



FLORIDA'S IV-E WAIVER DEMONSTRATION PROJECT

Evaluation Brief 3

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August 2011

Evaluation Brief on the Status and Activities Related to Florida's IV-E Waiver Demonstration Project: Four Years Post-Implementation
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Background of Florida's Title IV-E Waiver

In 1996, the Florida 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. Currently, all 67 counties in Florida have implemented CBC through contracts with 19¹ lead agencies.

In addition to CBC implementation, the Title IV-E Waiver Demonstration Project was implemented statewide October 1, 2006. The five-year Waiver under Title IV-E of the Social Security Act was authorized by the Administration for Children and Families (ACF).

Purpose and Specific Aims of the IV-E Waiver Evaluation

The purpose of the IV-E Waiver evaluation is to examine whether 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 permanency through reunification or adoption, maintain child safety, increase child well-being, and reduce administrative costs associated with providing child welfare services. This brief summarizes evaluation findings and includes data gathered from all lead agencies serving Florida's 67 counties covering State Fiscal Year (SFY) 01-02 through SFY 10-11, depending on the data source and measures.

Evaluation Model

A theory of change for this evaluation informed the methodology and was based on: (a) federal and state government expectations of the intended outcomes of the Waiver, (b) the evaluation team's hypotheses about practice change based on knowledge of the unique child welfare arrangements throughout the State of Florida, and (c) stakeholder feedback. Five analysis components were used to address the hypotheses, and data from various information sources within each component were triangulated as part of the evaluation design (see Figure 1).

¹ Effective April 1, 2011, CBC of Central Florida (previously CBC of Seminole) is the lead agency for Seminole, Orange, and Osceola counties. This reduces the number of lead agencies from 20 to 19.

