



FLORIDA'S IV-E WAIVER DEMONSTRATION PROJECT

Evaluation Brief 1

# FLORIDA'S IV-E WAIVER DEMONSTRATION PROJECT

August 2008

## Evaluation Brief on the Status and Activities Related to Florida's IV-E Waiver Demonstration Project: First 18 Months

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## Background of Florida's Child Welfare System

In Florida, the 1996 Legislature mandated the outsourcing of child welfare services, known in Florida as **Community-Based Care**, through the use of a lead agency design. The intent of the original statute was to strengthen the support and commitment of local communities to the "reunification of families and care of children and their families." As of 2006, all 67 counties in Florida have implemented Community-Based Care through contracts with 20 lead agencies.

In addition to Community-Based Care implementation, a statewide Title IV-E Waiver Demonstration Project was authorized and implemented statewide in October 2006. The five-year Waiver under the Title IV-E of the Social Security Act was authorized by the U.S. Department of Health and Human Services' Administration for Children and Families (ACF); the Waiver authorization allowed Florida to use IV-E funding flexibly to improve services for families.

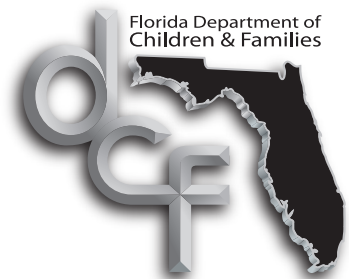
## Components of the Flexible Funding IV-E Waiver

Florida's IV-E Waiver was implemented in October 2006 through changes in state contracts with the CBC lead agencies. Under the terms of the Waiver, Florida receives a capped allocation of Title IV-E funds and child welfare agencies are able to use the IV-E funds flexibly to promote child safety, prevent out-of-home placement into foster care, and expedite permanency. Lead agencies are responsible for providing and coordinating services, programs, and supports through the use of the Title IV-E funds; made possible by the Waiver. The Waiver allows federal IV-E dollars to be used for prevention and diversion services; this was not allowed before Waiver implementation. As a result, the Waiver is anticipated to:

- 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

## Purpose and Specific Aims of the IV-E Waiver Evaluation

The purpose of the IV-E Waiver evaluation is to determine the effectiveness of expanded child welfare services and supports in improving permanency and safety outcomes for children in or at risk of entering out-of-home placement. Specifically, the evaluation tests the hypotheses that an expanded array of community-based care services available through the flexible



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use of Title IV-E funds will lead to increased child safety and well-being, and reduce administrative costs.

## Evaluation Findings

This issue brief summarizes findings covering the first 18 months of the IV-E Waiver implementation (October 2006–March 2008). In response to the IV-E Waiver, Community-Based Care lead agencies report using various creative approaches aimed at producing immediate and long-term benefits. These efforts involve several key strategies:

- Investing IV-E and non IV-E funds in the creation and expansion of prevention and diversion focused services in order to reduce the number of children entering out-of-home care.
- Improving supports and resources to permanency options for children already in out-of-home care, including reunification, adoption, relative and non-relative care.
- Enhancing pre-service and in-service training for all child welfare staff — supervisors, administrators, and caseworkers.
- Engaging community organizations, stakeholders, and caregivers in service assessment, planning, provision, and funding.

## Findings: Creation and expansion of prevention and diversion services

The following are some examples of prevention and early intervention services and strategies implemented by CBC lead agencies in order to reduce the number of children entering out-of-home care.

### *Family Connections*

Through a collaborative effort, a countywide initiative called Family Connections was implemented. The program, which began on May 1, 2007, is a service delivery strategy for providing primary prevention to families at-risk of entering into the child welfare system. Family Connections is based on a wraparound approach, creating “a network of formal and informal support” for families in need by practicing Family Team Conferencing and strength-based family assessment. The intent is that giving families direct and timely access to prevention and intervention services determined through a family team planning process will prevent involvement with the formal child protection system.

