prevention effort for in-home families with children with behavioral issues and children in out-of-home care to reduce lengths of stay. (PLL is included on the SAMHSA National Registry of Evidence-based Programs and Practices, <http://www.nrepp.samhsa.gov>).

Youth Villages Intercept, a national program that provides intensive in-home services to help support children and their families with the transition home and into the community is now available in five circuits across the State. In addition to focusing on the reunification of youth who are in a residential or foster home setting, the program also specializes in preventing out-of-home care by helping families safely maintain youth in the home environment. The services are designed to meet the unique needs of each family and can be provided several times a week at a location that best serves the family such as court, school, or home.

Previously, lead agencies reported an increase in placement stability services and supports and permanency specialists who have oversight responsibilities for out-of-home care and adoption cases to ensure that the child is moving through the system toward permanency. Based on current findings, these practices have not experienced further expansion during the past year.

## **Summary**

Since implementation of the IV-E Waiver the prevention service array across the State has expanded significantly, ranging from prevention efforts aimed at families in the community with no involvement in the child welfare system to strategies focused on preventing the need for a child's placement in out-of-home care. The majority of these services are provided in the family's home to help alleviate the safety risk. Strategies designed to improve the efficiency and appropriateness of services have also been put into place, including the use of resource specialists, co-location of child welfare and child protection staff, and service planning staffings.

Family team conferencing has continued to expand across the State, from 25% of lead agencies reporting its use at baseline to 70% currently. In addition, DCF is in the process of implementing a newly developed family-centered practice model statewide through the use of a train-the-trainer series, the inclusion of family-centered practice principles in mandatory pre-service training, and funding and support of FCP innovation sites.

Strategies to reduce lengths of stay in out-of-home care have not seen as significant an expansion as the prevention and family engagement focused strategies, but have still experienced an increase since Waiver implementation. Across all types of strategies, lead agencies have implemented innovative and promising practices such as family team conferencing, solution-based casework, Parenting with Love and Limits, and family finding. These practices will continue to be highlighted in future reports as a part of the IV-E Waiver evaluation including discussions of the implementation process and related outcomes.

**Recommendation**

- Considering the significant expansion of intensive in-home services across the State, it is recommended that lead agencies and providers document the models of practice being used and track practitioner fidelity and outcomes in order to determine if programs are effective at achieving permanency and safety for families in Florida.

## **Impact of Florida's IV-E Waiver Demonstration – Case Studies**

In order to present a more in-depth analysis of how CBC lead agencies have expanded their service arrays in response to the unique needs of their communities, this section presents case studies of two lead agencies, Kids Central, Inc. and FamiliesFirst Network. Both lead agencies cover several counties in predominantly rural areas. One lead agency subcontracts case management to care management organizations; the other lead agency retains the case management function. Data for the case studies was obtained from each lead agency, with the exception of the indicators of reduction in out-of-home care, re-entry, adoption, and reunification. For these indicators, data was obtained from FSFN and an analysis of this data was conducted by the evaluation team.

### **Kids Central, Inc. (KCI)**

Kids Central, Inc. (KCI) is the not-for-profit lead agency selected by the State of Florida to coordinate child protection services in Citrus, Hernando, Lake, Marion and Sumter Counties (Circuit 5). The agency develops and manages a comprehensive, community-based system of care for abused, neglected, and abandoned children and their families. The mission of KCI is to promote the welfare of children through abuse and neglect prevention services, in-home care, foster care, and adoption. Its vision is to maintain and strengthen, whenever possible, the ties between children, families and communities and cause as little disruption as possible to their lives. KCI's belief is that each child is entitled to and deserves a permanent loving family and asks that everyone within the system of care makes this their number one priority. KCI does not provide case management services directly; it subcontracts with care management organizations (The Centers and Children's Home Society of Florida) for this service and with Youth and Family Alternatives (YFA) for adoptions. During SFY 09-10, KCI served 3447 children in its system of care; 2078 of these children were in out-of-home care at some point during the year.

KCI has achieved a number of positive changes since the inception of Florida's IV-E Waiver. The number of children served by KCI, as well as the number of children in out-of-home care, have been dramatically reduced since the beginning of the Waiver. As these numbers have reduced over time, KCI has strategically shifted resources into prevention and diversion services for children and families at risk. Simultaneously, KCI has retained the resources in case management, with the assumption that smaller caseloads will benefit children and families. KCI has adopted family-centered practice, defined as enhancing the capacity of families to care for and protect their children, as its way of working with families. This case study illustrates

KCI's progress regarding changes in practice, increases in prevention and diversion services, community outreach activities, and progress on child outcomes. The case study concludes with issues identified by KCI leadership as issues remaining to be addressed if the Waiver is extended.

### **Changes to KCI service array and practice.**

KCI's approach to service delivery is based on two premises: practice is empirically based and practice is family centered. Prior to implementing a new service with a partner agency, an interagency team reviews current literature on the effectiveness of the service and often consults with experts. KCI has chosen to implement family-centered practice through family team conferencing, the Quality Foster Care initiative, Family Finders, the Fatherhood Initiative, and solution-focused casework.

In addition, the case management organizations have implemented best practices to engage families, prevent re-entry, and stabilize placements. One provider offers reunification support groups to all parents with children in foster care and supportive families and friends. The "Dad's Count" group offers ongoing support for fathers involved in the dependency system. The other case management agency has a Family Engagement Team, which becomes involved with families at the shelter hearing. The team establishes a relationship with the immediate and extended family members at the onset of the case and assists in identifying family members for placement and support.

Due to the flexibility offered by the IV-E Waiver, KCI has been able to decrease monthly caseload sizes from 12.7 per case manager in July of 2006 to 10.8 in January 2010 and to develop and offer unique programs and job positions to ensure that quality services are provided and to support permanency. For example, KCI has Educational Liaisons who work directly with schools, children, and their caregivers and community-based agencies in order to meet the child's educational needs. The Educational Liaisons obtain education plans for each child served, review the plans, and contact the school and caregiver to address, as a team, any concerns regarding the child's academic achievement. The Educational Liaisons also testify in court as needed regarding the academic status of the child.

KCI has funded CARE Network consultant positions to assist with navigating the mental health system. One position is located within the placement department to assist placement staff and foster parents with accessing appropriate mental health services for children. The other positions are co-located with CPIs to assist them with mental health assessments and obtaining needed services.

KCI has a contract with Youth Villages to provide intensive treatment to troubled children and their families in their own homes. Counselors with low caseloads focus on helping the child and family at home, in school, and in the community. The program serves youth involved with multiple child-serving agencies and those at high risk of removal from their families with the goal of preventing out-of-home placement.

### **Prevention and diversion supports and services.**

KCI, along with DCF and the Citrus County Sheriff's Office, is committed to achieving the highest level of diversion through an integrated and diverse partnership of service providers, families, and informal support systems. Through diversion supports KCI has been able to provide services to families based on their need as opposed to the inflexibility sometimes imposed by the dependency system.

Currently, KCI and DCF are working on initiatives that will promote family involvement in decision making during the diversion process. The CPI will invite family members to attend a diversion meeting, including written notification of time, date, place, and purpose of the meeting. When needed, transportation to the meeting will be provided for family members. A Diversion Facilitator will welcome the family to the meeting, and explain the process and purpose of the meeting. The Diversion Team members will be trained on how to solicit information from the family in a way that focuses on the family's strengths. The meeting goal is to have family members identify the service needs that will reduce risk and keep children safe. Referrals for those service needs will be made immediately because service providers will attend the meeting.

KCI and DCF have developed a plan to facilitate joint visits to families by the CPI and an appropriate service provider, such as substance abuse or domestic violence. The CPI introduces the service provider to the family and discusses the services available. The family has the opportunity to ask questions and to observe one team working together to keep children safe in their home.