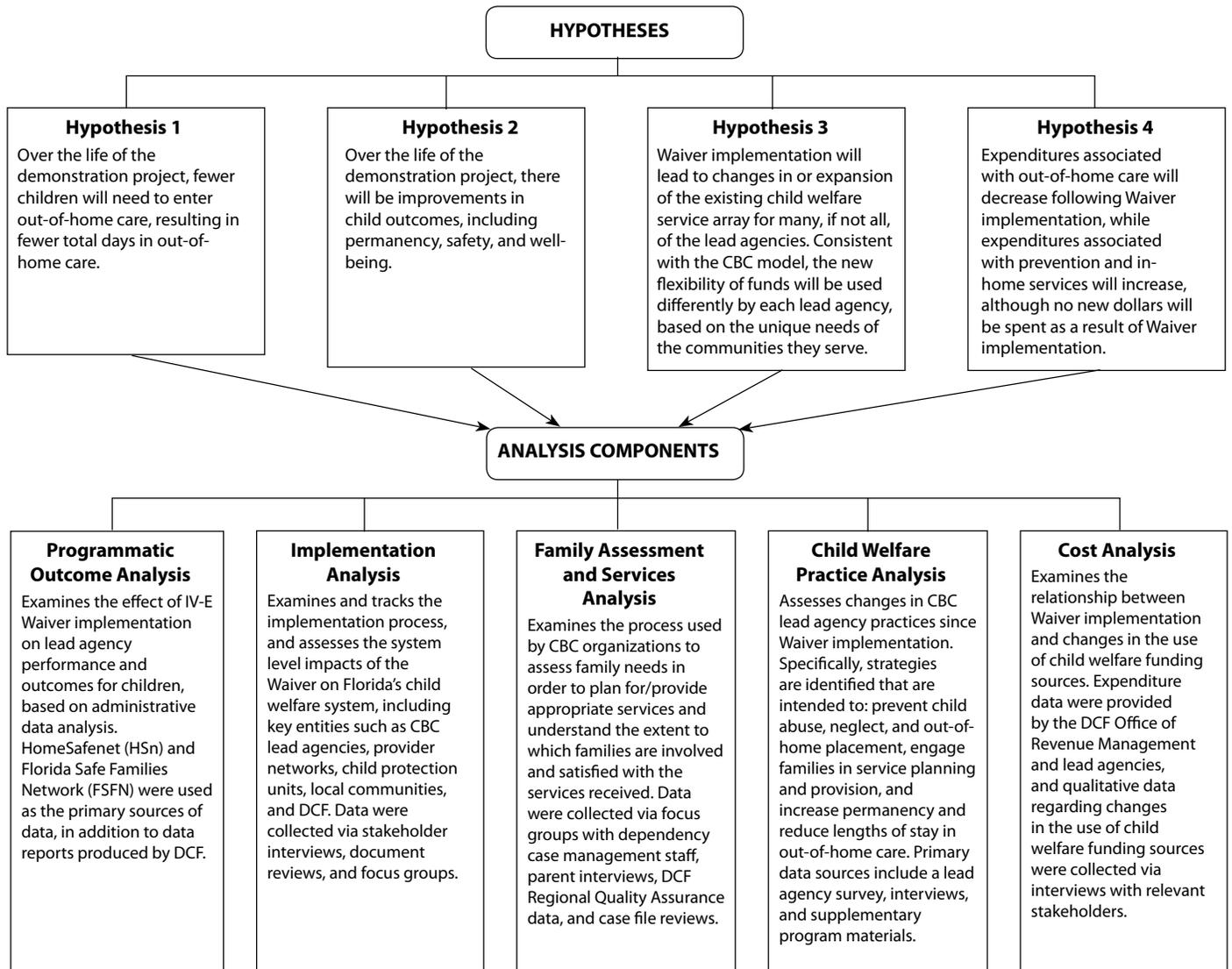


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Figure 1. Evaluation Design



Findings

Findings are detailed as they relate to the four hypotheses, in an effort to convey the story of Florida's IV-E Waiver impact to date.

Hypothesis 1

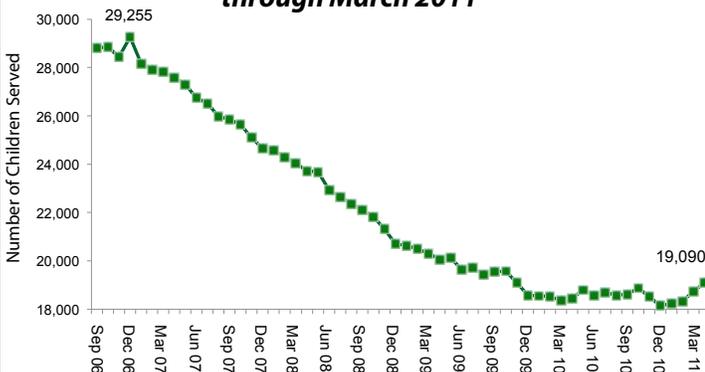
Over the life of the demonstration project, fewer children will need to enter out-of-home care, resulting in fewer total days in out-of-home care.

Since implementation of the IV-E Waiver (SFY 06-07), the number of children served in out-of-home care per year decreased by 37%, from 29,255 as of September 30, 2006 to 19,090 as of March 31, 2011² (see Figure 2).

However, these data do not identify whether the characteristics of children placed in out-of-home care have changed over time. Therefore, the following research questions were examined: (a) Can discrete subgroups of children served in out-of-home care be identified? If these subgroups can be identified, then (b) Did the nature of these subgroups change over the first three years of the Waiver? and (c) How do these subgroups compare in terms of the likelihood of being served in a certain placement category to include: placement with relative or non-relative; licensed-based family or facility care; mental health or substance abuse treatment facility?

To compare children served in out-of-home care in SFY 05-06 with children served in SFY 08-09, a latent class analysis (LCA) was conducted (Clogg, 1995; Lazarsfeld & Henry, 1968). Table 1 summarizes the subgroup descriptions for the SFY 05-06 and SFY 08-09 populations.

