

# Evaluation Summary Brief

M.I. Armstrong, A.C. Vargo, S. Kip, N. Jordan, P. Sharrock, C. Sowell, S. Yampolskaya

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## Background of Florida's Title IV-E Waiver

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), U.S. Department of Health and Human Services and included all children under the age of 18 who were receiving services at the start of project implementation, and all families who entered the child welfare system with an allegation of maltreatment after October 1, 2006. The project was designed to determine whether increased spending flexibility of Title IV-E funding would support changes in the state's service delivery system, maintain cost neutrality to the federal government, and most importantly, maintain child safety as well as improving permanency and well-being outcomes for children and their families being served within the state's child welfare system.

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

The Florida Department of Children and Families (the Department) contracted 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<sup>1</sup>. The purpose of the evaluation was to examine whether an expanded array of community-based services available via the flexible use of Title IV-E funds would reduce the number of children in out-of-home care; expedite permanency through reunification adoption or permanent guardianship; maintain child safety; improve child well-being; and reduce administrative costs associated with providing child welfare services. This brief summarizes evaluation findings over the five years of Waiver implementation and includes data gathered from all CBC lead agencies serving Florida's 67 counties covering Federal Fiscal Years (FFY) 04-05 through FFY 10-11.

## Evaluation Design

Four hypotheses were developed and tested over the five-year evaluation period:

- **Hypothesis 1:** Over the life of the demonstration project, fewer children will need to enter out-of-home care.
- **Hypothesis 2:** Over the life of the demonstration project, there will be improvements in child outcomes, including child permanency, safety, and well-being.
- **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.
- **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.

<sup>1</sup> Florida's IV-E Waiver Evaluation Reports/Briefs are available online at <http://centerforchildwelfare.fmhi.usf.edu/kb/LegislativeMandatedRpts/Forms/AllItems.aspx>



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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).

## Key Evaluation Findings

The evaluation of Florida’s IV-E Waiver demonstration project has supported the evaluation’s four hypotheses with findings that include a reduction in the number of children entering out-of-home care; improved outcomes of safety, permanency, and well-being; an expansion of the array of services and practices available to children and their families; and a decrease in the ratio of out-of-home care expenditures to “front-end” expenditures (prevention, family support, and family preservation). The evaluation also revealed that challenges persist at the practice level, including promotion of child well-being.