### **Community outreach.**

KCI is committed to leveraging new resources to support families through community engagement and outreach, with the premise that within each community there are individuals and organizations willing to contribute to supporting families and promoting the well-being of children. There has been a dramatic increase in the in-kind and cash contributions, from \$13,400 in SFY 06-07 to nearly \$300,000 in SFY 09-10. These contributions include landlords

willing to waive deposits to expedite a family's move into affordable housing, businesses making cash donations to provide emergency assistance, storage facilities for donated furniture and appliances, and volunteer groups sponsoring family friendly events.

KCI and its partners have embarked on a pilot project in West Ocala, a vulnerable neighborhood of approximately 4700 households and a 45% poverty rate. The project uses an asset-based community development model to comprehensively address the needs of children and families at risk. Based on a study of the needs of families with removals in that community, the West Ocala project has facilitated resident involvement, increased access to services, and developed new resources in the community to meet the needs of its families. A monthly newsletter, *The Voice*, is distributed to the households in West Ocala and provides information on free resources for families. The Marion County Health Department provides a free mobile health clinic five days a week in the neighborhood. The project is renovating a facility in the heart of the neighborhood that was donated by the city of Ocala and will be used as a neighborhood center. Other partners include the United Way (Women of Worth), Habitat for Humanity, and the Green Jobs program of the Workforce Alliance.

#### **Progress on child level outcomes.**

The total number of children served by KCI in out-of-home care has been reduced from 3,846 in SFY 05-06 to 2,078 in SFY 09-10. They report that the median length of stay in out-of-home care has also been reduced, from 9.27 months in January 2008 to nine months in March 2010. KCI also tracks the number of children in licensed out-of-home care more than 3 or 5 years. They report that the number of children in licensed care longer than three years has decreased from 74 children in September 2007 to 60 in March 2010, and that the number of children in out-of-home care longer than five years has decreased from 38 to 30.

#### ***Reunification***

One permanency indicator is the proportion of children who are reunified within 12 months. KCI has increased its rates of reunification within 12 months from 70% in SFY 08-09 to 74.4% in SFY 09-10. No statistically significant difference was observed for KCI when the number of children who were reunified or placed with relatives within 12 months was examined by exit cohort during SFY 05-06 through SFY 09-10 (Table 1, Appendix H).

### **Adoption**

Another permanency indicator is the proportion of children adopted within 24 months. KCI has shown moderate increases in the number of children who are adopted from 135 finalized adoptions in SFY 05-06 to 182 adoptions in SFY 09-10. The results of an ANOVA for SFY 05-06 through SFY 09-10 indicate that there is no statistically significant difference for KCI in the number of children adopted within 24 month of their latest removal (see Table 2, Appendix H).

### **Issues to address if the IV-E Waiver is extended.**

The KCI leadership team identified a number of challenges that they will need to address if the Waiver is extended. First, front-line staff needs training and coaching on the impact of trauma on children in the child welfare system. Recently KCI received a second award from the American Humane Association for the Breakthrough Series Collaborative that will focus on this topic. The Breakthrough Series Collaborative focuses on methods to identify potential best practices, test those practices in a simple method in the target area, and evaluate the outcomes of the test.

The second issue is the impact of budget costs imposed by the state of Florida. The issue of “how one decides what to cut” is intricately tied to Waiver renewal and the ability to access flexible funds. A third outstanding issue is the judicial system, including judges, magistrates, and attorneys. Their role can often be crucial in the life of an individual child (e.g., their support for a planned transition).

A fourth issue is the need to “continue looking at what we are doing and making improvements.” KCI’s continuous quality improvement approach, which is based upon the Deming Cycle includes the identification of expected performance goals and outcomes, development and implementation of measurable objectives that tie to those goals and outcomes, utilization of tools to measure those objectives, and the identification of additional changes that will drive continued improvement.

The final challenge is the fear that “one bad case” will destroy or at least dilute all the good work and progress that has been made. It was noted that strong partnerships with the Department and the media are needed to address this challenge.

### **FamiliesFirst Network (FFN)**

FamiliesFirst Network (FFN) is the lead agency in Circuit One serving Escambia, Santa Rosa, Okaloosa and Walton Counties. Their vision statement is to be the best CBC system in

the nation, with a mission of ensuring safety, stability, and well-being for children and families. The agency has always provided case management services directly, as a few other lead agencies have done in Florida.

FFN was selected and agreed to be included as a case study because their organization and local community has seen several positive impacts from participation in Florida's statewide IV-E Waiver. The number of children in out-of-home care has been reduced, along with shorter lengths of stay in out-of-home care for reunified children. In conjunction, workforce improvements have occurred, with reductions to both caseload size and turnover rates. Resources have been freed up to focus on capacity building, family-centered practice and moving cases to permanency, and Road to Independence and Independent Living programs. This case study details FFN's changes to practice and the service array, increases in diversion services, workforce and capacity building success, progress on child level outcomes, and issues left to be addressed should Florida's IV-E Waiver be renewed.

#### **Changes to service array.**

FFN has found that since the IV-E Waiver was implemented, they have been able to increase the availability of family preservation and diversion services, early intervention services (0-5 years), visitation support, community information and referral services, intensive crisis counseling, and independent and transitional living services among others. Like many other lead agencies, FFN has also found that since the Waiver was implemented, staff are better able to meet the needs of families via increased availability of services such as transportation assistance, help with utility bills, tutoring programs, emergency cash assistance, and homemaker services.

With their FCP initiative, not only has casework changed, but it has brought about an entire shift in culture that has occurred over time, with a special focus on moving cases to permanency. Initiated in 2006, and continuing as one of Florida's three innovation sites, the FCP initiative has brought about an increase in family team conferences. In 2006, 347 family team conferences were held, compared to 1,179 family team conferences in 2009. Any family being served by FFN qualifies for this approach. Family team conferencing can be utilized throughout the duration the agency is working with a family. Most commonly, family team conferencing is used for the development of initial case plans, at reunification, and prior to case closures. At times, they are also used with older youth who are experiencing numerous placement disruptions, adoption issues, establishing visitations, or when a new abuse report is received on the family. The family team conferences are strength based and family centered.

Prior to the conference, the family is encouraged to invite support persons with them to the staffing. Community providers are also invited to participate. The family presents "their story" as to why they are involved with the agency. The conference is considered a safe place - a confidentiality clause is signed by the participants. Food is commonly provided.

The Dependency Court Resource Facilitators are another strategy employed when moving cases to permanency. This service provides a neutral and non-adversarial approach to addressing barriers to meeting the family's permanency goal. The intent is to identify barriers to goal achievement with the participants and the lead agency in order to develop an action plan which will result in permanency for the children within the legally required time frame. Common issues which lead to facilitation include, but are not limited to: working out visitation schedules, discussing case plan proposals, and identifying resources for case plan completion. The program provides additional reasonable efforts to ensure families are given every opportunity to address their issues and complete case plan tasks. This service is made available to any party involved in the dependency case. All principal parties are invited to participate in facilitation and require attendance by one or both parents, given the circumstances. Court facilitators are assigned to each dependency court in the circuit. Finally, permanency staffings with parents and providers are held every three months from removal until permanency is reached in order to stay on top of progress that has been made toward each child's permanency plan and to identify any additional services needed.

