

FLORIDA'S IV-E WAIVER DEMONSTRATION PROJECT

TOPICAL PAPER 2 Profiles and Permanency Outcomes for Children Served in Out-of-Home Care

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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 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.

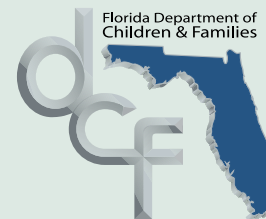
Purpose and Specific Aims of the IV-E Waiver Evaluation

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 project¹. 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, increase child well-being, and reduce administrative costs associated with providing child welfare services. This topical paper describes the characteristics of distinct clusters (or classes) of children served in out-of-home care during state fiscal year (SFY) 2008-2009 and presents child outcomes for each class related to length of stay, reunification with parents or primary caregivers, and finalized adoption.

Introduction

In order to achieve permanency, safety, and well-being for children removed from their homes and placed in out-of-home care, services must be provided that are comprehensive, individualized, and flexible enough to meet co-occurring problems and multiple needs, and there should be a match between family problems and the type of services provided (Appleyard & Osofsky, 2003; Choi & Ryan, 2007; Little & Schuerman, 2002). However, research has shown that programs often deliver a uniform set of services to participants and services generally are not matched to specific needs (Choi & Ryan, 2007).

Research indicates that youth involved in the child welfare system often have an array of issues including medical problems (Fussell & Evans, 2008), emotional and behavioral problems (Burns et al., 2004), substance abuse problems (Thompson & Auslander, 2007), and delinquency (Jonson-Reid & Barth, 2000). In addition, their families often have substance



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

abuse problems, domestic violence issues, and challenges related to socio-economic status, such as poverty (Drake, Jonson-Reid, & Sapokaite, 2006; English, Edleson, & Herrick, 2005; Green, Rockhill, & Furrer, 2007).

Implementation of Florida's IV-E Waiver provided an opportunity for expansion of child welfare services, focusing on preventive and early intervention services and developing innovative approaches for serving children and families. However, addressing the multiplicity of problems facing children and families at risk can be challenging to service providers. These co-occurring needs increase the difficulty of developing effective interventions and could be financially and socially costly when services do not lead to positive and stable child and family outcomes. Therefore, distinct clusters or classes of children served in out-of-home care were identified and compared in relation to child outcomes.

Methods

Sample characteristics

The sample consisted of all children who received at least one day of services in out-of-home care during SFY 08-09 ($N = 33,092$). The average age of the children in the sample was 6.42 years ($SD = 5.39$) at the time of placement in out-of-home care and almost half were female (49%). Their racial/ethnic composition was 39% African American, 48% Caucasian, 11% Hispanic, and 2% Other.

Data sources

Data were obtained from Florida's child welfare administrative database – the Florida Safe Families Network (FSFN) – which contains a plurality of information about all children in Florida reported as being maltreated.

Variables for identification of child classes

- **Child demographic characteristics** included gender, age at the time of placement into out-of-home care, and race/ethnicity (i.e., African American, Caucasian, Hispanic, and Other).
- **Family structure** was categorized into three types: (a) two-parent family, (b) female single-parent family, and (c) male single-parent family. The child was considered to have a two-parent family regardless of whether both caregivers were biological parents and regardless of the caregivers' marital status.
- **Child's health status** was measured by three variables: (a) presence of any emotional and behavioral problems²,

(b) presence of any serious physical health problems, and (c) the need for special care for a disability.

- **Child maltreatment history** consisted of the primary type of maltreatment indicated in FSFN which included: (a) physical abuse, (b) sexual abuse, (c) emotional abuse, (d) neglect, and (e) threatened harm.
- **Absence of caregiver(s)** was indicated if the child lost his/her caregiver(s) due to the incarceration, long-term hospitalization, or death of the caregiver(s).
- **Parental substance abuse problems** were defined as at least one parent either having a substance abuse related diagnosis or receiving substance abuse services.
- **History of domestic violence** was defined as the presence of any violence in the family from which the child was removed as indicated by the child protective investigator.
- **Child's behavior problems** were those that resulted in the child's removal from the home and placement in out-of-home care.
- **Termination of parental rights** was indicated if such a determination had been granted, filed, or on appeal.