Referrals to the program are made primarily by a Sheriff’s Office Child Protective Investigator and can be initiated at any point during the investigation process. Prior to referral, the Protective Investigator will have determined that the family is willing to voluntarily accept services and that the child can safely remain in the home. Acceptable risk levels include “Moderate Risk/No Safety Concerns” or “Moderate Risk/Safety Plan in effect.” Families in which a child has been removed from the home are ineligible for the program. One of the key strategies of Family Connections is to provide families access to services and supports quickly. Once a referral is accepted, a Family Connections Family Advocate is assigned immediately. If the Protective Investigator is making the referral from the family’s home, the option is given to the caregiver of having the Family Advocate make initial contact with the family by phone within 15 minutes of the referral, while the Protective Investigator is still at the home or within 24 hours after the referral. The initial meeting with the Family Advocate happens within 48 hours of the referral, and the first Family Team Conference occurs within 3 to 10 days of referral. The Family Team determines the frequency of the subsequent Family Team Conferences and closure of the family’s case occurs when the Family Team decides that the goals of the Family Connections program have been met.

The Family Team members may include, but are not limited to, family members including at least one adult caregiver, Sheriff’s Office Protective Investigators, and various other community service providers. In addition to the providers involved in the direct implementation of the program, other community providers enter into provider agreements with the Family Connections program to provide families priority access to assessment, services, and support.

The Family Connections core staff consists of six full-time Family Advocates, one part-time Family Advocate, and a Program Coordinator. The program design requires that each Family Advocate maintain a caseload not to exceed 10 families in the early stage of implementation and no more than 18 families in the future. At the time of hire, a Family Advocate is required to have earned a Master’s degree or a Bachelor’s degree in a social science-related field and have two years of experience in child welfare.



## Peaceful Paths

Recognizing that domestic violence is a significant factor in the occurrence of child maltreatment, a lead agency in Florida contracted with Peaceful Paths in July 2007 to provide domestic violence prevention service. Peaceful Paths is a member of the Florida Coalition Against Domestic Violence and one of six projects in Florida that is part of the Domestic Violence Prevention Enhancement (DELTA) program funded by the Centers for Disease Control and Prevention. While the Peaceful Paths program acknowledges that men and fathers are sometimes the victims of domestic violence, their mission is to serve battered women.

Educational and support groups for at-risk youth, children who have witnessed or been victims of domestic violence, and mothers who are victims of domestic violence are provided by Peaceful Paths. Children and mothers can be referred for services through a community provider, school personnel, a Guardian ad Litem, Department of Children and Families Child Protective Investigators, or via self-referral. Support groups for the youth and their mothers follow a 16-week core curriculum. Youth support group topics include safety planning, attitudes and beliefs about abuse, healthy relationships, gender roles, media factors, healthy emotional expression, and individual behaviors. The parent support groups focus on non-violent discipline, effects of domestic violence on children, effective communication, conflict resolution, and family dynamics. Participation in the support

groups is voluntary, and members are allowed and encouraged to continue participation at the end of the 16 weeks. The youth and parent groups meet in various locations in the communities served including schools and youth aftercare centers.

## Resource Specialists

The role of the Resource Specialist is used by some CBC lead agencies to enhance collaboration with Child Protective Investigations and improve prevention efforts. Resource Specialists are employees of the lead agency who are typically co-located with Investigations staff and seen as the liaison to services. The primary goal of the resource specialist is to provide CPI staff and Case Management staff with information about the linkages to community resources that may assist families involved in a child welfare investigation and beyond. The Resource Specialist *practice*, as it has been implemented by lead agencies, is a part of a larger system of diversion and prevention services. At one lead agency, the program consists of a Director of Diversion Services who oversees the program, four general Resource Specialists, and a recently added Relative Caregiver Resource Specialist to provide information and assistance to relative caregivers. The Resource Specialists are co-located in the Sheriff's Office Child Protective Investigations Division office.

The resource specialist involvement starts after a CPI is assigned to a family that has an abuse or neglect report. The CPI can request the assistance of a Resource Specialist to connect the family with needed resources during the first 30 days of an investigation. The CPI can complete and submit a Request for Resource Specialist Services to the Director, also co-located. After a referral has been accepted, the assigned Resource Specialist will call or contact the family via mail, assess the needs of the family, and make referrals to appropriate programs. Families receive written information about the resources, and the Specialist documents all contacts and information provided to the family in the Florida Safe Families Network (FSFN), the administrative data management system implemented by DCF in 2007.