#### **Workforce and capacity building.**

Staff are reportedly more excited about their work since the IV-E Waiver began. Caseload size has decreased, which has led to this improvement in morale and a decrease in turnover rates. Specifically, caseload size has gone from an average of 24 children per counselor in 2006 to an average of 14 children per counselor in 2009, which is a 41% reduction. Regarding staff turnover reduction, FFN's retention rate has gone from 65% in 2006 to 86% in 2010. Similarly, FFN's vacancy rate has dropped from 17% in 2006 to only 3% in 2009. FFN reports that in addition to these positive trends, they have also seen tremendous growth in terms of knowledge and skills among their staff. From the perspective of FFN, workforce stability has coincided with supervisors truly beginning to excel at their daily work. Casework can now be approached from a best practice perspective rather than a survival mode. Resources are spent in direct relationship to community and family need, rather than siloed practices and spending restrictions that were in place prior to the IV-E Waiver.

### **Diversion and service supports.**

FFN has been able to increase dollars allocated to diversion and family support contracts by 17% from 2006 to 2009. One example is the use of Family Support Teams for prevention/diversion and reunification. Family Support Teams provide 24/7 wrap-around services that include: basic housekeeping, budgeting, parenting skills, community service awareness, and child development. Family Support Teams do not provide therapy or treatment. Family Support Teams are also utilized by DCF/CPI staff as a means of diversion from the child welfare system. The Family Support Teams contract(s) have been expanded to allow for all in-home and reunification service cases to receive these services.

As necessary, providers are asked to prioritize services for families: referred for diversion, to prevent removal, for reunification, and involved with substance abuse and/or domestic violence with at least one child age 0-5. Ongoing and future determination of priority cases will be based on the needs of the families FFN serves, review of CBC performance measure data, and input from the provider.

Family Support Teams are available to accept referrals 24 hours a day, with physical response availability between the hours of 7am and 11pm. Immediate response is reserved for High Risk/Imminent Removal cases. Services are contracted throughout the entire circuit with a single provider designated for each of the four counties. In April 2007, the Family Support Team contracts were expanded to allow for additional in-home and reunification cases to receive services as prioritized above. The total number of referrals received circuit-wide for SFY 07-08 was 2288; the total number of families actively receiving services during the same period was 2098.

### **Progress on child level outcomes.**

FFN has reduced the number of children in out-of-home care from 2,917 in SFY 05-06 to 1,810 in SFY 09-10. This is a statistically significant decrease of 39%. They report increased availability of residential group care, therapeutic foster care, and dependency shelter facility/homes as the result of trends brought about by the IV-E Waiver. Specifically, the total number of licensed foster homes has gone from 161 in September of 2005 to 247 in November of 2009, and the number of beds has gone from 350 to 494 during this same time period. In order to expand subcontracts for these additional foster homes and residential group facilities, FFN has implemented Family Additions Teams in each county as well as Foster Parent Liaisons who support foster home retention. Family Additions Teams are community-based teams made up of DCF, FFN, community providers, and foster/adoptive parents that plan and support

recruitment and retention strategies and engage foster parents in identifying and reporting their needs and the child's needs to the lead agency. The teams also serve as a conflict resolution team. A meeting can be requested by a foster parent or a family services counselor if there is a problem. By addressing the issues early on, future problems could be averted. FFN has also created some new specialized homes, such as the Medix Homes that serve medically complex children with behavioral health issues.

### ***Reunification***

The percentage of children who were reunified within 12 months of the latest removal has varied since Waiver implementation. This percent dropped from 74.0% in SFY 05-06 to 70.9% in SFY 07-08, however for SFY 09-10 it increased to 78.6%. The results of an ANOVA indicated a significant increase in the number of children who were reunified or placed with relatives in a timely manner during SFY 05-06 through SFY 09-10 (see Table 3, Appendix H). For children who were reunified, the median length of stay dropped considerably from 9.89 months in SFY 07-08 to 6.14 months in SFY 09-10.

### ***Adoption***

FFN has increased the number of children being adopted since the Waiver started. The percent of children adopted increased from 31.9% in SFY 05-06 to 44.3% in SFY 09-10. Results of an ANOVA indicated an increase in the percent of children adopted within 24 months of their removal during SFY 05-06 through SFY 09-10 that approached statistical significance (see Table 4, Appendix H). Several adoption supports have been implemented since the Waiver, such as post-adoption services, an increased number of sibling visits, and providers partnering to create a short term respite service for adoptive parents of children 10-17 years of age.

### **Issues to address if the IV-E Waiver is extended.**

FFN acknowledges that they are fairly weak on relative placements, and would like to see an increased level of support afforded to relative caregivers. With the decrease in placement of children in out-of-home care, they have seen an increase in placement disruption among relative placements. The lead agency would like to see relative searches conducted much more thoroughly and sooner, as well as being jointly done with the CPIs. They would like to see the second placement as the best placement – not necessarily leave the child with the first relative

who can be reached, as this may not be the best placement for either child or family member over the long run.

FFN would also like to focus on older teens, age 13 through 17 and their well-being, since many are not doing well in school. An intensive focus on their educational success would be beneficial to this group of children. The lead agency would like to see more resources allocated to Independent Living and Road to Independence programs.

#### **Hypothesis 4**

*Expenditures associated with out-of-home care will decrease following Waiver implementation, while expenditures associated with prevention and in-home services will increase, although no new dollars will be spent as a result of implementation.*

As we begin the fifth and final year of the IV-E Waiver, it is an opportune time to assess the changes in child welfare spending afforded by the Waiver and describe their impact on permanency and safety. The purpose of the Cost analysis is to use State-level CBC data, including data from the most recent State fiscal year, to examine trends in spending for out-of-home care and prevention/intervention services as well as highlighting other spending changes that may be favorably affecting permanency and safety.

#### **Methodology**

Statewide expenditures for SFY 05-06 (the first full year prior to Waiver implementation), SFY 06-07 (the year the IV-E Waiver was implemented, beginning in October 2006), and SFY 07-08, SFY 08-09, and SFY 09-10 (the first three full years since Waiver implementation) were extracted from the Florida Accounting Information Resource (FLAIR)<sup>5</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 were categorized by type of service using appropriate Other Cost Accumulator codes in consultation with the DCF Office of Revenue Management. Analysis of out-of-home services includes family-based foster care, relative placements, and institutional care, which is comprised of residential treatment, group home, shelter care, and independent living. Analysis of front-end services includes prevention, diversion, family preservation, and other in-home services that can be reported in HS<sub>n</sub> or FS<sub>FN</sub>. Total expenditures reported in this analysis include all expenditures associated with service provision for youth receiving services from lead agencies and excludes expenditures incurred by DCF or lead agencies for non-IV-E maintenance adoption subsidies and protective investigation training.

There are some limitations associated with these analyses. Because FS<sub>FN</sub> only allows providers to report front-end services for children and families with an open case, the actual

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<sup>5</sup> Expenses that were incurred during each SFY and certified forward were included if paid by September 30 of the next SFY.

number of children and families receiving any child welfare services is higher than the numbers provided in this report. Another limitation of these analyses is that child-level cost data for all services is unavailable. One consequence of this limitation is that we are unable to provide child-level analyses of changes in expenditures. Another limitation is that we are unable to look at the distribution of costs across cohorts of youth. Finally, although the IV-E Waiver has been hypothesized to affect some of the spending changes reported here, the lack of a valid comparison group (due to statewide implementation of the Waiver) prevents us from concluding that all spending changes were attributable to the Waiver rather than other policy or system changes.

## **Findings**

During the first four years of Waiver implementation there have been notable changes in child welfare spending by type of service (see Table 3). As hypothesized, expenditures for licensed out-of-home care have dropped from \$179.5 million during the year before Waiver implementation (SFY 05-06) to \$136.7 million in SFY 09-10, a decrease of 24%. Similarly, dependency case management expenditures decreased from \$356 million during SFY 05-06 to \$316.9 million during the fourth year of Waiver implementation, which represents an 11% decrease. Consistent with our hypothesis, front-end services expenditures have increased substantially during the Waiver period, from \$21.0 million in SFY 05-06 to \$43.6 million in SFY 09-10, an increase of 108%. Expenditures for other services (primarily adoption and independent living) have increased from \$84.7 million during the year before Waiver implementation to \$128.2 million in SFY 09-10, an increase of 51%. Total child welfare expenditures have declined by 2.5% since the year before Waiver implementation (SFY 05-06).