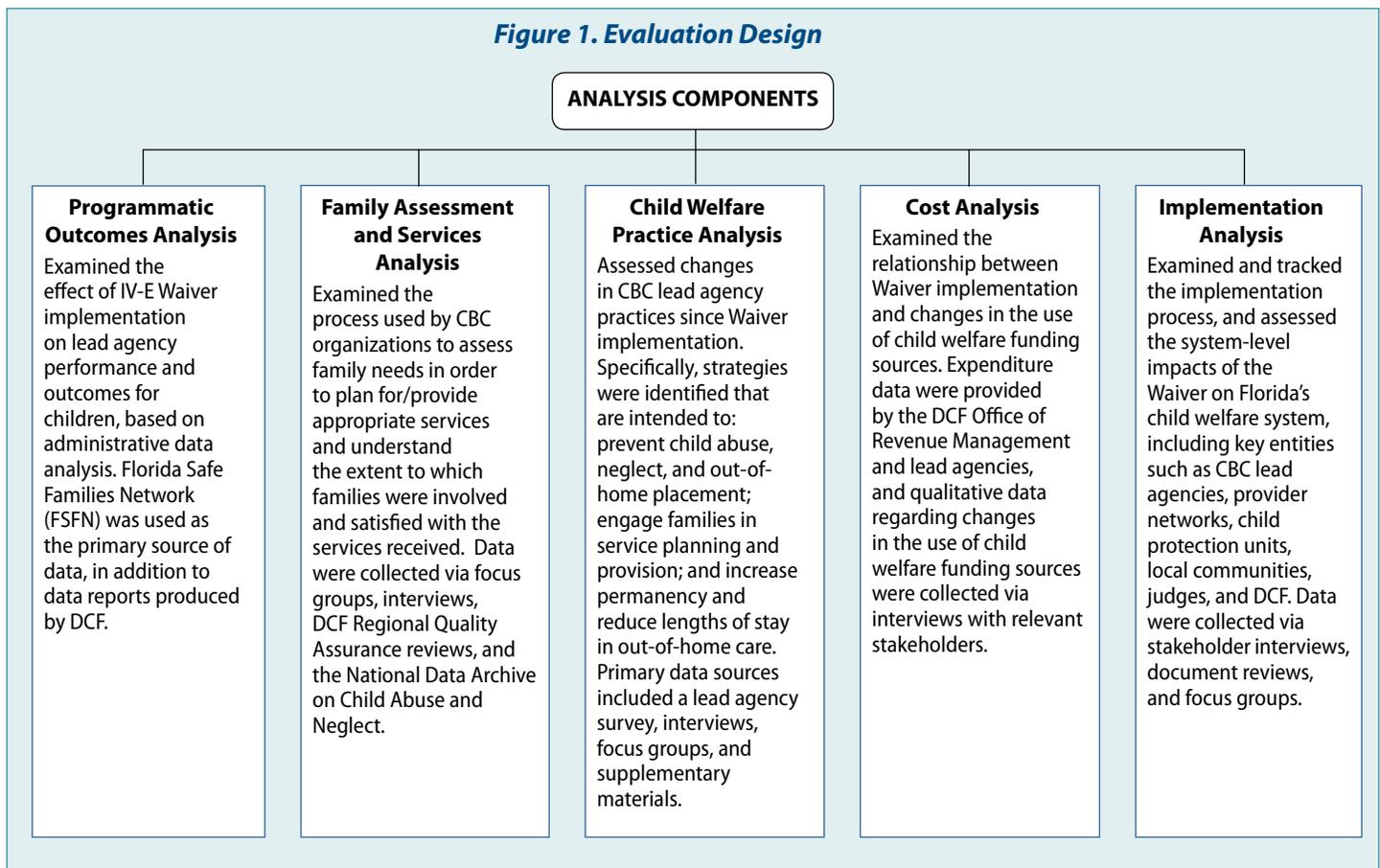
## Hypothesis 1

**Over the life of the demonstration project, fewer children will need to enter out-of-home care.**

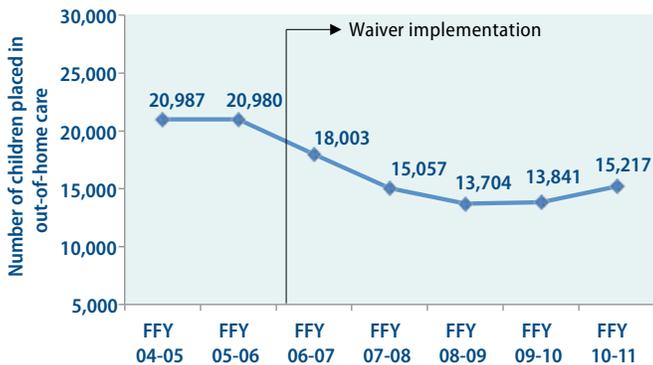
Since implementation of the IV-E Waiver, there has been a significant reduction in the number of children served in out-of-home care. The number of children entering out-of-home care decreased by 27% during the five-year Waiver period, from 20,987 in FFY 04-05 (prior to Waiver implementation) to 15,217 in FFY 10-11 (see Figure 2).

This reduction in the number of children entering out-of-home care had an impact on lead agencies and service providers. CBC lead and provider agencies reported experiencing reduced case management caseloads, more time to engage families, improvements in staff morale, and declines in turnover rates. In addition, some residential providers reported having to change the populations of children they served in residential settings or shift from the provision of out-of-home care beds to the prevention arena as the demand for residential treatment decreased.