Outcome variables

- **Length of stay in out-of-home care** was defined as the number of months a child spent in out-of-home care measured as the time between the removal date and (1) the discharge date if the child was discharged during SFY 08-09, or (2) the last day of SFY 08-09 if the child was not discharged during SFY 08-09.
- **Timely reunification** was defined as return of the child to the parent or primary caregiver from whom the child was removed within 12 months of removal. When reunification occurred, time to reunification was measured as the number of months between the removal date and the discharge date. If a child was not reunified within 12 months after his/her removal date, then the number of months between the removal date and the last day of SFY 08-09 was calculated.
- **Timely adoption** was defined as an adoption that was finalized and ordered by the Court within 24 months of removal. When adoption occurred, time to adoption was measured as the number of months between the removal date and the discharge date. If a child was not adopted within 24 months after his/her removal date, then the number of months between the removal date and the last day of SFY 08-09 was calculated.

² Administrative data for this variable are underreported.

Analytic approach

To examine whether children served in out-of-home care contained clusters or classes with distinct profiles, latent class analysis (LCA) was conducted (Clogg, 1995; Lazarsfeld & Henry, 1968) using Mplus statistical software version 6.1 (Muthén & Muthén, 1998-2010). Latent class analysis is a statistical technique that uses observed indicators to group individuals with similar characteristics into clusters that represent latent classes (i.e., unobserved groups of individuals). This method provides a classification of cases using either categorical or continuous indicators and estimates the probability of a particular individual belonging to a given latent class by assessing the pattern of observed data. After the latent classes were identified, each class was compared to the other classes on the probability of a certain child outcome occurring. Cox regression analysis was conducted to examine the association between class membership and child outcomes.

Results

Class profiles – SFY 08-09

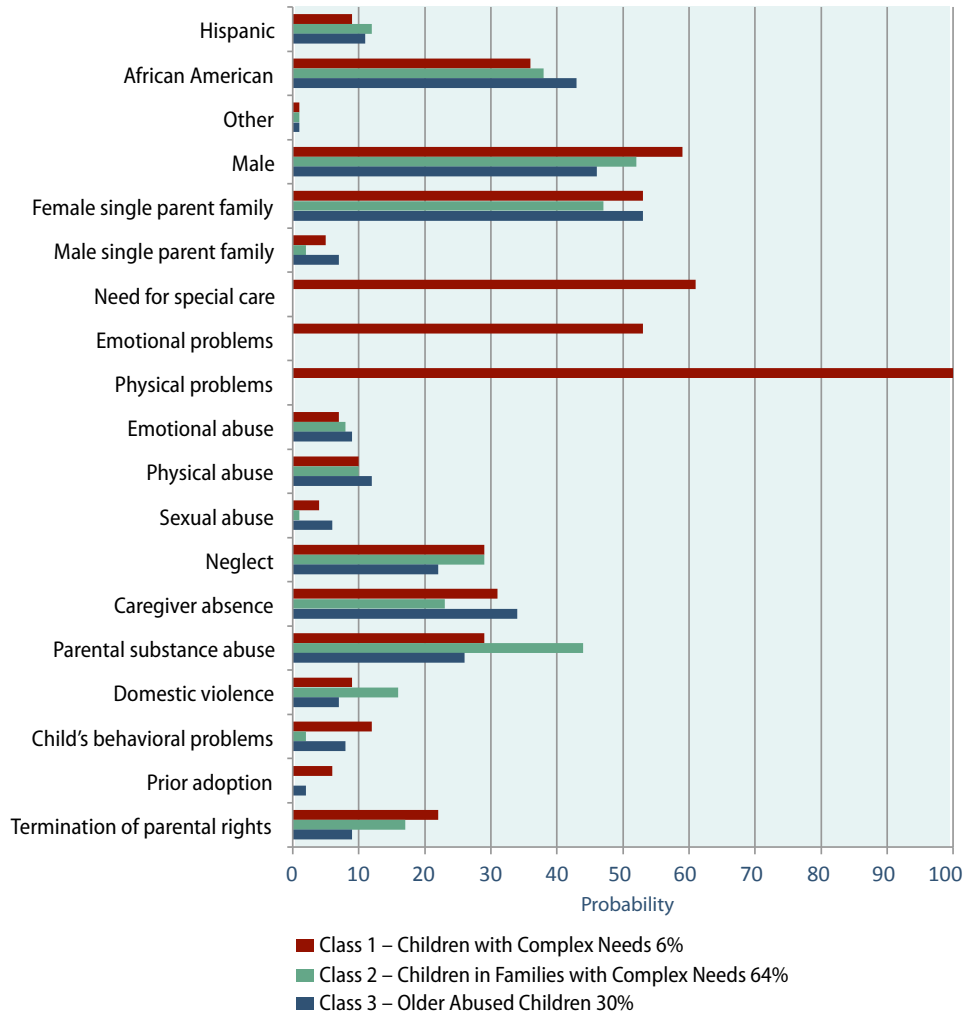
An examination of the profiles of children served in out-of-home care during SFY 08-09 revealed three distinct and meaningful groups or classes of children:

- Class 1: Children with Complex Needs
- Class 2: Children in Families with Complex Needs
- Class 3: Older Abused Children

As shown in Figure 1, these groups differ with regard to demographic characteristics, presence of physical health problems and emotional problems, and maltreatment types. The classes, however, were characterized based on their most distinguishing characteristics (i.e., those characteristics with the highest probability of being present).