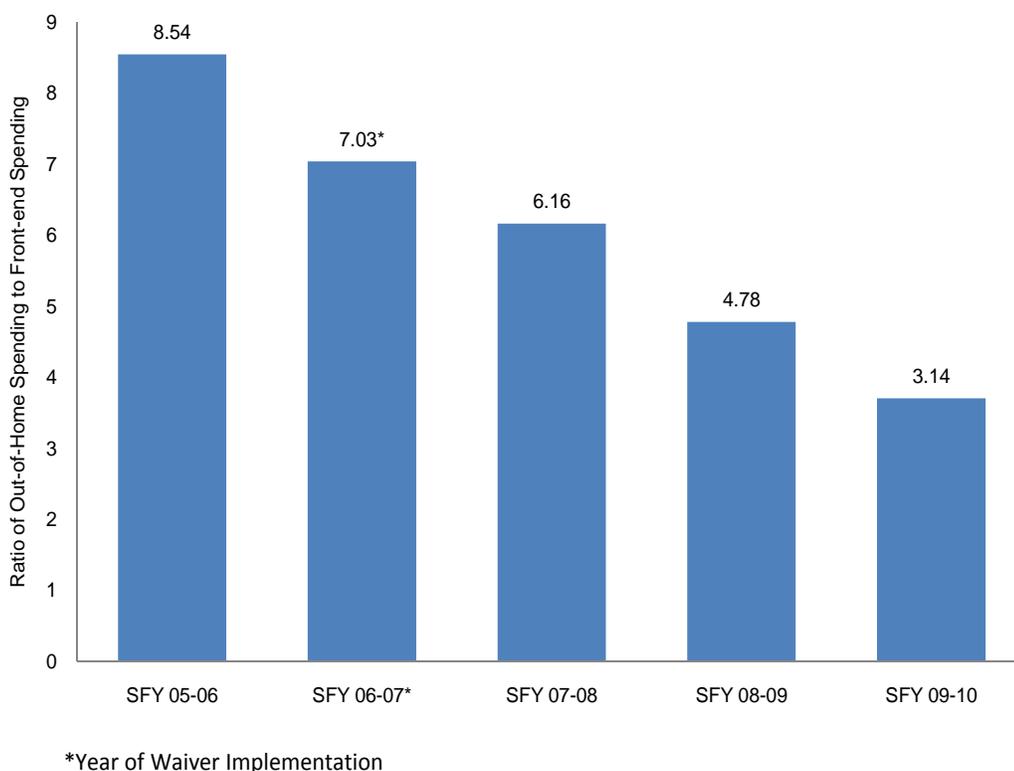
Table 3.

*Child Welfare Expenditures by State Fiscal Year by Type of Service (in million \$)*

Type of Service	SFY 05-06	SFY 06-07	SFY 07-08	SFY 08-09	SFY 09-10	SFY 05-06 - 09-10	% Change
Licensed out-of-home care	179.5	185.3	172.5	149.4	136.7	-42.8	-23.8%
Dependency case management	356.0	281.8	327.2	310.9	316.9	-39.1	-11.0%
Front-end services	21.0	26.3	28.0	31.3	43.6	22.6	107.6%
Other	84.7	148.9	101.0	99.5	128.2	43.5	51.4%
Total	641.2	642.4	628.7	591.1	625.4	-15.7	- 2.5%

Consistent with the hypothesis that the Waiver would allow funds previously restricted to use for out-of-home care to be used for prevention, diversion, family preservation, or other in-home services, the ratio of out-of-home care spending to front-end services spending has consistently and substantially decreased since Waiver implementation (see Figure 16). During the year prior to Waiver implementation, lead agencies statewide spent \$8.54 on out-of-home care services for every dollar spent on front-end services. This ratio dropped to \$3.14 in SFY 09-10, a decrease of 63% from SFY 05-06.

Figure 16. Ratio of out-of-home care expenditures to prevention/diversion/family preservation/in-home expenditures by state fiscal year



In addition to the hypothesized changes in spending, there have been meaningful shifts in other types of CBC spending since Waiver implementation began during SFY 06-07. In the analyses below, we compare spending during SFY 06-07 to SFY 09-10.<sup>6</sup>

**Other client services.**

Total expenditures for this category rose from \$13.5 million in SFY 06-07 to \$23.7 million in SFY 09-10, a 75% increase. These are services typically provided on a fee-for-service basis for families in the dependency system to assist in completion of case plans, and are often referred to as “flex funds.” These services are not covered by other fund sources such as Medicaid, thus, prior to the Waiver, were typically funded by State general revenue. In addition, for some of the lower funded CBCs, these were the services where funding was extremely limited once all other system costs were covered. Examples of other client services include assessment and evaluation, counseling, transportation, home maintenance, child care, respite,

<sup>6</sup> SFY 05-06 expenditures for these analyses are not included because of micro-level changes in OCAs that occurred as a result of the Waiver. These changes limit our ability to reliably compare post-Waiver implementation spending for some types of services (e.g., other client services) to pre-Waiver expenditures.

in-home family support, legal services, housekeeping, information & referral, post placement services, temporary housing, and visitation. Although spending for these services represents less than 4% of Florida's total child welfare budget, even inexpensive investments in these types of services can make the difference in a child being removed or staying in the home with supports, or the difference in a family being able to complete their case plan tasks and reuniting with their children.

#### **Foster and adoptive parent training.**

Total expenditures for foster and adoptive parent training increased 73% from the first year of the Waiver (\$2.15 million in SFY 06-07) to SFY 09-10 (\$3.7 million). This increase is consistent with the notable statewide increase in adoptions during the same period (as evidenced by the 36% increase in Maintenance Adoption Subsidies discussed below). In Florida, foster and adoptive parents require the same training and are typically trained simultaneously. Potential reasons for the increase in spending for foster and adoptive parent training include an increased number of adoptive parents being trained as well as an increased number of foster parents, because many adoptive parents were foster parents first (i.e., once foster parents adopt, they may stop fostering and, consequently, there is more need for foster parents to be recruited and trained).

#### **Maintenance adoption subsidies.**

As noted above, total expenditures for Maintenance Adoption Subsidies (MAS) rose 36%, from \$89.9 million in SFY 06-07 to \$122.6 million in SFY 09-10. While MAS are funded by Title IV-E Adoption Assistance and not by the Waiver, the increase in finalized adoptions (for which Florida has received an Adoption Incentive Award from the Administration for Children and Families for the last 2 years) can be attributed in large part to the flexibility afforded by the Waiver. With fewer children in out-of-home care, CBCs can focus on the best permanency option for those remaining. For many children, the best option is adoption, and Florida has not only increased the number of adoptions but has also reduced mean time to adoption.

#### **Independent living.**

The independent living (IL) program for youth aging out of foster care provides monthly subsidies to cover basic costs of living and is thought to reduce homelessness and incarceration among this population (Montgomery, Donkoh, and Underhill, 2006). The number of youth participating in this program has increased dramatically since Waiver implementation. Total

expenditures have doubled, from \$25.3 million in SFY 06-07 to \$51.9 million in SFY 09-10. While some of this increase was funded via additional State appropriations (about \$5 million), the remaining additional spending was made possible by savings and flexibility afforded by the Waiver.