**Figure 1. Evaluation Design**



**Figure 2. Number of children placed in out-of-home care**



### Hypothesis 2

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

The flexibility provided by the Waiver has allowed Florida to provide a broader array of services to achieve the goals of expediting the achievement of permanency, increasing the timeliness of adoptions, improving placement stability and well-being, and maintaining child safety. The proportion of children who achieved timely permanency through reunification, permanent guardianship, or adoption increased over the life of the Waiver. Placement stability also improved, as demonstrated by an increasing proportion of children with two or fewer placements within 12 months of removal from home. Specific to safety, the number and proportion of children who experienced a recurrence of maltreatment after exiting care decreased over the Waiver period and the proportion of children who re-entered out-of-home care also decreased.

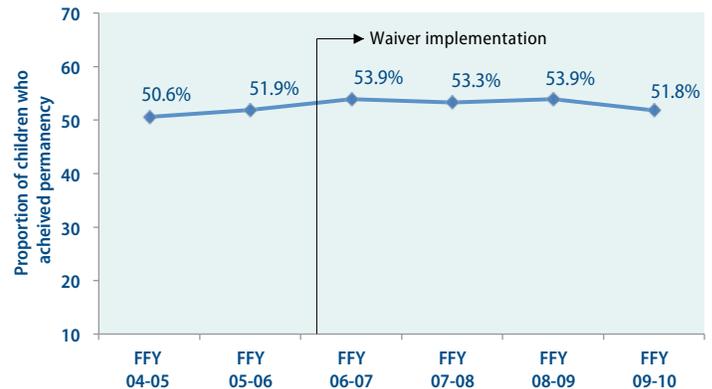
### Permanency

The proportion of children who exited out-of-home care into permanency during the first 12 months after the most recent removal was calculated for FFY 04-05 through FFY 09-10 entry cohorts and included the following reasons for discharge: (a) finalized adoption, (b) guardianship to relatives or non-relatives, (c) long-term custody to relatives or non-relatives, (d) living with other relatives, or (e) reunification with parents or original caregivers.

As illustrated in Figure 3, the highest proportion of children exiting out-of-home care into permanency was observed in FFY 06-07 and FFY 08-09 (53.9%). There was a small but statistically significant increase in the proportion of children

exiting out-of-home care into permanency over the full Waiver period. The dip in performance in the fourth year of the Waiver is believed to be related to the impact of the economic recession on timely permanency through reunification and guardianship, as well as the growing impact of parental substance abuse, including prescription drugs. As such, this highlights the need for a more robust and integrated approach to help parents overcome addiction and related domestic violence issues.

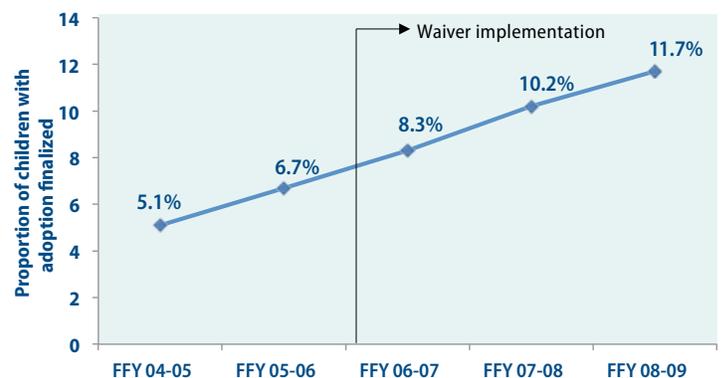
**Figure 3. Proportion of children exiting out-of-home care who achieved permanency within 12 months of removal**



### Adoption

Florida made steady progress on child adoptions throughout the Waiver period (see Figure 4). Based on entry cohorts of children who were removed and placed into out-of-home care during FFY 04-05 through FFY 08-09, the average proportion of children adopted across all examined fiscal years was 8.4%, and there was a significant increase since Waiver implementation. Florida is now one of the states with the highest performance on timely adoptions.