In addition, the Resource Specialists are available to the CPIs for less formal assistance with community resources and family needs, and they rotate on a daily basis in the role of "Daily Consult." The Resource Specialists keep a record of all referrals and consults which includes the Resource Specialist's name, date of consult, identifying case information, CPI name, the type of maltreatment, the referred service, and information given. The Relative Caregiver Resource Specialist is available to all relative caregivers who have had children placed with them after being removed from a parent. It is the policy of the program for the Specialist to call or make a home visit to every new relative caregiver within 48 hours of placement. The Relative Caregiver Specialist can help the caregiver apply for financial assistance and refer or link the family to community agencies for services.

Another role of the Resource Specialists includes the facilitation of bi-weekly Diversion Staffings that are attended by the CPI and the community providers. The Resource Specialist program also manages the lead agency flex funds that are available to CPIs to assist families with emergency needs in an attempt to alleviate the risk to a child while



remaining in the family home. Flex funds can be used to pay electric bills, purchase bedding, clothing, bus passes and other items or services considered necessary by CPI and the lead agency. In an effort to increase resources available to families in need, the Resource Specialists have networked with companies who are able to donate supplies and necessities to assist with clothing, baby items, and home repairs. Resource Specialists also assist with pre-service and in-service training of CPI staff. The Resource Specialist staff present procedural and resource information about the program during pre-service training, and have prepared a packet that is given to all new and existing CPI staff.

## **Findings:** **Implementation of permanency resources for children already in out-of-home care**

Another strategy identified by the evaluation is to create permanency-related supports and services in order to reduce the length of stay for children already in out-of-home care.

### **Family Finding**

Family Finding is a strategy for connecting youth who are in out-of-home foster care to relatives and friends that may be a source of support for the child and a potential permanency placement. Initially the program focuses on youth ages 13 to 17 whose parents' rights have been terminated and then potentially to all youth within the designated age range.

The Family Finding strategy was developed in 2001 in the State of Washington by Kevin Campbell. Campbell was inspired by techniques used by the International Red Cross to trace and reunite family members separated by international conflicts and natural disasters and he provides training and consultation to child welfare staff in various states (Shirk, 2006). According to Campbell the approach includes six key steps; discovery, engagement, preparation and planning, decision-making, evaluation, and follow-up supports. A family tree assessment of the child's biological parents, family, and friends of family is completed for a youth, and then a people search is conducted utilizing internet search tools, genealogy databases, and other resources ideally locating at least 25 people. Once identified, the family members and friends are contacted and vetted to determine each person's potential and willingness to be a part of the child's life. The child plays an active role in determining the extent and nature of the relationship with family members or friends. If a relationship or placement plan is established, the program provides support for the youth and family.

The success of the Family Finding Program in Florida is determined by (1) the number of children who establish beneficial family connections and find permanency placements in the 12-month duration of the program, and (2) the child's level of functioning and stability, independent of the child's permanency outcome.

## **Findings:** **Enhancement of pre-service and in-service training for all child welfare staff**

Several lead agencies have initiated or enhanced training for caseworkers, supervisors, and administrators with the following goal: to "promote a strength-based approach to meeting needs, creative service planning, and an enhanced assessment process resulting in individualized case planning." Some training strategies initiated by CBC lead agencies include:

- Hiring an additional Family Team Conferencing trainer. In addition to the required two day pre-service training, a two-hour "refresher class" on Family Team Conferencing is also offered by request and can be conducted for an entire unit or service center.
- Meeting monthly with case management staff to discuss policy and procedures, provide training about new programs and services, and any critical issues. One lead agency offers staff poverty simulation training based on role-playing poverty scenarios in order to increase awareness and understanding of the unique challenges caused by poverty.
- Adding a mentoring process into their training for new supervisors. Newly hired supervisors are assigned a mentor who helps the individual master a set of supervisory skills and tasks.



## Findings: Engagement of community organizations, stakeholders, and caregivers

Both child protective investigation units and CBC lead agencies identified strategies to promote the involvement of community organizations and stakeholders in service assessment, planning, provision, and funding.

### **Refinements to the Early Services Intervention Staffing (ESI)**

When Child Protective Investigations refers a family to Community-Based Care services, the CPI agency and the lead agency hold a meeting typically called the Early Services Intervention Staffings, or ESI Staffing. The intent of an ESI staffing is to gather all interested parties to participate in a collaborative effort to make the most informed and beneficial decisions concerning services for the family, case planning, and possibly moving a child into out-of-home care.