## **Summary**

Although the evaluation design does not allow for inference of a causal relationship, there is clear evidence that hypothesized changes in spending for out-of-home care and front-end services have occurred since the Waiver was implemented in October 2006. Expenditures for licensed out-of-home care decreased by 24% from SFY 05-06 to SFY 09-10, while front-end services expenditures have more than doubled (107%) during the same period. The ratio of licensed out-of-home care expenditures to expenditures for front-end services in SFY 09-10 was less than half of this ratio in SFY 05-06, which further demonstrates a shift in spending away from out-of-home care to prevention, diversion, family preservation, and other in-home services.

The spending flexibility afforded by the IV-E Waiver has led to other beneficial changes in Florida's child welfare spending. Expenditures for other client services, primarily for helping families complete case plans, have increased by 75% during the Waiver period. The Waiver has helped free up additional funds for foster and adoptive parent training and maintenance adoption subsidies, both of which support higher completed adoption rates. Additional funding for independent living services for youths transitioning out of the child welfare system has been primarily driven by the Waiver.

It is worth noting that these changes in spending were also possible because the flexibility afforded by the Waiver allowed Florida's child welfare system to access 100% of the federally appropriated IV-E funds each year since the Waiver began. This is a change in practice from before the Waiver, when the system was only able to access 98% or 99% of the IV-E budget.

## **Recommendation**

- DCF should continue pursuing renewal of the IV-E Waiver. The financial flexibility afforded by the Waiver has enabled CBCs to increase spending for prevention, diversion, family preservation, and other in-home services that are viable substitutes for out-of-home care for many children and families.

## Summary and Discussion

This report is the 8th semi-annual progress report for the evaluation of Florida's IV-E Waiver that began October 2006; the report covers almost four years of the Waiver. The Waiver was scheduled to end in September, 2011, however Florida has requested a five-year extension. The Administration of Children and Families (ACF) recently granted Florida a 10-month Waiver extension so that a final evaluation report can be developed and submitted to ACF. The final evaluation report will be reviewed and then ACF will decide whether to grant Florida a five-year extension.

The four hypotheses of the evaluation serve as the framework for the report. The first hypothesis is that over the time of the Waiver the number of children in out-of-home settings in Florida's child welfare system will decrease. Over the last five years the number of children served in out-of-home care decreased steadily from 50,174 in SFY 05-06 to 33,566 in SFY 09-10. This decrease is statistically significant. As many key stakeholders in Florida have noted, the decrease in out-of-home care is a great accomplishment but also raises questions about the safety and well-being of children who are remaining at home. In the next progress report the evaluation team will examine safety indicators, including re-abuse within six months of an original allegation of abuse.

The second hypothesis of the study is that there will be improvements in child outcomes over the life of the Waiver. For this progress report, longitudinal analyses using SACWIS data were conducted on three measures: reunification with caregivers or placement with relatives or with other adults who had legal guardianship over these children within 12 months of removal, adoption within 24 months of removal, and re-entry into out-of-home care within 12 months of reunification. For reunification and adoption, there was a significant and positive change over time. For the adoption measure, the average percentage of children who were adopted within 24 months exceeded the state standard (32%) each year of the Waiver.

The second hypothesis was also examined through the use of DCF case management quality of practice standards related to three key factors in serving families in the child welfare system: assessment of needs, family engagement, and service planning and provision. Improvement was demonstrated in seven of the nine CFSR items from July-December 2008 to January-June 2010. The two items with achievement levels that declined between these two time periods were meeting the educational needs of the child and meeting the physical health needs of the child. We will continue to track these items in future progress reports.

The three CFPSR items with the highest level of achievement at January-June 2010 and that also approached the 90% strength rating, were: services to the family to protect children in the home and prevent removal or re-entry into foster care, mental health of child, and educational needs of child. The high rating for services to protect children in the home is noteworthy, given the higher proportion of children in Florida who are remaining at home. The items most in need of improvement at January-June 2010 were relationship of child in care to parents, caseworker visits with parents, and physical health of the child. The ratings indicate that mothers consistently received more assessments and services, as well as more outreach efforts to become involved in decision making, than fathers. Finally, another positive achievement is that all five of Florida's negotiated Program Improvement Plan (PIP) goals included in this analysis were exceeded.

The third hypothesis is that the Waiver will lead to changes in or expansion of the child welfare service array, based on the needs of the local community. Statewide service array data were used to report the extent to which expansion of the child welfare service array has occurred since Waiver implementation and to articulate changes in the types of services available to children and families being served by Florida's community-based child welfare system. This report describes changes in the service array in three categories of strategies and practices: those that are intended to 1) prevent child abuse, neglect, and the need for out-of-home placement, 2) engage families in services planning and provision, and 3) increase permanency and reduce lengths of stay in out-of-home care. Since Waiver implementation, the prevention service array across the State has expanded significantly, ranging from prevention efforts aimed at families in the community with no involvement in the child welfare system to strategies focused on preventing the need for a child's placement in out-of-home care. The majority of these services are provided in the family's home to help alleviate the safety risk.

The use of various forms of family team conferencing has continued to expand across the State, from 25% of lead agencies reporting its use at baseline to 70% currently. In addition, DCF is in the process of implementing a newly developed family-centered practice model statewide through the use of a train-the-trainer series, the inclusion of family-centered practice principles in mandatory pre-service training, and funding and support of FCP innovation sites.

Across all types of strategies, lead agencies have implemented innovative and promising practices such as family team conferencing, solution-based casework, Parenting with Love and Limits, and family finding. These practices will continue to be highlighted in future reports as a part of the IV-E Waiver evaluation including discussions of the implementation process and related outcomes.

The fourth hypothesis is related to cost and assumes that expenditures associated with out-of-home care will decrease and that expenditures associated with prevention and in-home services will increase following Waiver implementation. There is clear evidence that hypothesized changes in spending for out-of-home care and front-end services have occurred since the Waiver was implemented in October 2006. Expenditures for licensed out-of-home care decreased by 24% from SFY 05-06 to SFY 09-10, while front-end services expenditures have more than doubled (107%) during the same period. The ratio of licensed out-of-home care expenditures to expenditures for front-end services in SFY 09-10 was less than half of this ratio in SFY 05-06, which further demonstrates a shift in spending away from out-of-home care to prevention, diversion, family preservation, and other in-home services.

In summary, this progress report illustrates the strong progress that Florida's child welfare system has made in achieving the goals outlined in the evaluation hypotheses. It also highlights areas needing improvement at the practice level, such as meeting the educational and physical health needs of children and involving fathers in services and case planning. Extension of the Waiver for a five-year period will give Florida the time needed to focus energy on critical practice improvement areas.

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## Appendix A. Waiver Renewal Request Letter



**State of Florida**  
**Department of Children and Families**

**Charlie Crist**  
*Governor*

**George H. Sheldon**  
*Secretary*

July 23, 2010

The Honorable David Hansell  
Acting Assistant Secretary  
Administration for Children and Families  
Department of Health and Human Services  
370 L'Enfant Promenade, S.W.  
Washington, D.C. 20447

Dear Secretary Hansell:

On March 31, 2006, the State of Florida was granted waivers under Section 1130 of the Social Security Act (hereinafter referred to as "the Act") to operate a child welfare waiver demonstration project (referred to as "the IV-E Waiver"). The IV-E Waiver was implemented statewide in Florida on October 1, 2006. As this is a 5 year demonstration, it is set to expire on September 30, 2011.