Figure 2. Total Number of Children Served in Out-of-Home Care from September 2006 through March 2011



² Data provided by the Florida Department of Children and Families (DCF).

Table 1. Profiles of Children Served in Out-of-Home Care in SFY 05-06 and SFY 08-09

SFY 05-06 (N=50,532)	SFY 08-09 (N=36,779)
Subgroup Descriptions	
Children with Complex Needs (11%) <ul style="list-style-type: none"> • Average Age = 7.7 years • Male = 59% • African American = 42% • Physical Problems = 100% • Emotional Problems = 68% • Need Special Care = 54% • Parental Rights Terminated = 26% • Parental Substance Abuse = 20% 	Children with Complex Needs (8%) <ul style="list-style-type: none"> • Average Age = 7.9 years • Male = 60% • Female Single Parent Family = 57% • Physical Problems = 100% • Emotional Problems = 61% • Need Special Care = 60% • Parental Rights Terminated = 33%
Families with Complex Needs (40%) <ul style="list-style-type: none"> • Average Age = 7.3 years • Domestic Violence = 20% • Absence of Caregiver = 32% 	Families with Complex Needs (62%) <ul style="list-style-type: none"> • Average Age = 3.2 years • Domestic Violence = 16% • Parental Substance Abuse = 44% • Absence of Caregiver = 23%
Families with Substance Abuse Problems (28%) <ul style="list-style-type: none"> • Average Age = 5.6 years • Parental Substance Abuse = 100% • Parental Rights Terminated = 9% 	Older Abused Children (30%) <ul style="list-style-type: none"> • Average Age = 12.6 years • Female = 54% • Female Single Parent Family = 53% • Parental Substance Abuse = 25% • Physical Abuse = 12% • Behavior Problems = 8% • Sexual Abuse = 6%
Children with Neglect History (20%) <ul style="list-style-type: none"> • Average Age = 5.5 years • African American/Hispanic = 53% • Parental Rights Terminated = 9% 	

Children with Complex Needs were identified in both SFY 05-06 and SFY 08-09 as a distinct group of children in out-of-home care. All of these children had physical problems and about two-thirds had emotional problems. These children were also more likely to be placed in licensed facility-based care. One-quarter to one-third had parents whose parental rights were terminated.

Children in **Families with Complex Needs** were also identified among children served in out-of-home care in SFY 05-06 and SFY 08-09, although their distinguishing characteristics differed slightly. For the SFY 05-06 subgroup, the mean age was approximately seven years, and the group was characterized by a relatively high probability of having parents with domestic violence issues and a relatively high probability of having an absent caregiver. In addition, children in this subgroup were more likely to be placed with either a relative or a non-relative caregiver, and compared to all subgroups except *Children with Complex Needs*, these children had a much higher probability of being placed in licensed facility-based care. For SFY 08-09, the average age was three years and these children had a high probability of having parents with domestic violence and substance abuse issues, and an absence of caregivers.



A subgroup of **Older Abused Children** did not emerge in SFY 05-06 but constituted 30% of all children in out-of-home settings in SFY 08-09. These children were older (average age =13 years) and were more likely to have experienced sexual and physical abuse and to have had behavioral problems. Despite the absence of emotional problems, *Older Abused Children* were as likely to be placed in facility-based care and in mental health and substance abuse facilities as *Children with Complex Needs*.

Finally, **Children with Neglect History** and children in **Families with Substance Abuse Problems**, which were identified as subgroups in SFY 05-06, were not identified in SFY 08-09.

Hypothesis 2

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

Family Engagement

Parents, case managers, and CBC and DCF leadership provided information related to family participation in case planning, decision making, and community-based services received. Most parents reported being engaged by case workers and participating in assessment and planning for their family's needs. Case managers reported facilitating such processes. Improvement in family engagement was perceived to be a result of efforts to divert families away from the dependency system, which has led to a more voluntary and self-directed process for caregivers and provided case managers with more time to engage families and individualize service plans that include informal community supports. Parents reported participating in services such as counseling, mentoring, behavior analysis, substance abuse services, parenting classes, child care assistance, and meal planning.