**Figure 4. Proportion of children with adoption finalized within 24 months of removal**

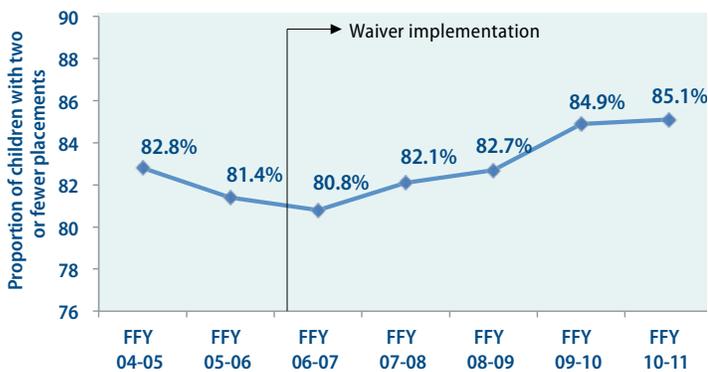


## Placement Stability

Figure 5 shows how placement stability improved during the Waiver period. The proportion of children with two or fewer placements increased from 82.8% during FFY 04-05 to 85.1% during FFY 10-11<sup>2</sup>, an increase of 2.3 percentage points.

The emergent themes in the evaluation related to facilitating placement stability showed a shift in philosophical perspectives, from a tendency to remove children from their families of origin to making every effort to keep families together while ensuring child safety. This shift was accompanied by programmatic strategies such as: more timely and appropriate assessment of children and matching to services; more targeted case management and wraparound services; improving foster home recruitment, retention, and capacity; identifying and supporting relative placements; providing behavioral support training to staff in all types of out-of-home settings; and case review committees.

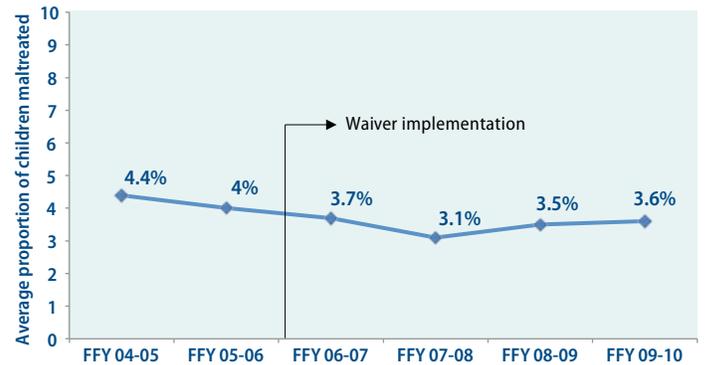
**Figure 5. Proportion of children experiencing two or fewer placements within 12 months of removal**



## Safety

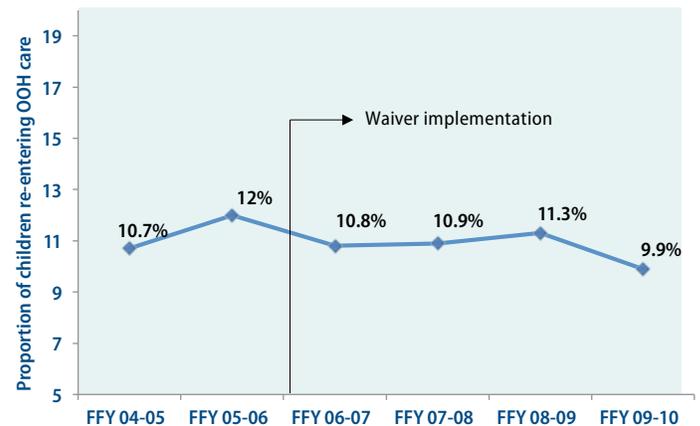
**Recurrence of Maltreatment.** Children whose services were terminated due to either: (a) discharge from a removal episode during the federal fiscal year, or (b) exit from in-home services during the federal fiscal year with no removal episode, were followed for six months to determine if they were reported as the victims of subsequent verified maltreatment. As illustrated in Figure 6, the proportion of children experiencing recurrence of maltreatment showed a significant decline from FFY 04-05 across the five subsequent exit cohorts.