Please accept this letter as Florida's request to extend the IV-E Waiver under the same terms and conditions as the original for an additional 5 year term (i.e. through September 30, 2016). The original terms can be summarized as follows:

- Waiver of specific provisions of Sections 472 and 474 under Part E of Title IV of the Act allowing expanded eligibility, eliminating the matching requirement, and expanding the service array.
- Target population of title IV-E-eligible and non-IV-E-eligible children ages 0-18 who (1) are currently receiving in-home services or who are in out-of-home placement at the beginning of the demonstration period, and (2) all new families with a report of alleged child maltreatment during the course of the demonstration.
- Engagement of a third party evaluator.
- Cost neutrality provisions capping Foster Care payments at the base amount plus a 3% annual increase and capping Adoption Assistance payments at the base plus an annual increase of 20 percent in the year immediately following the base year and in the first two years following implementation of the demonstration and 15 percent in the following years of the demonstration.
- Savings resulting from the waiver demonstration will be used for the further provision of child welfare services.
- Exclusion of SACWIS maintenance and operation (M&O) costs and evaluation costs from the capped base.

1317 Winewood Boulevard, Tallahassee, Florida 32399-0700

Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

We would also like to confirm our understanding that any costs related to services offered as a result of implementation of any part of The Fostering Connections to Success and Increasing Adoptions Act of 2008 would be considered outside of the demonstration. These costs could not have been contemplated in the base when calculated, and thus, should still be claimable as traditional Title IV-E program costs.

The IV-E Waiver is widely recognized as being a significant success. This is borne out through key outcomes through June 30, 2010:

- The number of children in out of home care has decreased by 37% since the implementation of the demonstration (from 29,255 to 18,457).
- Annual adoption finalizations increased, on average, 7% per year since implementation.
- Absence of recurrence of abuse has increased from 88.7% to 93.5%.
- The ratio of out of home care expenditures to prevention / family preservation / in home expenditures has decreased from 7.96 to 3.6.

Also, please consider the following findings of our independent evaluator. (Note: These data are current through June 30, 2009. The evaluator's report through June 30, 2010 is not yet available.)

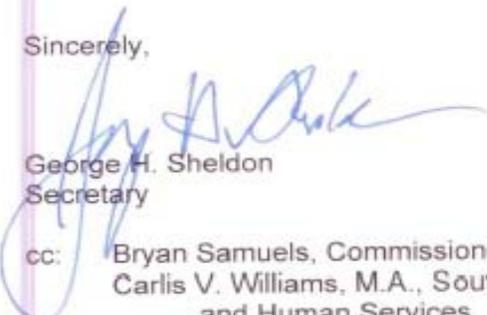
- Since Waiver implementation during SFY 06-07, the number of children served (both in-home and out-of-home) has decreased by 29%. Specifically related to this hypothesis, there has been a significant reduction (27.6%) in the average number of children served in out-of-home care during this period.
- Compared with SFY 07-08, there was a significant increase in the number of children reunified or placed with relatives. Among youth who exited care during SFY 07-08, the average proportion of children who reentered out-of-home care within 12 months after their discharge was 9.6%, indicating a significant reduction when compared to SFY 06-07.
- Since implementation of the IV-E Waiver, all of the CBC lead agencies have reported an expansion of their service array. In addition, several innovative practices were identified that have been implemented or expanded since the IV-E Waiver.
- There have been notable changes in the composition of spending statewide since the IV-E Waiver was implemented. Total spending on front-end services has increased dramatically from pre-Waiver to the second full year after the IV-E Waiver implementation. After adjusting for inflation, front-end service expenditures nearly doubled during that time, rising from 3.3% of total expenditures in SFY 05-06 to 6.1% in SFY 08-09. Additionally, licensed out-of-home care expenditures have steadily decreased since the IV-E Waiver implementation, both in total and compared to relative spending on front-end services.

We have learned much since implementation of the demonstration, but there is still much more to learn. We strongly believe that extension of the IV-E Waiver will allow additional learning opportunities at a level of detail that will significantly improve child welfare practice in Florida and across the nation. Among the questions that need to be answered are:

- What characteristics distinguish subgroups of children and families receiving in-home services in order to target services to empirically identified groups, and discontinue services designed for groups that are no longer served in out-of-home care?
- In the area of early intervention services and supports, what are the specific services and supports that promote positive child outcomes, and for which subgroups of children and families? Which are the most cost-effective?
- In the area of in-home services including post-reunification, what are the specific services and supports that promote positive child outcomes, and for which subgroups of children and families? Which are the most cost-effective?
- What are effective strategies to reduce the proportion of specific subgroups of children and youth in long-term care? What are the optimal placement settings for these subgroups of youth?

We look forward to continued discussion regarding extension of Florida's IV-E Waiver. Thank you for your consideration.

Sincerely,



George H. Sheldon  
Secretary

cc: Bryan Samuels, Commissioner, Administration on Children, Youth and Families  
Carlis V. Williams, M.A., Southeast Regional Administrator, Department of Health  
and Human Services  
Joseph Bock, Deputy Associate Commissioner, Children's Bureau

Appendix B. Waiver Extension Letter from ACF



DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES  
Office of the Assistant Secretary, Suite 600  
370 L'Enfant Promenade, S.W.  
Washington, D.C. 20447

AUG 26 2010

Mr. George H. Sheldon  
Secretary  
State of Florida  
Department of Children and Families  
1317 Winewood Boulevard  
Tallahassee, Florida 32399

RECEIVED

SEP 13 2010

OFFICE OF THE SECRETARY

Dear Mr. Sheldon:

Thank you for your letter highlighting the achievements to date of the Florida Child Welfare Waiver Demonstration Project, authorized by Section 1130 of the Social Security Act, and requesting a short-term extension of the demonstration. In response to your request and in accordance with existing policy regarding extensions of waiver demonstration projects, we are pleased to grant the requested short-term extension.

Procedures for extending waiver demonstration projects are outlined in Information Memorandum ACYF-CB-IM-02-06. In accordance with those procedures, we are approving a short-term extension of your current demonstration project until July 31, 2012, the date that is four months after the due date of your final evaluation report on March 31, 2012. This short-term extension will afford you the opportunity to complete your evaluation report and financial reports and will provide us with the opportunity to review the results of your demonstration. At the conclusion of this period, a final decision will be made as to whether to extend the project for an additional five years. All other aspects of the current Terms and Conditions, including current cost-neutrality requirements and procedures, as well as the requirement to submit semi-annual progress reports, remain in effect during the period of this short-term extension.

At the time you submit the final evaluation report, we request that you also submit a letter highlighting the sections of the report that address the evaluation criteria addressed in ACYF-CB-IM-02-06. The letter should include information on whether the project was implemented as intended and met cost neutrality requirements, as well as the extent to which it achieved positive outcomes for children and families. Please also ensure that your evaluation report addresses all three evaluation components (process study, outcome study, and cost analysis) required by Section 3 of your waiver Terms and Conditions. Should you wish to propose changes to any aspects of the design of the demonstration based on your evaluation findings, please also specify the requested changes.

Page 2 – Mr. George Sheldon

We commend the State of Florida for its efforts to improve outcomes for children and families, and look forward to learning more about the results of Florida's demonstration. Should you have any questions regarding the waiver demonstration, please feel free to contact Joseph Bock, Acting Associate Commissioner of the Children's Bureau, at (202) 205-8618.

Sincerely,

A handwritten signature in black ink, appearing to read "David Hansell". The signature is fluid and cursive, with the first name "David" being more prominent and the last name "Hansell" following in a similar style.

David A. Hansell  
Acting Assistant Secretary  
for Children and Families

cc: Joseph J. Bock, Acting Associate Commissioner; CB

Appendix C. Programmatic Outcomes Statistical Table – Children Served in Out-of-Home Care by Fiscal Year

Table 1.

*Results of ANOVA. Children Served in Out-of-Home Care by Fiscal Year (SFY 05-06 compared with SFY 09-10).*

Cohort	Means	Children Served in Out-of-Home Care (N = 83,740)	
		<i>F</i>	<i>df</i>
SFY 05-06	368	64.37*	1
SFY 09-10	246		

Note. \* $p < .05$ .