There has been a shift in beliefs about how to best support child well-being, with an emphasis on keeping children in their homes and providing the services and supports needed to enhance parenting capacity and maintain child safety. Strategies identified by CBC and DCF leadership to promote permanency include outreach and support to kinship caregivers, expediting timely adoptions, and working with the judicial system to develop concurrent strategies that support permanent living arrangements for children.

Quality of Practice Standards

Case management quality assurance data were examined and aggregated by Child and Family Services Review (CFSR) items related to assessment of needs, family engagement, and service planning and provision. Improvement was identified in seven of nine CFSR items from July-December 2008 to January-June 2010. The three CFSR items with the highest level of achievement during January-June 2010 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 during 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%).

Outcome Measures – Adoption and Reunification

There is a trend indicating a continuing improvement in the lead agencies' performance in child outcomes related to permanency. An examination of permanency indicators revealed that the proportion of children who achieved timely permanency through adoption finalized within 24 months significantly increased over time, from 33.6% prior to Waiver implementation to 42.5% in SFY 09-10. There was also an increase in the number of children reunified with their families of origin, from 65.3% prior to Waiver implementation to 67.5% in SFY 09-10.



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 communities they serve.

Prevention of Child Abuse, Neglect and the Need for Out-of-Home Placement

Since implementation of the IV-E Waiver, every CBC lead agency has reported an expansion of services and strategies intended to prevent families with a report of abuse or neglect from requiring out-of-home placement or deeper involvement with the child welfare dependency system. The array of in-home services available to families now includes short-term crisis intervention, coordinated and intensive counseling and case management provided as frequently as needed, parent education and support, and specialized services intended for families dealing with substance abuse or domestic violence.

Primary and secondary prevention efforts, such as community education and awareness campaigns and neighborhood service centers aimed at families with no involvement in the child welfare system and those with high risk factors, have also increased.

Expansion of Family Engagement in Services Planning and Provision

The use of family team conferencing practices to involve families in assessment, planning, and service provision has continued to expand across the State, from 25% of lead agencies reporting its use at baseline to 70% reported in SFY 09-10. Survey findings indicate that lead agencies are using three primary models: family team conferencing, family group decision making, and a wraparound approach that includes the key family involvement components. The greatest variations seem to exist in eligibility criteria, the type of participant feedback that is collected, and data that is tracked concerning attendance, fidelity, and outcomes. Lead agencies indicated that the community and staff perception and buy-in related to the use of family team conferencing have improved, and benefits of

its use include helping parents to identify strengths and needs, and recognize and accept the support that is present and stay focused on achieving the family plan. Inadequate staff time and training resources, a lack of parent involvement, and limited transportation for potential family participants were reported as ongoing challenges.

Practices to assist relative and non-relative caregivers, such as relative caregiver specialists, support groups, training opportunities, and flexible funding to meet temporary needs, are reportedly more broadly available.

Furthermore, during SFY 09-10, DCF began implementing a family-centered practice (FCP) model statewide through the use of a train-the-trainer series, the integration of FCP principles into pre-service training curricula, and funding and support of FCP innovation sites.

Achieve Permanency and Reduce Lengths of Stay in Out-of-Home Care

Strategies to reduce lengths of stay in out-of-home care have not seen as significant an expansion as prevention and family engagement strategies but have still experienced an increase since Waiver implementation. For example, Family Finding, intended to increase family connections and permanency options for children in foster care and Youth Villages Intercept, an intensive in-home services program to support children and families with the transition home and into the community, are available in an increased number of service areas.

Innovative Practices

In addition to family team conferencing and Family Finding mentioned above, Solution-Based Casework, Nurturing Parenting Programs, Parenting with Love and Limits, and foster parent mentoring have been initiated or expanded since the Waiver.