Traditionally, the ESI staffing was seen as an administrative meeting to serve the purpose of transferring the case from investigations to services and therefore, not an appropriate meeting for parents to attend. However, this attitude seems to be shifting. In some areas, it was emphasized that the child's parent is routinely invited to the case transfer staffing. In fact, according to a child welfare stakeholder, inviting the parents can positively impact subsequent caregiver engagement with service providers. "Part of the reason for following up and participating with our parents ... is to show that side that is not on paper. You have seen

another side to that parent... and I want others to see that yes, this was bad, but there is another side to this person that we can reach outside of that bad part that is right here on paper. It is helpful for the agencies because you don't want them to go in with blinders on, just seeing what is in black and white, but they are able to go in and say I can work with them and they can build that same rapport."

### **Diversion Staffings**

The goal of the diversion staffing is to prevent a family from requiring a referral to formal child welfare services through the lead agency. Families that are eligible for diversion staffings have been determined by CPI as not needing Voluntary Protective Services through the lead agency in order for the child to be safe in the family environment. Through the process, provider agencies in the community come together with Child Protective Investigations and the CBC lead agency to discuss the most appropriate services to meet the needs of the family. Ideally, it is decided at the staffing that a particular agency or agencies will accept the family for services.

Based on the feedback of the Child Protective Investigators, several factors need to be in place for this process to be successful. As reported by the participants, it is essential that the diversion services are appropriate to meet the needs of the family and are available in the community. Additionally, staff needs to follow up to ensure that the family received the services agreed upon in the diversion staffing. Overall, the CPIs expressed that the intent of the diversion staffings is important and useful when trying to prevent children coming into care.

## Findings: Outcomes for Children and Families

Overall, preliminary baseline outcomes analyses have identified a trend indicating an improvement in lead agency performance. All permanency indicators (e.g., proportion of children exiting into permanency, proportion of children with adoption finalized, proportion of children remaining in care after 12 months) significantly improved for entry cohorts in FY04–05 and FY05–06 compared to the previous years. Furthermore, the percent of children who experienced maltreatment within six months after service termination among those whose cases were closed during FY05–06 and the number of maltreatment incidents occurring during services for children who were only served in FY05–06 compared to the previous cohort, significantly decreased. While this positive trend cannot yet be tied to implementation of the IV-E Waiver due to the baseline data used for the current analysis, it is possible that the planning which occurred in anticipation of the IV-E Waiver impacted services and related outcomes.

Additional findings include that there was no significant difference found when rates of reentry for FY05–06 and FY04–05 were compared. Similarly, no significant difference was found when the proportion of children who entered out-of-home care in FY05–06 was compared with proportion of children who entered out-of-home care in FY04–05. However, there was a significant increase in the average number of maltreatment incidents during services over time for children who were served in both FY04-05 and FY05-06.



## Theory of Change

An important task in the early implementation stage of the evaluation was to refine the theory of change underlying the IV-E Waiver implementation in Florida. Theory of change refers to a plausible and logical explanation of how a program aims to produce changes (Hernandez, Hodges & Cascardi, 1998; McLaughlin & Jordan, 1999). The initial version of the theory of change was based on (1) federal and state government expectations of the intended outcomes of the Waiver implementation and (2) the evaluation team's hypotheses about practice change developed from knowledge of the unique child welfare service arrangements throughout the State. This theory of change was as follows (as of 2007):

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

A number of themes emerged regarding the theory of change from focus groups with the CBC leadership. Some themes refer to new elements that need to be added to the theory of change while others reflect refinements in its four assumptions. The new components are community values and education, and the role of environmental factors. Refinements to the original theory of change were recommended in the areas of time, resources, and prevention.

### ***New Elements for the Theory of Change***

One new element is community values and the related need for community education. Specifically, the ability to expand in-home and community-based services and to reduce out-of-home care will not occur without changes in community values related to views about poverty and about what constitutes "good enough parenting." For some community members the distinction between being poor and being neglectful of one's child is not always clear, and a home with the bare minimums that may not be neat and tidy at all times means that a child's well being is seriously at risk. The lack of understanding of being poor was also equated with a lack of recognition of the related burdens: "There is no public transportation and to get to the

courthouse, they have to give up picking oranges, pay someone \$50 each week to bring them into town, sit there all day for their case to be heard...and then go home." Without education of community members, including educating the media about poverty, the pressures on the child welfare system to remove children from potentially unsafe environments will outweigh support for prevention initiatives to strengthen family and community protective factors.