Appendix D. CFSR Items with Applicable DCF Case Management (CM) Quality of Practice Standards\*

**CFSR Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care.**

CM Standard 4: SERVICES TO PROTECT THE CHILD. Concerted efforts were made to provide or arrange for appropriate services for the family to protect the child and prevent the child's entry into out-of-home care.

CM Standard 6: SERVICE REFERRALS. Completed service referrals were consistent with the needs identified through investigative assessment(s), and other assessments related to safety.

CM Standard 10: MANAGEMENT OF RISKS. Concerted efforts were made during post-placement supervision to manage the risks following reunification and prevent re-entry into out-of-home care.

**CFSR Item 16: Relationship of child in care with parents**

CM Standard 36: MOTHER'S PARTICIPATION. The mother was encouraged and supported to participate in making decisions about her child's needs and activities.

CM Standard 37: FATHER'S PARTICIPATION. The father was encouraged and supported to participate in making decisions about his child's needs and activities.

**CFSR Item 17: Needs and services of child, parents, foster parents**

CM Standard 48: ONGOING ASSESSMENT OF THE CHILD'S NEEDS. An ongoing assessment of the child(ren)'s needs was conducted to provide updated information for case planning purposes.

CM Standard 50: ONGOING ASSESSMENT OF THE MOTHER'S NEEDS. An ongoing assessment of the mother's needs was conducted to provide updated information for case planning purposes.

CM Standard 51: ENGAGING THE CHILD'S MOTHER. Concerted efforts were made to support the mother's engagement with services.

CM Standard 52: ONGOING ASSESSMENT OF THE FATHER'S NEEDS. An ongoing assessment of the father's needs was conducted to provide updated information for case planning purposes.

CM Standard 53: ENGAGING THE CHILD'S FATHER. Concerted efforts were made to support the father's engagement with services.

CM Standard 54: ONGOING ASSESSMENT OF OUT-OF-HOME CARE PROVIDERS. An ongoing assessment of the out-of-home care providers or pre-adoptive parent's service needs was conducted in order to ensure appropriate care for the child.

**CFSR Item 18: Child/family involvement in case planning**

CM Standard 55: CASE PLANNING PROCESS - FAMILY INVOLVEMENT. Concerted efforts were made to actively involve all case participants (mother, father, child, out-of-home provider) in the case planning process.

**CFSR Item 19: Worker visits with child**

CM Standard 56.3: SERVICE WORKER VISITS - FREQUENCY OF VISITS - CHILD. The frequency of the services worker's visits with all case participants was sufficient to address issues pertaining to the safety, permanency goal, and well-being of the child.

CM Standard 57.3: SERVICE WORKER VISITS – QUALITY OF VISITS – CHILD. The quality of the services worker's visits with case participants was sufficient to address issues pertaining to the child's safety, permanency and well-being.

**CFSR Item 20: Worker visits with parents**

CM Standard 56.1: SERVICE WORKER VISITS – FREQUENCY OF VISITS – MOTHER. The frequency of the services worker's visits with all case participants was sufficient to address issues pertaining to the safety, permanency goal, and well-being of the child.

CM Standard 56.2: SERVICE WORKER VISITS – FREQUENCY OF VISITS – FATHER. The frequency of the services worker's visits with all case participants was sufficient to address issues pertaining to the safety, permanency goal, and well-being of the child.

CM Standard 57.1: SERVICE WORKER VISITS – QUALITY OF VISITS – MOTHER. The quality of the services worker's visits with case participants was sufficient to address issues pertaining to the child's safety, permanency and well-being.

CM Standard 57.2: SERVICE WORKER VISITS – QUALITY OF VISITS – FATHER. The quality of the services worker's visits with case participants was sufficient to address issues pertaining to the child's safety, permanency and well-being.

**CFSR Item 21: Educational needs of child**

CM Standard 58: EDUCATIONAL NEEDS ASSESSMENT. Concerted efforts were made to assess the child's educational needs.

CM Standard 59: EDUCATIONAL SERVICES. If educational needs were identified, necessary educational services were engaged.

CM Standard 60: EDUCATIONAL SERVICE OUTCOMES. Services effectively reduced or resolved the issues that interfered with the child's education.

**CFSR Item 22: Physical health of child**

CM Standard 61: PHYSICAL HEALTH NEEDS ASSESSMENT. Concerted efforts were made to assess the child's physical health care needs.

CM Standard 62: PHYSICAL HEALTH SERVICES. Concerted efforts were made to provide appropriate services to address the child's identified physical health needs.

CM Standard 63: DENTAL HEALTH NEEDS ASSESSMENT. Concerted efforts were made to assess the child's dental health care needs.

CM Standard 64: DENTAL HEALTH SERVICES. Appropriate services were provided to address the child's identified dental health needs.

**CFSR Item 23: Mental health of child**

CM Standard 65: MENTAL AND BEHAVIORAL HEALTH NEEDS ASSESSMENT. An assessment(s) of the child's mental/behavioral health needs was conducted.

CM Standard 66: MENTAL AND BEHAVIORAL HEALTH SERVICES. Appropriate services were provided to address the child's mental/behavioral health needs.

\* Though there are 23 case management quality of practice standards included here, Standards 56 and 57 have three components each (mother, father, child) that are described and examined separately.

Appendix E. Data Tables for Family Assessment and Services Findings\*

Table 1.

*CFSR Item 3: Service to Family to Protect Children in the Home and Prevent Removal or Re-entry into Foster Care*

Florida Case Management Quality of Practice Standard	July-Dec 2008	Jan-June 2009	Oct-Dec 2009	Jan-June 2010
	Percent of Cases Achieving the Standard			
4.0 Service to Protect the Child	84.1	89.0	93.0	94.1
6.0 Service Referrals	80.9	85.6	88.4	88.9
10.0 Management of Risks	67.6	70.8	74.0	74.3
Total for CFSR Item 3	80.1	84.3	87.6	88.0

Table 2.

*CFSR Item 22: Physical Health of Child*

Florida Case Management Quality of Practice Standard	July-Dec 2008	Jan-June 2009	Oct-Dec 2009	Jan-June 2010
	Percent of Cases Achieving the Standard			
61.0 Physical Health Needs Assessment	79.2	82.7	71.8	69.4
62.0 Physical Health Services	80.4	83.1	70.8	66.1
63.0 Dental Health Needs Assessment	50.0	50.0	50.0	45.4
64.0 Dental Health Services	67.3	67.6	50.7	46.9
Total for CFSR Item 22	69.2	71.3	62.7	58.6

Table 3.

*CFSR Item 23: Mental Health of Child*

Florida Case Management Quality of Practice Standard	July-Dec 2008	Jan-June 2009	Oct-Dec 2009	Jan-June 2010
	Percent of Cases Achieving the Standard			
65.0 Mental and Behavioral Health Needs Assessment	84.8	89.3	88.2	89.3
66.0 Mental and Behavioral Health Services	80.0	84.0	85.8	79.0
Total for CFSR Item 23	82.6	87.0	87.2	84.8

Table 4.

*CFSR Item 21: Educational Needs of Child*

Florida Case Management Quality of Practice Standard	July-Dec 2008	Jan-June 2009	Oct-Dec 2009	Jan-June 2010
	Percent of Cases Achieving the Standard			
58.0 Educational Needs Assessment	84.4	87.1	84.5	84.1
59.0 Educational Services	80.2	82.7	85.4	81.3
60.0 Educational Service Outcomes	80.4	86.2	78.4	78.2
Total for CFSR Item 21	82.3	85.8	83.4	82.1

Table 5.