Appropriateness of Services

Strategies designed to improve the efficiency and appropriateness of services include the use of resource specialists, co-location of child welfare and child protection staff, and service utilization reviews. In addition, findings indicate a growing use of interdisciplinary teams that bring specialized expertise in areas such as parental substance abuse, domestic violence, infant mental health, housing, and the educational rights of children.



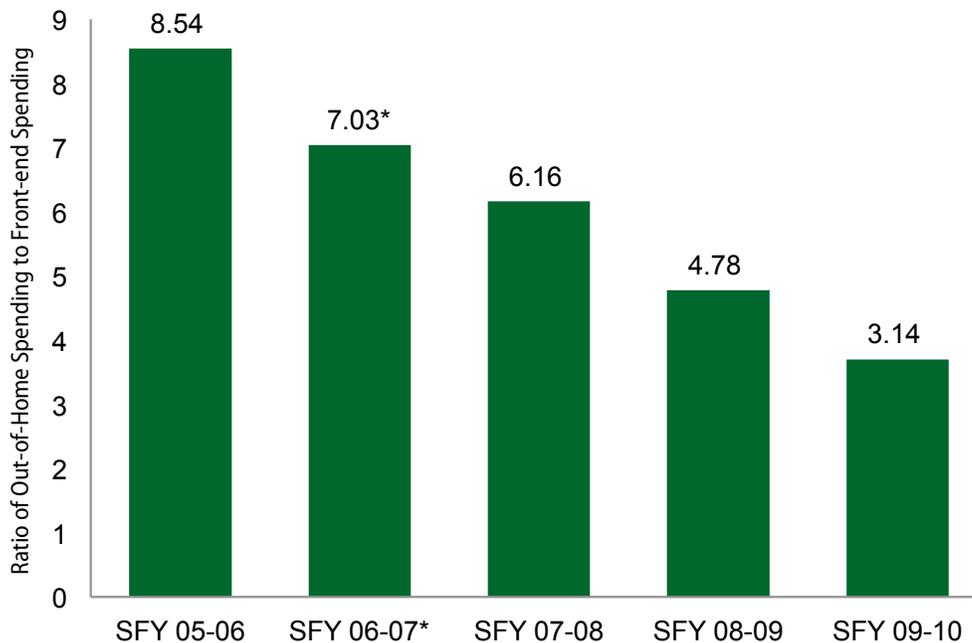
Hypothesis 4

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.

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%.

In addition, the ratio of out-of-home care spending to front-end services spending has consistently and substantially decreased since Waiver implementation (see Figure 3). 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. The spending flexibility afforded by the IV-E Waiver has led to 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 also 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 youth transitioning out of the child welfare system has been driven primarily by the Waiver.

Figure 3. Ratio of Out-of-Home Care Expenditures to Prevention/Diversion/Family Preservation/In-Home Expenditures by State Fiscal Year



*Year of Waiver Implementation



Conclusion

As indicated in this brief, DCF and the CBCs have made substantial progress towards safely reducing the number of children in Florida's child welfare system in out-of-home care. Lead agencies are shifting resources to the front end of the system and into diversion and early intervention services. Practice-level changes include a shift towards family-centered practice principles and models as well as innovations in early intervention and diversion services.

This brief also addresses whether and in what ways the profile of children served in out-of-home settings has changed over time as the number of children in out-of-home care decreases. Although, in general, similar profiles emerged in both SFY 05-06 and SFY 08-09, the distinguishing characteristics and/or size of the groups changed. More analysis is

needed to further distinguish the key characteristics of these children and their service needs.

In addition, findings indicate that the spending flexibility afforded by the IV-E Waiver has led to beneficial changes in Florida's child welfare spending and has also allowed for additional funds to be used 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 youth transitioning out of the child welfare system has been driven primarily by the Waiver.

In summary, this brief illustrates the strong progress that Florida's child welfare system has made in achieving the goals outlined in the evaluation hypotheses. Renewal 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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