Class 1 (Children with Complex Needs) included approximately 6% of the children in the sample and were, on average, almost 9 years of age ($M = 8.62$, $SD = 5.47$), more likely to be male (59%), and more than half (53%) came from a female single-parent family. They all (100%)

Figure 1. Profiles of Children in Out-of-Home Care SFY 08-09



had physical health problems, a very high likelihood of having emotional problems (53%), and a need for special care (61%). In addition, they had a relatively higher probability of prior adoption (6% versus 0% and 2% in Classes 2 and 3, respectively), and a 22% probability of having parents whose parental rights were terminated. Compared to Classes 2 and 3 they were more likely to exhibit behavior problems, and they had the same probability (29%) of being neglected as children in Class 2 (Children from Families with Complex Needs). Their median length of stay in out-of-home care was 21 months.

Class 2 (Children in Families with Complex Needs) included the majority of children in the sample (64%) and was characterized by younger children, with an average age of 3 years ($M = 3.12$, $SD = 2.70$). Only 2% of these children were removed from biological parents because of behavioral

problems compared to Class 1 (12%) and Class 3 (8%). Although these children appeared to be healthy, they came from families who had multiple problems. For example, they had a 44% probability of having caregivers with substance abuse issues, a 16% probability of having caregivers with a history of domestic violence, and a 23% probability of a caregiver being absent. Their median length of stay in out-of-home care was 11 months.

Class 3 (Older Abused Children) included 30% of all children served in out-of-home care in SFY 08-09. They were approximately 13 years of age ($M = 13.15$, $SD = 2.58$), 43% were African American, and they did not have any health problems. More than half of the children in this class were female (54%) and came from a female single-parent family (53%), and their caregivers had a 26% probability of having substance abuse problems. These children had a 12% probability of experiencing physical abuse, a 9% probability of having a history of emotional abuse, a 6% probability of experiencing sexual abuse, and an 8% probability of having behavioral problems. Although the probability of behavioral problems in Class 3 was not as high as in Class 1 (12%), it was much higher than in Class 2 (2%). In addition, children in this class had a 34% probability of caregiver absence compared to 31% in Class 1 and 23% in Class 2. Their median length of stay in out-of-home care was 10.5 months. Overall, this class consisted of a group of older children with high rates of abuse histories and caregiver absence.

Permanency outcomes

Length of stay in out-of-home care

Children in Class 1 (Children with Complex Needs) had the longest estimated average length of stay (23 months). This was significantly longer than the estimated average length of stay for Classes 2 and 3, which was approximately 14 months.

Timely reunification

Compared to Class 2 (Children in Families with Complex Needs), Older Abused Children in Class 3 were 14% less likely to experience timely reunification (i.e., within 12 months of removal) and Children with Complex Needs in Class 1 were 79% less likely to experience timely reunification.

Timely adoption

Similarly, when compared to Children in Families with Complex Needs (Class 2), Children with Complex Needs (Class 1) were 20% less likely to experience timely adoption (i.e., within 24 months of removal). However, Older Abused Children (Class 3) were least likely to be adopted in a timely manner; compared to Children in Families with Complex Needs (Class 2), they were four times less likely to be adopted.

Conclusion

Findings indicate that children with multiple needs, including mental health and physical health problems (Class 1), appeared to have worse permanency outcomes. They had the longest length of stay in out-of-home care, waited significantly longer to be reunified with their parent/caregiver, and were less likely to experience timely adoption. Results also indicated that family problems had somewhat less of an impact on permanency outcomes than child-specific problems. Children in Families with Complex Needs had both a higher probability of being reunified with their original family and of having a timely adoption.

Overall, substantial differences in needs and outcomes were revealed among children served in out-of-home care. A next step is to examine how the services being provided to the children in each of the classes differ to inform a better understanding of the variation in outcomes. It is critical to tailor services and interventions to children with certain characteristics (i.e., child age, child physical and mental health problems, family needs) to improve permanency outcomes and the likelihood of interventions being effective. Also, increased collaboration in treatment and support services is needed between child protective investigations, CBC lead agencies, child mental health, substance abuse, domestic violence, and law enforcement agencies to better address needs of children and families with complex and challenging needs.

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