*CFSR Item 17: Needs and Services of Child, Parents, and Foster Parents*

Florida Case Management Quality of Practice Standard	July-Dec 2008	Jan-June 2009	Oct-Dec 2009	Jan-June 2010
	Percent of Cases Achieving the Standard			
48.0 Ongoing Assessment of Child's Needs	84.3	87.3	86.6	88.0
50.0 Ongoing Assessment of Mother's Needs	71.6	77.5	79.7	76.2
51.0 Engaging Child's Mother	64.7	71.6	72.8	72.0
52.0 Ongoing Assessment of Father's Needs	57.3	54.9	58.8	57.0
53.0 Engaging Child's Father	52.4	53.7	58.4	56.9
54.0 Ongoing Assessment of Out-of-Home Care Provider	84.6	87.3	87.3	88.6
Total for CSFR Item 17	71.9	74.8	76.1	75.7

Table 6.

*CFSR Item 16: Relationship of Child in Care to Parents*

Florida Case Management Quality of Practice Standard	July-Dec 2008	Jan-June 2009	Oct-Dec 2009	Jan-June 2010
	Percent of Cases Achieving the Standard			
36.0 Mother's Participation	49.8	49.1	50.4	55.0
37.0 Father's Participation	40.8	33.6	35.9	42.2
Total for CSFR Item 16	46.1	42.6	44.4	49.6

Table 7.

*CFSR Item 18: Child and Family Involvement in Case Planning*

Florida Case Management Quality of Practice Standard	July-Dec 2008	Jan-June 2009	Oct-Dec 2009	Jan-June 2010
	Percent of Cases Achieving the Standard			
55.0 Case Planning Process – Family Involvement	60.3	66.5	67.9	69.2
Total for CSFR Item 18	60.3	66.5	67.9	69.2

Table 8.

*CFSR Item 19: Caseworker Visits with Child*

Florida Case Management Quality of Practice Standard	July-Dec 2008	Jan-June 2009	Oct-Dec 2009	Jan-June 2010
	Percent of Cases Achieving the Standard			
56.3 Service Worker Visits – Frequency – Child	46.0	53.5	70.5	74.0
57.3 Service Worker Visits – Quality – Child	60.9	58.8	68.4	72.5
Total for CSFR Item 19	53.4	56.2	69.5	73.3

Table 9.  
*CFSR Item 20: Caseworker Visits with Parents*

Florida Case Management Quality of Practice Standard	July-Dec 2008	Jan-June 2009	Oct-Dec 2009	Jan-June 2010
	Percent of Cases Achieving the Standard			
56.1 Service Worker Visits – Frequency – Mother	26.9	35.0	44.0	45.1
56.2 Service Worker Visits – Frequency – Father	17.8	23.2	34.5	29.5
57.1 Service Worker Visits – Quality – Mother	51.9	61.3	71.1	72.2
57.2 Service Worker Visits – Quality – Father	44.4	45.1	57.2	58.6
Total for CFSR Item 20	35.5	41.5	52.2	51.6

\* “Total for CFSR” for each item represents the total percentage of cases achieving the standard when case management standards are aggregated per quarter.

Appendix F. Description of the Measures

Measure 1. Percentage of Children Reunified Within 12 Months of Their Latest Removal

*Methodology*

<b>Definitions</b>	Reunification means return to the parent(s) or other primary caretaker(s) from whom the child was removed or achievement of permanency through placement with a relative or guardianship
<b>Algorithm</b>	This measure is a percent. The numerator is the number of children who were reunified within twelve months of the most recent removal. The denominator is the total number of children reunified during the reporting period.
<b>Data Sources</b>	Data were extracted from the HS <sub>n</sub> and FSFN.

Measure 2. Percentage of Children Adopted Within 24 Months of Their Latest Removal

*Methodology*

<b>Definitions</b>	Adoption creates a legal relationship between parent and child where it did not exist, thereby declaring the child to be legally the child of the adoptive parents and their heir at law and entitled to all the rights and privileges and subject to all the obligations of a child born to such adoptive parents in lawful wedlock. Removal refers to taking a child into custody pursuant to s. 39.401, F.S.
<b>Algorithm</b>	This measure is a percentage, calculated by taking the number of children adopted within 24 months (numerator) and dividing by the total number of children adopted within a specific year (denominator).
<b>Data Sources</b>	Data were extracted from HS <sub>n</sub> , and FSFN.

Measure 3. Proportion of Children Re-Entering Out-of-Home Care Within 12 Months of Exiting for Reunification 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>4</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 FSFN or 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 electronic 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 and FSFN.

Appendix G. Programmatic Outcomes Statistical Tables - Reunification, Adoption, and Re-entry

Table 1.

*Results of ANOVA. Children who were Reunified Within 12 Months of Their Latest Removal by Fiscal Year (SFY 05-06 Through SFY 09-10).*

Cohort	Means	Children who Were Reunified (N = 67,930)	
		F	df
SFY 05-06	0.65	10.37*	4
SFY 06-07	0.65		
SFY 07-08	0.64		
SFY 08-09	0.65		
SFY 09-10	0.68		

Note. \*p < .05.

Table 2.

*Results of ANOVA. Children who were Adopted Within 24 Months of Their Latest Removal by Fiscal Year (SFY 05-06 Through SFY 09-10).*

Cohort	Means	Children who Were Adopted (N = 17,115)	
		F	df
SFY 05-06	0.34	17.80*	4
SFY 06-07	0.39		
SFY 07-08	0.43		
SFY 08-09	0.41		
SFY 09-10	0.42		

Note. \*p < .05.

Table 3.  
*Results of Cox Regression. Children who Exited Out-Of-Home Care for Reasons of Reunification and Re-entered Within 12 Months in the State of Florida by Exit Cohort (SFY 05-06 Through SFY 09-10).*

	Children Exiting Out-of-Home Care for Reasons of Reunification (N = 85,463)		
	B	$\chi^2(1)$	Odds Ratio
Cohort	-.01	.03	.99

Note. \* $p < .05$ .

Appendix H. Programmatic Outcomes Statistical Tables – Case Studies

Table 1.

*Results of ANOVA for Kids Central, Inc. Lead Agency Cohorts: Children Reunified within 12 Months of Latest Removal (SFY 05-06 Through SFY 09-10; N = 5,780).*

Cohort	Means		
		<i>F</i>	<i>df</i>
SFY 05-06	.73	1.98	4
SFY 06-07	.70		
SFY 07-08	.74		
SFY 08-09	.70		
SFY 09-10	.74		

Note. \* $p < .05$ .

Table 2.

*Results of ANOVA for Kids Central, Inc. Lead Agency Cohorts: Children Adopted within 24 Months of Latest Removal (SFY 05-06 Through SFY 09-10; N = 864).*

Cohort	Means		
		<i>F</i>	<i>df</i>
SFY 05-06	.41	1.56	4
SFY 06-07	.34		
SFY 07-08	.32		
SFY 08-09	.39		
SFY 09-10	.42		

Note. \* $p < .05$ .

Table 3.

*Results of ANOVA for Families First Network Lead Agency Cohorts: Children Reunified within 12 Months of Latest Removal (SFY 05-06 Through SFY 09-10; N = 4,772).*

Cohort	Means		
		<i>F</i>	<i>df</i>
SFY 05-06	.74	4.29*	4
SFY 06-07	.77		
SFY 07-08	.71		
SFY 08-09	.75		
SFY 09-10	.79		

Note. \* $p < .05$ .

Table 4.

*Results of ANOVA for Families First Network Lead Agency Cohorts: Children Adopted within 24 Months of Latest Removal (SFY 05-06 Through SFY 09-10; N = 952).*

Cohort	Means		
		<i>F</i>	<i>df</i>
SFY 05-06	.32	2.23	4
SFY 06-07	.36		
SFY 07-08	.43		
SFY 08-09	.45		
SFY 09-10	.44		

Note. \* $p < .05$ .