**Figure 6. Average proportion of children maltreated within six months of service termination**



**Re-entry into Out-of-Home Care.** Children who were discharged from their first out-of-home care placement for reunification or placement with relatives during FFY 04-05 through FFY 09-10 were followed for 12 months to determine if they re-entered out-of-home care. The average proportion of children who re-entered out-of-home care was 10.9%. Although the proportion of children who re-entered out-of-home care decreased from 10.7% for the FFY 04-05 exit cohort to 9.9% for the FFY 09-10 exit cohort (see Figure 7), this was not a statistically significant change over time.

**Figure 7. Proportion of children re-entering out-of-home care within 12 months after exiting for reasons of reunification or placement with relatives**



## Well-being

As the proportion of children in out-of-home care in Florida decreased, attention toward the well-being of children in care increased. Data assessing child and family well-being was collected from DCF case management quality of practice reviews, the National Survey of Child and Adolescent Well-Being (NSCAW), and interviews with case managers and parents.

<sup>2</sup> Placement stability data was obtained from the Child Welfare Outcomes Reports to Congress 2006-2009 and 2004-2007, and <http://cwoutcomes.acf.hhs.gov/data/downloads/pdfs/florida.pdf>

An examination of DCF quality of practice data and national survey data demonstrated improvements in the ongoing assessment of children and families' needs, frequency and quality of case manager visits, family engagement and involvement in planning and decision-making, and efforts to provide adequate and appropriate referrals and services to protect children. Areas for improvement included the ongoing assessment of children's dental, educational, and physical health needs and provision of needed services; frequency of case manager visits with parents; supporting parents' participation in case planning and decision making, and engagement of fathers in services. Parents also described how services such as individual counseling, mentoring services, or substance abuse services had helped them and their children.

### 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.**

Across the five years of the IV-E Waiver, all CBC lead agencies reported initial and continued expansion of the array of services and practices intended to prevent child abuse and neglect and to divert families involved in the child welfare system from requiring out-of-home placement while maintaining child safety and well-being. CBC lead agencies have made significant efforts to increase the availability of primary, secondary, and tertiary services and supports intended to stop the occurrence of child abuse and neglect across the general population and within families considered to be at high risk, as well as strategies to engage families in service planning, increase permanency and reduce lengths of stay in out-of-home care, and improve child and family well-being.

#### ***Strategies to Prevent Child Abuse, Neglect, and the Need for Out-of-Home Placement***

Primary and secondary prevention initiatives included enhanced community information and referral services; collaborative community campaigns; partnerships between CBC lead agencies, faith-based organizations, DCF, schools, and other provider organizations; new or enhanced neighborhood service centers; and the expansion of domestic violence prevention services (e.g., Parents Under Construction).

Tertiary prevention strategies included connecting families with resources and supports at the initial stage of contact with the child protection/welfare system, intensive in-home family preservation services (e.g. Youth Villages Intercept), increased capacity of in-home parent education and intervention programs (e.g., Nurturing Parent Program, Parenting with Love and Limits), and the increased use of flex funds to purchase items or services such as beds, utility payments or rent assistance.

#### ***Strategies to Engage Families in Service Planning***

These strategies included the increased availability of family team conferencing or family group decision making, increased availability of services and practices to engage and support relative and non-relative caregivers, implementation of a family-centered practice model, and reductions in caseload size.

#### ***Strategies to Increase Permanency and Reduce Lengths of Stay in Out-of-Home Care***

Strategies included the addition of permanency specialists; use of Family Finding to locate supportive connections and potential permanent families; the implementation of evidence-based child welfare practice models (e.g., solution-based casework, Structured Decision Making); providing supportive services for foster parents such as foster parent liaisons, foster parent mentoring programs, and the Quality Parenting Initiative (QPI); and enhanced visitation, reunification, and adoption support services.

#### ***Strategies to Improve Child and Family Well-Being***

These strategies included the use of educational liaisons or specialists to improve the coordination of services between the child welfare and educational systems, nurse liaisons, increased capacity of medical foster care, and the increased availability of behavior analysts and behavior management services.