A second theme is related to community views about "where children should live" and about parents whose children are in the child welfare system. A specific example related to mandatory drug testing of parents, which started at twice a month, went to once a week, and now is sometimes recommended every other day. "They said to me, if they are not using drugs they should not object to taking a drug screen and I thought, you guys don't get it...What are they going to do to these families? They are already burdened with so many things by our intervention, by our oversight and by all the things that they should legitimately do because it was a court issue that brought them to us. Now let's slap a drug screen on everybody." Participants pointed out that the community education process is slow and ongoing.

The other missing element to the original theory of change is the role of environmental factors that can either facilitate or impede meeting the goals of the Waiver including the role of the court system. A number of court-related issues are outside of the control of the child welfare system: judges rotate every two



years; some judges believe that removal is the solution and are hesitant about reunification; recent changes in responsibility for defense attorneys; and Child Welfare Legal Services are “just outside of our reach” and are responsible for filing motions, setting up hearings, filing a TPR (Termination of Parental Rights), and preparing witnesses. Other key environmental factors noted include the roles of local governments, school boards, sheriff’s offices, multiple police departments, and local politics. In dealing with these entities, there is a multiplier effect for lead agencies with responsibility for more than one county.

### **Refinements of the Theory of Change**

“It takes time to shift historical paradigms.” Everyone involved with implementation of the IV-E Waiver (i.e., Department of Children and Families, the legislature, the evaluation team, and community partners) needs to recognize that the shift from out-of-home care to community-based and in-home services will not occur overnight and will be a gradual process. There will be cost savings eventually, due to reductions in the number of children in out-of-home placements and reductions in length of stay, but these reductions will be incremental. Another time-related concern is that changes in outcome measures, policy language and rules can cloud measurement of pre-post comparisons of systemic change.

An additional theme that emerged was issues related to fiscal resources. The current budget allocation methodology for CBC lead agencies does not pay for or include incentives for moving to a prevention-based model of care that is posited on the implementation of family and community strengths. Rather, if the total number of children in care for a lead agency steadily decreases, the fear expressed is an assumption that the budget can likewise decrease.

It was also noted that the new flexibility in use of IV-E Waiver dollars “should not overshadow the need for more resources.” Caution was expressed about the phrase “no new dollars will be spent” in the original theory of change. The clarification was that no new IV-E Waiver dollars will be spent but that non-Waiver related new expenses will continue to require new non-Waiver dollars. Examples offered of these new expenses include cost of living increases for staff salaries (especially case managers in order to reduce turnover), transportation, and housing.

The final refinement noted was the need for a clearer statement about the relationship between child abuse prevention and long-term health care outcomes. Unless we are able to demonstrate this relationship and communicate the findings to community leaders, there will never be the political will to put resources into prevention-based models of care.

## **Policy Recommendations**

- Child Protective Investigations and Community-Based Care lead agencies should develop consistent policies and practices about involving parents and caregivers in case planning staffings including Early Services Intervention and Diversion staffings
- Further investigation of the usefulness of Resource Specialists and Diversion Staffings should occur and consideration should be given to expanding the availability of these strategies statewide
- Follow up communication between the Child Protective Investigator and the assigned services Case Manager should occur during or after the Early Services Intervention or similar staffing to transfer a family from investigations to services and before the closing of the investigations case
- As the first point of contact for a family with the child welfare system, Child Protective Investigations needs to have either direct access to prevention services and resources including basic interventions such as flex funds, family support workers, and daycare or easy access to the Community-Based Care lead agency resources. The lead agencies should facilitate the process of linking families to prevention services
- The specific post-reunification and relative placement services provided to children and families exiting the child welfare system need further examination to determine if improvement in practices can be made in an effort to prevent re-entry into out-of-home care
- Considering that children with emotional and physical health problems experience much worse permanency outcomes compared to healthy children, selective preventive interventions should be developed targeting these youths



- Findings indicated a significant increase in maltreatment incidents for children receiving services for two consecutive fiscal years. Therefore, additional services and supports should be provided for children who have not yet achieved permanency and who remain in care for more than 12 months
- Additional supports and services should be provided to families with older children to prevent these children's re-entry into out-of-home care and to increase their chances of achieving permanency

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