While the array of services has greatly increased across the state since Waiver implementation, the primary challenge is that in some service areas the capacity and accessibility do not meet the full needs of the community. Furthermore, not all agencies indicated an increased availability or presence of practices that were considered to be most beneficial, such as in-home family preservation services, in-home parent training, crisis intervention, or flex funds.

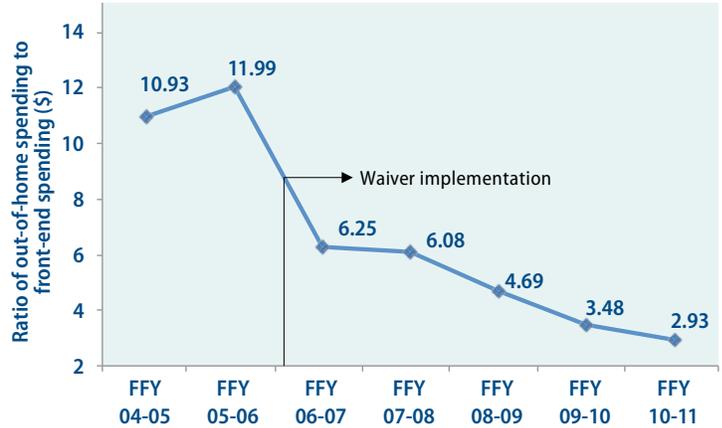
## Hypothesis 4

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 have been notable changes in child welfare spending by type of service during the five-year Waiver period. Expenditures for licensed out-of-home care decreased 18% since Waiver implementation. In addition, front-end services (prevention, family support, and family preservation) expenditures increased 205% during the Waiver period. The ratio of out-of-home care spending to front-end services spending has also substantially decreased since Waiver implementation (see Figure 8). During the two years prior to Waiver implementation, lead agencies statewide spent \$10.93 and \$11.99, respectively, on out-of-home care services for every dollar spent on front-end services. By the final year of Waiver implementation, this ratio dropped to \$2.93, a decrease of 73% from FFY 04-05.

The Waiver has afforded Florida flexibility with regard to how the State has used federal and state resources for youth and families involved in the child welfare system. This flexibility has manifested in the following ways. First, the Waiver allowed Florida's child welfare system to access 100% of the federally-appropriated IV-E funds each year since Waiver implementation began in FFY 06-07. Second, the more flexible use of IV-E funds enabled a much broader use of State funds for front-end services. Finally, the Waiver has allowed for a reduction in administrative time, creating greater opportunities for transfer of staff time and resources.

**Figure 8. Ratio of estimated out-of-home care expenditures to estimated prevention/diversion/family preservation/in-home expenditures by federal fiscal year**



## Conclusion

Florida's child welfare system has evolved beyond simply removing children from their families to keep them safe, to include a greater focus on the need for ensuring safe and stable family environments, understanding that stability, both at home and at school, is crucial to a child's well-being and developmental process. Placement stability and expedited processes that move children toward permanency are continuous goals for the state's child welfare system.

Overall, the findings of the evaluation of Florida's IV-Waiver illustrates a complex picture that includes positive and optimistic trends, such as the shift in expenditures from out-of-home care to prevention and in-home services, and in child outcomes related to permanency, safety, and well-being. However, it is clear that challenges persist regarding child well-being indicators and at the practice level. These challenges support the need for Waiver renewal, with a focus on the process of implementation of evidence-based and promising practices during both child protective investigations and in child welfare case management practice and services.

## Recommendations

Based on the evaluation findings, the following recommendations are offered:

- Advocate for renewal of the IV-E Waiver. The financial flexibility afforded by the Waiver has enabled CBC lead agencies 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.
- CBC lead agencies should continue their efforts to address child safety issues and prevent re-entry into out-of-home care.
- Improvement is needed in the areas of ongoing assessment of fathers' needs, the frequency of case manager visits, assessing children's dental health needs, supporting parents' participation in case planning, and providing physical and dental health services to children.
- The legislature, DCF, CBC lead agencies, and community providers should devise a strategy to facilitate a more equitable distribution of services and supports available to children and families involved in the child welfare system to ensure adequate access across all individuals.

## References

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